800.932.4202

www.FCI-Ophthalmics.com

FCI OPHTHALMICS
20 Winter Street • Pembroke, MA 02359

EMAIL
info@fci-ophthalmics.com

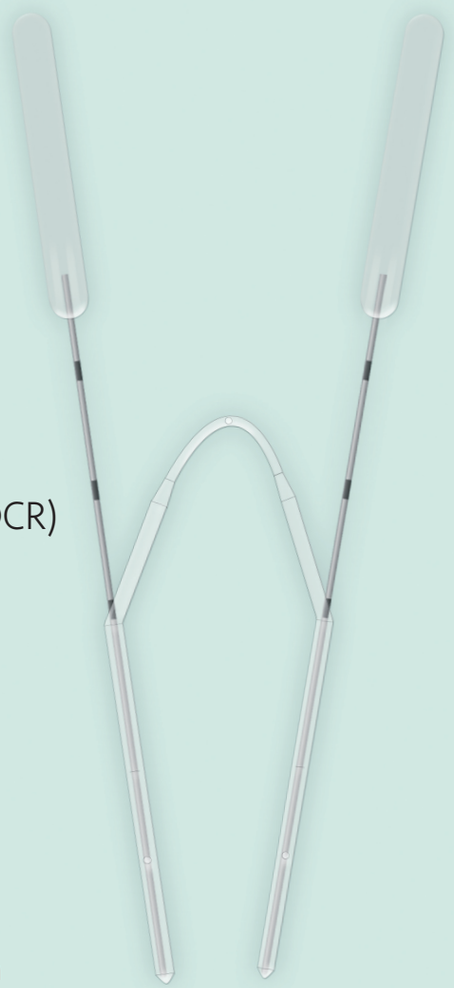
TELEPHONE
800.932.4202 • 781.826.9060

FAX
781.826.9062

NCB0315

NUNCHAKU®

Self-Retaining Nasolacrimal Duct Intubation Without Nasal Recovery



INDICATIONS

- Canalicular Pathologies
- Dacryocystorhinostomy (DCR)
- Congenital Lacrimal Duct Obstruction

www.FCI-Ophthalmics.com

NUNCHAKU

S1.1361
90 mm (for children), Box of 1, sterile

S1.1371
105 mm (for adults), Box of 1, sterile

www.FCI-Ophthalmics.com

PRESENTATION

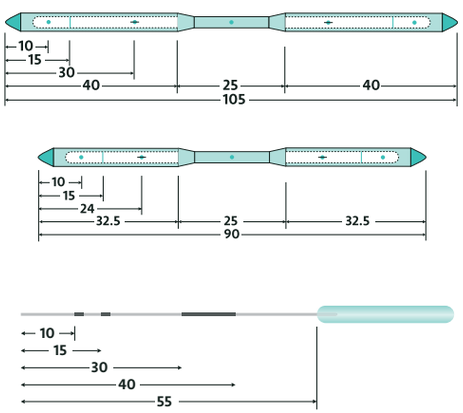
Nunchaku is a pushed silicone self-retaining bicanalicular intubation stent that acts like a conformer, allowing tears to be drained by capillarity: no retrieval from the nose is needed. The metallic guide introducer is located inside the lumen and not as an extension of the stent as in conventional intubation sets. The stability is guaranteed by the design of the silicone tubes: no need for knots or sutures in the nasal fossa.

CHARACTERISTICS

NUNCHAKU TUBES
10 MM MARK:
Distance between the punctum and the beginning of the lacrimal sac.

15 MM MARK:
Distance between the punctum and the end of the lacrimal sac.

METALLIC GUIDES:
The metallic guides give rigidity to the Nunchaku tubes and facilitate the insertion in the lacrimal system.

