For more information please contact your local distributor:

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

REFERENCES

INDICATIONS

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

NEW

AUTOSTABLE RITLENG® INTUBATION

RITLENG® plus INSTRUMENTS

<table>
<thead>
<tr>
<th>Reference</th>
<th>PACKAGING</th>
</tr>
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<tbody>
<tr>
<td>S1.1460</td>
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</table>

INDIVIDUALLY PACKAGED, STERILE

<table>
<thead>
<tr>
<th>Silicone Tube Diameter</th>
<th>Wider silicone segment diameter</th>
<th>Material</th>
<th>Packaging</th>
</tr>
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<tbody>
<tr>
<td>S1.1466 Ritleng®+</td>
<td>0.64 mm</td>
<td>0.94 mm</td>
<td>Silicone</td>
</tr>
</tbody>
</table>

For more information please contact your local distributor:

AUTOSTABLE RITLENG® INTUBATION

Your Patients, Our Expertise

RITLENG®+

• 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.

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**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.

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

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**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® 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.

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**WIDER SILICONE SEGMENT**

**Ensures the RITLENG®+ is autostable: no need to make knots in the nasal fossa.**

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**PEEK thread:**

- For insertion with the RITLENG® probe.