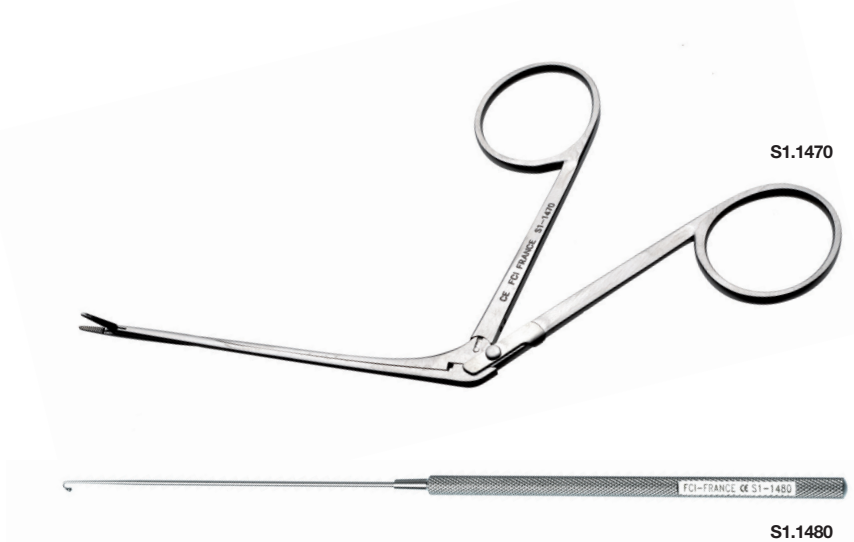


## RITLENG®+ INSTRUMENTS

- To use with all Ritleng® intubations
- Stainless steel
- Non sterile

		PACKAGING
S1.1460	Ritleng® probe	Box of 1
S1.1470	Ritleng® endonasal forceps	Box of 1
S1.1480	Ritleng® hook	Box of 1



## REFERENCES

	INDIVIDUALLY PACKAGED, STERILE			
	SILICONE TUBE DIAMETER	WIDER SILICONE SEGMENT DIAMETER	MATERIAL	PACKAGING
S1.1456 Ritleng®+	0.64 mm	0.94 mm	Silicone	Box of 1

For more information  
please contact your local distributor:



FCI S.A.S. 20/22 rue Louis Armand 75015 Paris (France) - Tel.: +33 1 53 98 98 97 - Fax: +33 1 53 98 98 99  
Email: fciworldwide@fci.fr - www.fciworldwide.com

FCI18/007 ind. A - Février 2018 - Société par Actions Simplifiées au Capital de 46 909 € - SIREN 351 670 385 - RCS PARIS

