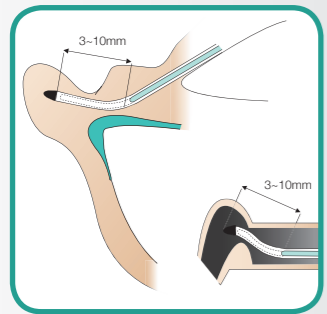
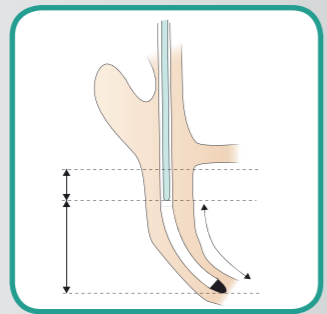




SPECIAL CASES



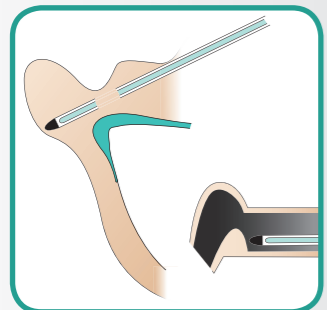
Partial stenosis of the canaliculus



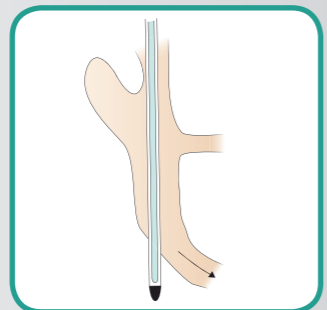
Major curvature of the nasolacrimal duct

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 lacrimal duct

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**
S1.1371 **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

FCI 117051 ind C - 04/2018 - Creation and drawing: ogjsson : 01 53 80 00 66
Laboratoire Graphique

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

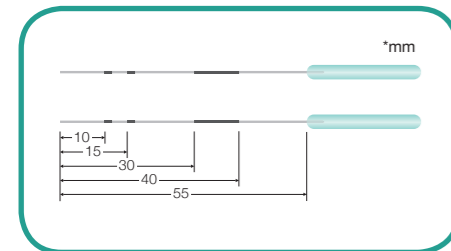
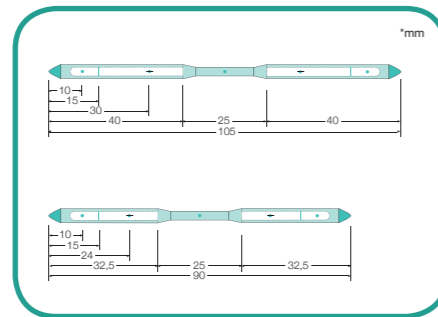
• NUNCHAKU TUBES

10 mm mark:

Distance between the punctum and the beginning of the sac.

15 mm mark:

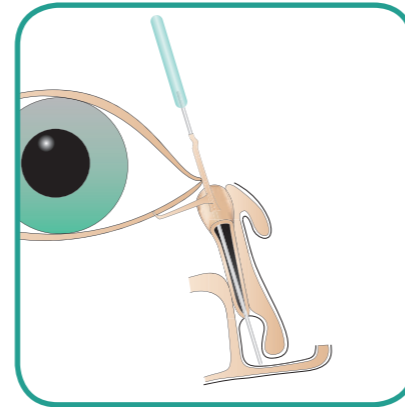
Distance between the punctum and the end of the sac.



• METALLIC GUIDES

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

INITIAL PROBING



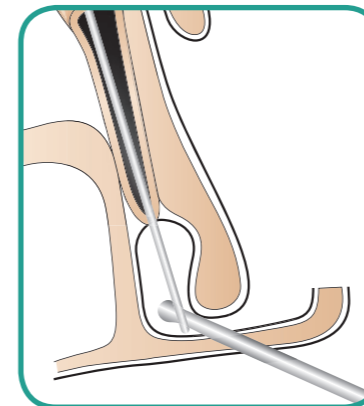
Diagnosis:

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.

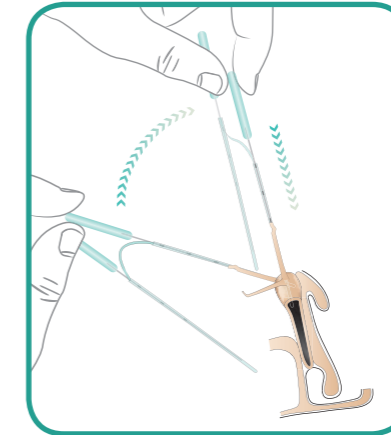


▲ Metal-to-metal contact

Selection of stent length:

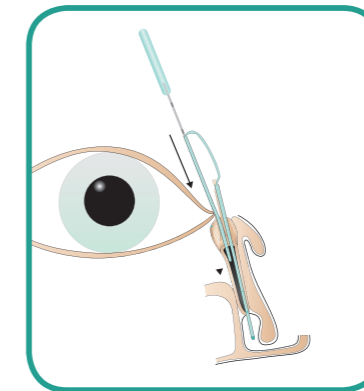
The selection of the stent length depends on the surgeon's preference. It is recommended to use a 90 mm stent for children and a 105 mm stent for adults in cases of classical intubations.

IMPLANTING THE STENT

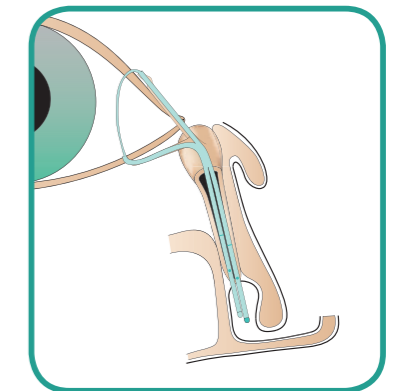


▲ Introduction in the first canaliculus

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.