Ritleng®+

**INDICATIONS**

- Treatment of Epiphora in Patients 12 Months and Older
- Canalicular Pathologies
- Congenital Lacrimal Duct Obstruction
- Dacryocystorhinostomy (DCR)

**SELF-RETAINING BICANALICULAR STENT FOR NASOLACRIMAL DUCT INTUBATION**

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NEW/FCI Exclusive

PENDING FDA APPROVAL
**Ritleng® +**

**FEATURES & BENEFITS**
- **Black Mark** enables the central placement and positioning of the silicone tube.
- **Wider Silicone Segment** ensure the Ritleng®+ is autostable; no need to make knots in the nasal fossa.
- **PEEK (PolyEtherEtherKetone)** thread-guide of 500 mm facilitates intubation.

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**RITLENG®+ INSTRUMENTS**
- To use with all Ritleng® stents, not intubations
- Stainless steel
- Non-sterile

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Package</th>
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<tbody>
<tr>
<td>S1.1460</td>
<td>Ritleng® Probe</td>
<td>Box of 1</td>
</tr>
<tr>
<td>S1.1470</td>
<td>Ritleng® Endonasal Forceps</td>
<td>Box of 1</td>
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<tr>
<td>S1.1480</td>
<td>Ritleng® Hook</td>
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**RITLENG®+ REFERENCES**

<table>
<thead>
<tr>
<th>Code</th>
<th>Silicone Tube Diameter</th>
<th>Wider Silicone Segment Diameter</th>
<th>Material</th>
<th>Packaging</th>
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<tr>
<td>S1.1456</td>
<td>0.64 mm</td>
<td>0.94 mm</td>
<td>Silicone</td>
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**RITLENG®+ (INTUBATION) PROCEDURE**

1. **INITIAL PROBING**
   - Dilation of the punctum and insertion of a Bowman probe.
   - Search for bony contact.
   - 90° rotation and vertical catheterization.
   - Insertion of a second wider lacrimal probe with a blunt tip. Steer it very gently through the inferior nasal meatus until metal-to-metal contact is achieved.
   - Removal of the Bowman probe once the nasal fossa is reached.

2. **RITLENG®+ INSERTION**
   - Insertion of the Ritleng® probe into the nasolacrimal duct.
   - Search for bony contact.
   - 90° rotation and vertical catheterization until the nasal fossa is reached.
   - Insertion of the Ritleng®+ into the Ritleng® probe until the PEEK thread comes out in the nasal fossa.

**SURGICAL PEARLS**

- **Ritleng® Probe Insertion**
  For easier retrieval of the PEEK thread, make sure the slit of the Ritleng® probe faces up. If the slit faces down, the thread might not come out easily.

3. **RITLENG® PROBE REMOVAL**
   - Removal of the Ritleng® probe from the lacrimal duct and separation from the PEEK thread.
   - Retrieval of the PEEK thread from the nasal fossa using Ritleng® hook or Ritleng® endonasal forceps under endoscopic visualization.
   - Pull the PEEK thread out of the nasal fossa.
   - Repeat the procedure to achieve a bicanalicular nasolacrimal intubation.

4. **CORRECT POSITIONING OF THE RITLENG®+**
   - Pull out both PEEK thread extremities to make sure the wider silicone segment is positioned in the lacrimal sac.
   - Check that the central mark is correctly positioned between the two punctum.
   - Cut the PEEK threads.
   - No need for knots, the Ritleng®+ is self-retaining.

**RITLENG®+ REMOVAL PROCEDURE**

2 OPTIONS
- Cut tube at central interpalpebral mark, then simply pull the silicone tube out of the nose.
- Hold stent at the central mark with the help of fine forceps and pull out the silicone tube from the meatus.

*For informational purpose only. Does not replace the instructions for use.
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