RITLENG PROBE PROCEDURE

Figure 1
Following dilation and preliminary probing of lacrimal ducts, the Ritleng Probe (S1-1460u) is introduced into the canaliculus and nasolacrimal duct until contact is made with the nasal fossa floor. The probe is pulled back slightly (1 cm) to facilitate the introduction of the PEEK thread-guide into the nasal cavity. The probe is oriented with its slit side facing anteriorly and pushed backwards so that the interior end of the probe is facing anterior, thus directing the PEEK towards the front of the nasal cavity. The PEEK is threaded through the probe to obtain a large loop which spreads out in the nasal cavity making it easy to locate. Retrieval of the black PEEK is easy when it appears in the anterior portion of the nose. The PEEK is retrieved under nasal illumination and visual control (nasal endoscope) with endonasal forceps or with the Ritleng Hook (S1-1480u).

Figure 2
If the PEEK thread-guide is not easily located in the anterior portion of the nose, or if it takes a posterior direction, the following technique is used for retrieval:

The probe is introduced until contact is made with the nasal fossa floor. Metal-to-metal contact is made using the Ritleng Hook (S1-1480u) high up in the inferior meatus near the exit of the nasolacrimal duct.

Figure 3
The probe is then rotated 180° while keeping the metal-to-metal contact with the hook thus orienting its inferior opening towards the back. The hook should be above the probe’s opening and the PEEK. This will enable the hook to catch the PEEK loop when removing from the nose.

Figure 4
The probe is slowly backed out of the inferior meatus and as soon as the metal-to-metal contact between the probe and the hook is lost, the hook catches the PEEK loop and is carefully removed from the nose. The probe is removed from the canaliculus and detached from the stent by sliding the thinner lighter black portion of the PEEK out through the probe’s slit. The PEEK thread-guide is pulled out of the nose along with the attached silicone tubing. This same technique is used to intubate the second canaliculus in the case of a bicanalicular intubation. In the case of a monocanalicular intubation, the punctal plug at the other end of the silicone tubing is seated in the punctum using a punctal plug dilator and inserter (S1-3090u).