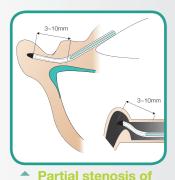
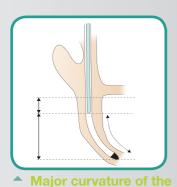
#### Special Cases



the canaliculus



In such cases, remove the metallic guide a few millimeters. Then, push together the silicone stent and the metallic guide using forceps. This way, the silicone stent will not create a false passage.

#### WRONG IMPLANTATION



▲ False passage in the canaliculus



**▲** False passage in the

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.

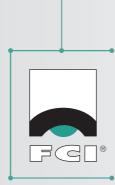
#### Individually packaged, sterile

S1.1361 FCI Nunchaku® 90 mm

\$1.1371 **FCI Nunchaku® 105 mm** 



# FCI NUNCHAKU®



For more information please contact your local distributor:



SELF-RETAINING BICANALICULAR NASAL INTUBATION WITHOUT NASAL RECOVERY

## INDICATIONS

- Canalicular pathologies
- Dacryocystorhinostomy (DCR)
- Congenital lacrimal duct obstruction

### PRESENTATION

FCI NUNCHAKU is a pushed silicone self-retaining bicanaliculus intubation stent that acts like a conformer, allowing tears to be drained by capillarity: no retrieval from the nose is needed.

The metallic guide is located inside the lumen, 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 to make knots and sutures in the nasal fossa.

#### CHARACTERISTICS

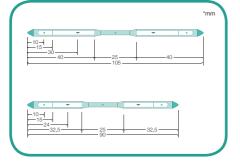
#### Nunchaku tubes

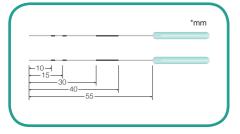
#### 10 mm mark:

Distance between the punctum and the beginning of the sac.

#### 15 mm mark:

Distance between the punctum and the end of the sac.

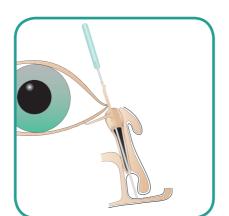




#### • METALLIC GUIDES

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

#### INITIAL PROBING



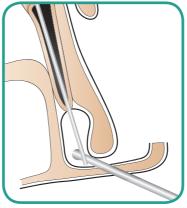
#### Diagnosis:

Complex stenosis (contra-indication) is distinguished from scarred nasolacrimal stenosis by tactile probing.

**◆ Probing** 

#### **Detecting false passages:**

A second, wider lacrimal probe with a blunt tip is inserted and very gently steered through the inferior nasal meatus, until metal-to-metal contact is achieved.

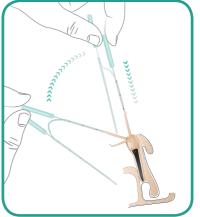


▲ Metal-to-metal contact

#### **Selection of stent length:**

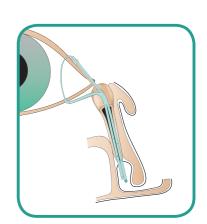
The selection of the stent length depends on the surgeon's preference. It is recommended to use a 90 mm stent for children and a 105 mm stent for adults in cases of classical intubations.

#### IMPLANTING THE STENT



Introduction in the first canaliculus

▲ Introduction in the first



1. The punctum is dilated.

2. Search for bony contact.

3. 90° rotation and vertical catheterization.

4. Once the nasal fossa floor is reached.

the metallic guide is gently removed while

maintaining the silicone tube in place.

▲ Introduction in the second canaliculus

Stent in final position

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