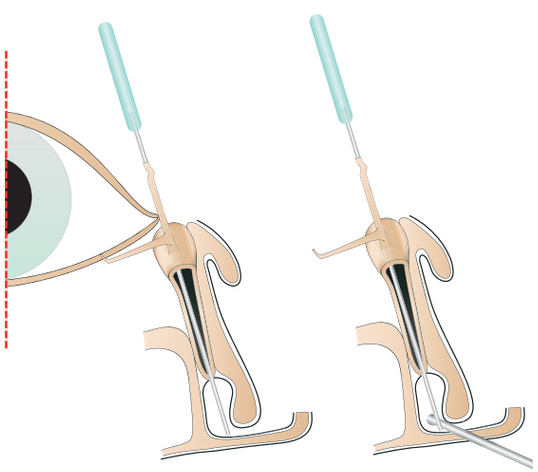


INITIAL PROBING

DIAGNOSIS
Complex stenosis (contraindication) is distinguished from scarred naso-lacrimal stenosis by tactile probing.

DETECTING FALSE PASSAGES
A second, wider lacrimal probe with a blunt tip is introduced through the naris and gently steered through the inferior nasal meatus until metal-to-metal contact is achieved.

SELECTION OF STENT LENGTH
The selection of the stent length depends on the surgeon's preference. It is recommended to use a 90 mm stent for children and a 105 mm stent for adults in cases of classic intubation.

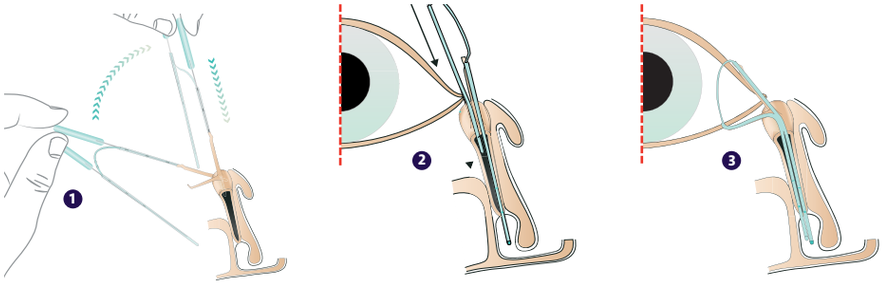


Probing | **Metal-to-Metal Contact**

IMPLANTING THE STENT

1. Stent is inserted into the canaliculus through the dilated punctum.
2. At bony contact, stent is rotated 90° and vertical catheterization is continued.
3. Once the nasal fossa floor is reached, the metallic guide is gently removed while the silicone tube is maintained in place.

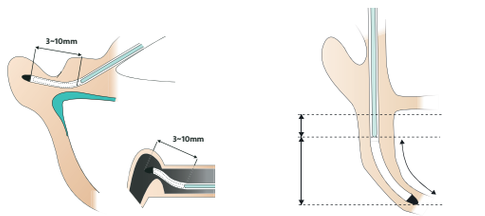
The same procedure is repeated for the second canaliculus. A self-retaining bicanalicular intubation is achieved. No knots or sutures are needed at the end of the procedure.



Introduction in the FIRST Canaliculus | **Introduction in the SECOND Canaliculus** | **Stent in FINAL Position**

SPECIAL CASES

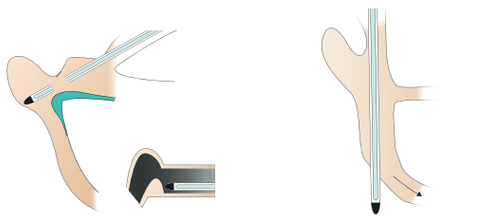
In certain special cases (as indicated to the right), remove the metallic guide a few millimeters. Then, push the silicone stent together with the metallic guide using forceps. This way, the silicone stent will not create a false passage.



Partial Stenosis of the Canaliculus | **Major Curvature of the Nasolacrimal Duct**

INSERTION ERRORS

If the stent takes a wrong direction during the insertion, it risks making a false passage. To avoid this, the implantation procedure must be carefully followed.



False Passage in the Canaliculus | **False Passage in the Nasolacrimal Duct**