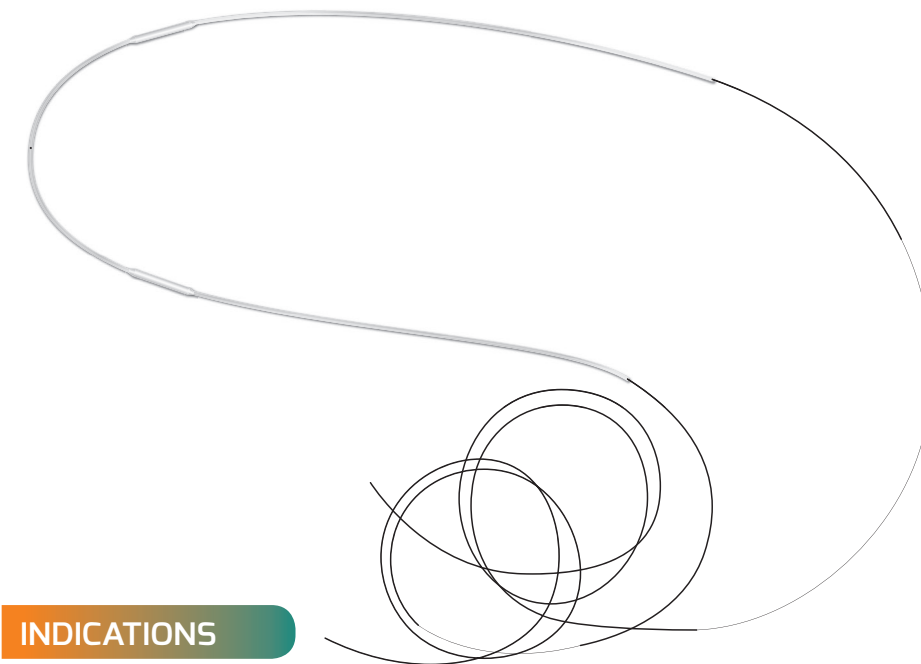


Your Patients, Our Expertise

# RITLENG®+

NEW

## AUTOSTABLE RITLENG® INTUBATION



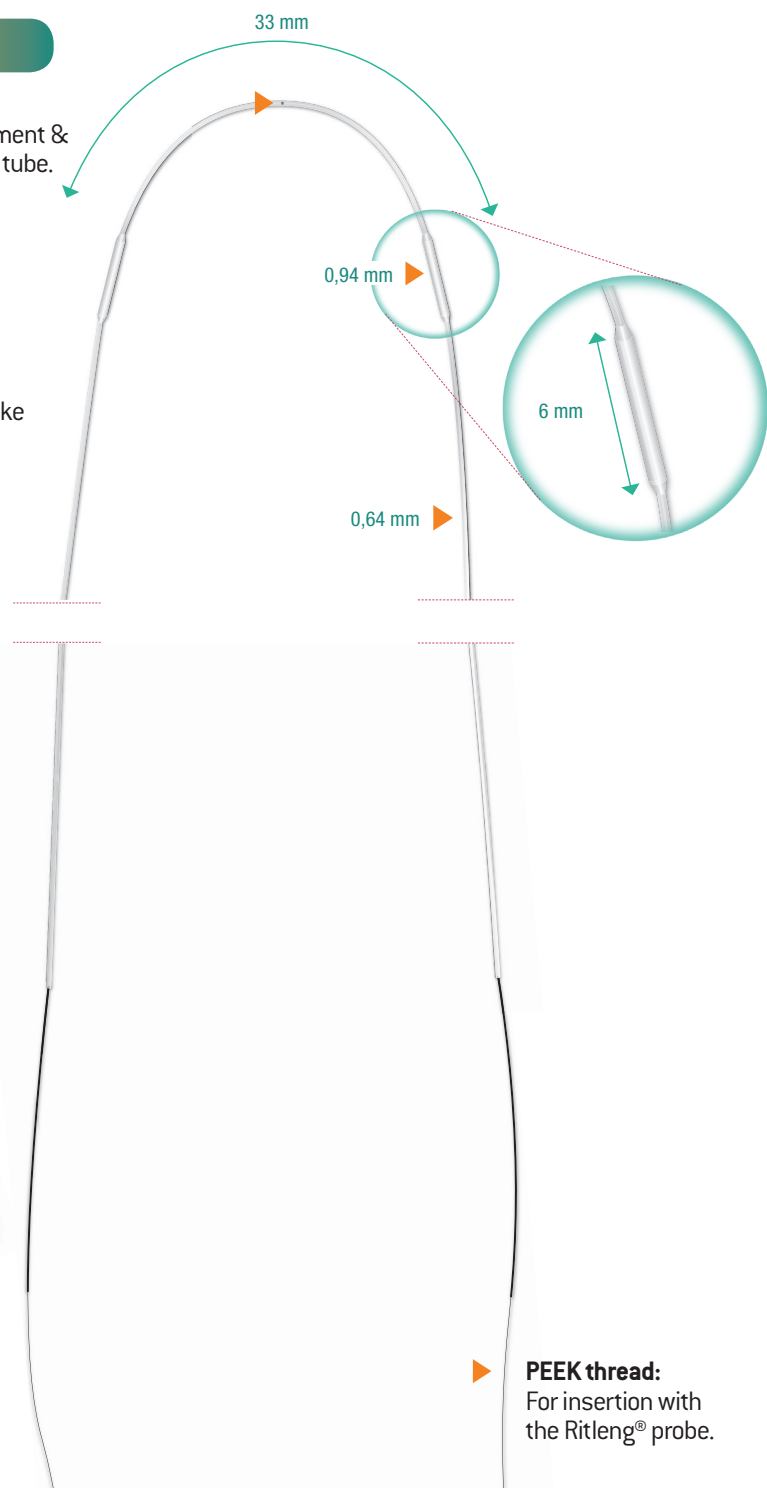
## INDICATIONS

- Treatment of epiphora in patients of 12 months and older
- Canalicular pathologies
- Congenital lacrimal duct obstruction
- Dacryocystorhinostomy (DCR)

## RITLENG®+

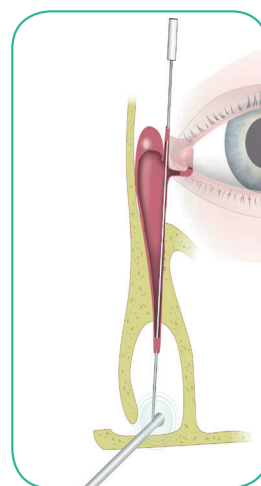
**Black mark:**  
Enables the central placement & positioning of the silicone tube.

