CRAWFORD MONO CANALICULUS INTUBATION SET

Indications for Mono Canaliculus

1 Where only one viable canaliculus is present.
2 Where probing of the lacrimal system has not cured the tearing.
3 Where there are definite obstructions of the lacrimal system that would close if they were not kept open.
4 Repair of injuries involving cut canaliculus.
5 During a Dacryocystorhinostomy.

Description of Instruments Used

Crawford Mono Canaliculus Intubation Set - a flexible stainless steel probe attached to a .64mm diameter silicone tube, incorporating all the same great features of the Crawford Lacrimal Intubation System. A fine retention mechanism holds the silicone tube firmly in place. **Product # 9607**

Method of Tube Insertion

The patient is given a general anaesthetic. A punctum dilator is used to dilate the viable puncta and a lacrimal probe (eg. 00 Bowman) is passed to ensure the lacrimal system has been opened. The wire of the intubation set is passed down the viable canaliculus and pulled out from under the inferior turbinate with the Crawford Retrieval Hook (**Product # 9610)**. Note that the flat on the hook handle indicates the orientation of the hook in the nose. Those performing the procedure infrequently or for the first few times may have difficulty locating the probe in the nose. It is generally found more laterally and posteriorly than one would expect. If one pictures the junction of the lateral wall of the nose and the floor of the nose, the wire probe can usually be found by inserting the hook vertically so it follows this junction. The wire will be located lateral to the inferior turbinate in the inferior meatus of the nose. The wire is touched by the hook and then engaged by rotating the hook 90° in the direction of the wire. The probe is carefully pulled back to nest the olive tip of the probe firmly in the hook. Using the hook, the probe is pulled from the nose. Often a push/pull technique and some working of the hook with the wire will be required to complete the intubation.

Ensure that the punctal end, comprising of a 90° elbow, of the mono canaliculus intubation set is properly seated and located in the puncta. A firm tug at the probe end may assist in properly placing the punctal end. Inspect the punctal cap to ensure it is not contacting the cornea.

The Grooved Director (**Product # 9611**) may be used as an alternative to retrieve the probe in the nose. The Grooved Director is positioned under the inferior turbinate below the exit from the lower lacrimal nasal duct. The probe is picked up by the groove and directed into the slot, which traps the probe olive tip at the front of the Grooved Director. If desired, the Grooved Director may be used to infracture the inferior turbinate.

Securing the Ends of the Tubing in the Nose

1 At the option of the surgeon the tubing end may be left free in the nose and the tubing trimmed to an appropriate length.
2 At the option of the surgeon a fine absorbable suture may be used to secure the free end of the silicone tube in the nose.

Removal

If a suture was used to secure the free end of the silicone tube in the nose ensure that it is now free. Locate the top plug of the Crawford Mono Canaliculus set in the punctum and gently extract from the canaliculus. Once the tubing is firmly gripped by forceps remove from the lacrimal system in the normal manner.

CRAWFORD LACRIMAL INTUBATION SYSTEM

9600	***Crawford Lacrimal Intubation Set (Original)***
9601	***Crawford Lacrimal Intubation Set with Suture***
9602	***Crawford II Lacrimal Intubation Set***
9603	***Crawford II Lacrimal Intubation Set with Suture***
9606	***Crawford Bellan Canaliculus Intubation Set***
9607	***Crawford Mono Canaliculus Intubation Set***
9610	***Crawford Retrieval Hook*** - to pick up the probe under the inferior turbinate in the nose.
9611	***Anderson-Hwang Grooved Director*** - simplifies retrieval of the olive tip probe.
9630	***Crawford Tubing Stripper*** - to cut and remove excess tubing from the silk suture. This exposes the suture for unimpeded tying.
9650	***Video Tape*** demonstrating the use of the Crawford Lacrimal Intubation System.

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❖CAUTION

These devices are intended to be used only by a qualified physician.

❖CAUTION

Crawford Mono Canaliculus Intubation Sets are supplied sterile and are single use products. The hook and grooved director are intended to be sterilized at the hospital and can be reused, provided they are not damaged.

⚠WARNING

Separation of the silicone tubing from the probe may occur when intubating patients with severe blockage/narrowing of the lower naso•lacrimal duct or pronounced bony prominence. Refer to "Procedural Problems."

⚠WARNING

Ease of passage of the probes through the lacrimal system will vary widely from patient to patient with placement of the tube in some patients being quite difficult due to narrow openings in the lacrimal system, especially at the lower end of the bony canal.

⚠WARNING

Improper seating of the punctal end of the intubation set in the puncta may result in the end piece becoming loose, which may result in corneal abrasion.

Procedural Problems

1 Occasionally during the insertion, it is difficult to pull the wire out of the nostril because the junction of the wire and tubing becomes stuck at the lower end of the nasal-lacrimal duct. In these cases the nasal-lacrimal duct has a downward and slightly posterior direction thus the wire has to be pulled around the bony prominence. If you continue to pull the wire from the nose, the tubing may be pushed off the wire. When this problem is encountered, the loop of an ear curette may be pushed down over the wire, pushing it posteriorly until the tubing is back in the nose. The wire with the tubing attached is then pulled out of the nostril.

2 The punctal end of the device may be displaced out of the puncta. If the surgeon can locate the free end in the nose, the punctal end may be repositioned in the puncta or if the device has been in place for sufficient time it may be removed in the normal manner.