A Monocanalicular “Pushed” Self-Retaining Stent for Nasolacrimal Duct Intubation

INDICATION

- Congenital Lacrimal Duct Obstruction
**INTUBATION**

1. Insert stent into canaliculus through dilated punctum.
2. Rotate stent 90°. Push into nasolacrimal duct until the plug comes in contact with the punctum.

**REMOVAL OF THE METALLIC GUIDE/INTRODUCER**

- The plug must be firmly held in contact with the punctum during the removal of the metallic guide.
- Make sure to pull the metallic guide out along the main axis of the lacrimal duct.
- Remove the metallic guide by rotating it back and forth during withdrawal.

**SEATING OF PLUG**

The plug must be seated in the punctum with the help of a punctum plug inserter (S1-3090u). Once the plug is in place, the collar should rest flush against the eyelid margin.

**INITIAL PROBING**

**DIAGNOSIS:**
Complex stenosis (contra-indication) must first be distinguished from a mucosal nasolacrimal stenosis by tactile probing.

**DETECTING FALSE PASSAGES WITH THE SIZER IN PLACE:**
With the sizer in place, a second, wider lacrimal stent with a blunt tip is inserted through the naris to confirm metal-to-metal contact.

**SELECTION OF STENT LENGTH**

When the sizer S1-1289u contacts the nasal fossa floor, note the location of the measuring device at the punctal opening:

- **POSITION 1:** Use Masterka® 30 mm
- **POSITION 2:** Use Masterka® 35 mm
- **POSITION 3:** Use Masterka® 40 mm

**MASTERKA** is a pushed lacrimal intubation stent with self-retaining punctal fixation. The metallic guide introducer is located inside the lumen, not as an extension of the stent as in conventional stents.

**DISPOSABLE SIZER**

- S1-1289u
  - Box of 5, sterile

**DISPOSABLE PUNCTUM DILATOR AND PLUG INserter**

- S1-3090u
  - Box of 3, sterile

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