**Wider silicone segment:**  
Ensures the Ritleng®+ is autostable: no need to make knots in the nasal fossa.



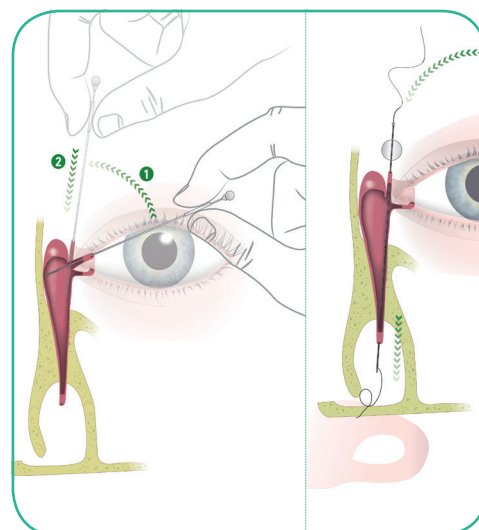
▶ **PEEK thread:**  
For insertion with the Ritleng® probe.

## RITLENG®+ STEP-BY-STEP PROCEDURE EXAMPLE\*



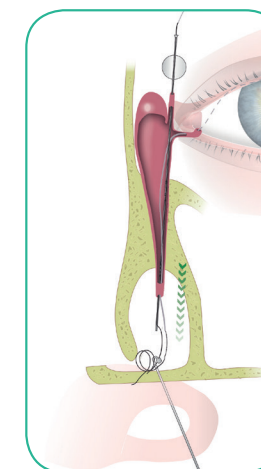
### Initial probing

- Dilation of the punctum and insertion of a Bowman probe.
- Search for bony contact.
- 90° rotation and vertical catheterization.
- Insert a second wider lacrimal probe with a blunt tip. Steer it very gently through the inferior nasal meatus **until metal-to-metal contact is achieved.**
- Removal of the Bowman probe once the nasal fossa is reached.



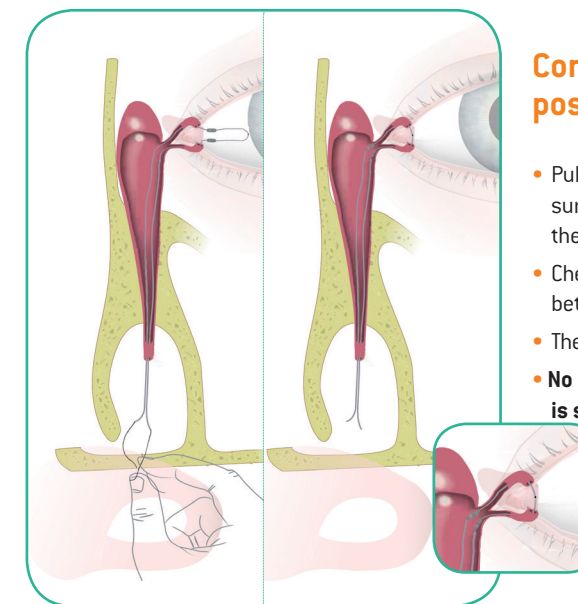
### Ritleng®+ insertion

- Insertion of the Ritleng® probe into the nasolacrimal duct.
- Search for bony contact.
- 90° rotation and vertical catheterization until the nasal fossa is reached.
- Insertion of the Ritleng®+ into the Ritleng® probe until the PEEK thread comes out in the nasal fossa.



### Ritleng® probe removal

- Removal of the Ritleng® probe from the lacrimal duct and separation from the PEEK thread.
- Retrieval of the PEEK thread from the nasal fossa using Ritleng® hook or Ritleng® endonasal forceps under endoscopic visualization
- Pull the PEEK thread out of the nasal fossa.
- Repeat the procedure to achieve a bicanalicular nasolacrimal intubation.



### Control of the correct positioning of the Ritleng®+

- Pull out both PEEK threads extremities to make sure the wider silicone segment is positioned in the lacrimal sac.
- Check the central mark is correctly positioned between the two punctum.
- Then, cut-out the PEEK threads.
- **No need to make knots, the Ritleng®+ is self-retaining.**

## SURGICAL PEARLS

### Ritleng® probe insertion

For an easier retrieval of the PEEK thread, make sure the slit of the Ritleng® probe faces up. If the slit faces down, the thread might not come out easily.

### Ritleng®+ removal: 2 options

- Cut off the central mark. Then, **simply pull the silicone tube out of the nose.**
- Hold the central mark with the help of fine forceps and **pull out the silicone tube from the meatus.**

\*For informational purpose only. Does not replace the instructions for use.