

STENTube®

Large diameter silicone DCR intubation set

Greater than 90% success rate
and resolution of epiphora¹

Designed for ease of placement and decreased operating time during DCR procedures. STENTube has two large diameter segments separated by a thin central segment, designed to prevent ostium closure and enhance patient comfort.



Product code: LIS052

Advantages

- ▶ Allows larger intranasal ostium to develop in postoperative period¹
- ▶ No knot or suturing required¹
- ▶ Proprietary adhesion process minimizes tube breakage from probes²
- ▶ Silicone elongates with pull force for easier placement

Specifications

16.5" (41.9 cm) tube length

25 G x 4.5" (11.4 cm) length olive-tip probes

.034" (.86 mm) central segment

.045" (1.14 mm) large diameter segments

DCR Intubation Set Comparison Chart

Product	STENTube®	Crawford/Guibor	O'Donoghue
Diameter	.045" (1.14 mm)	.025" (.64 mm)	.032" (.81 mm)
Length	16.5" (41.9 cm)	17.9" (45.5 cm)	12.0" (30.5 cm)



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Ordering info

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Rx ONLY

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¹ Experience with Lacrimal Intubation during DCR utilizing the STENTube, Qasim Nasser, et al. ASOPRS, 10-11

² Data on file

STENTube®

Preferred method of lacrimal intubation during endonasal and external DCR surgery

The STENTube® large diameter lacrimal intubation set consists of a single silicone tube attached to two probes. The silicone tube has both large and small diameter sections that assist in preventing postoperative prolapse. The distal ends of the silicone tube can be coated with ointment to facilitate insertion.

If necessary, the puncta and canaliculi are dilated with a #3-4 Bowman Probe. The first STENTube probe is inserted through the superior canaliculus, sac and ostium into the nose.

Using a straight hemostat or a Crawford hook to grasp, gently pull the end of the probe until the thin end of the STENTube is positioned in the canaliculus. The probe is then detached from the tube and removed out the nose.

The second STENTube probe is passed through the inferior canaliculus, sac and ostium into the nose. The tube is pulled through and the probe is removed.

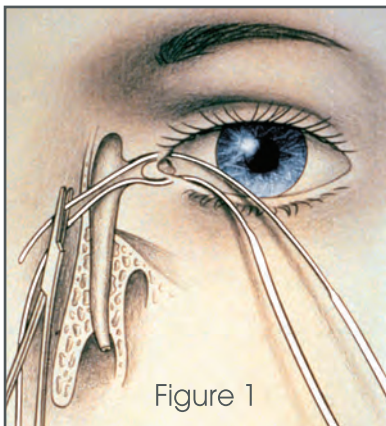


Figure 1

Each large diameter segment of the STENTube is pulled into the nose, one at a time. Pulling on both ends of the tube stretches and thins the large diameter segments and makes it easier to pull the tube into place.

The STENTube is positioned so the central thin segment lies in the interpalpebral space (Figure 2).

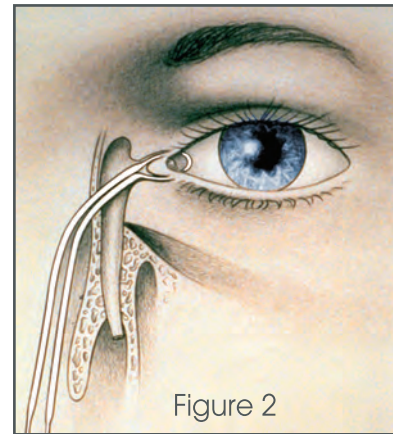


Figure 2

Upon completion of the intubation, the two free ends of the STENTube are secured at the distal end of the nasal cavity with a 4-0 or 5-0 nonabsorbable suture and both ends of the STENTube are cut. Studies proclaim no knot or suturing is required.¹

STENTube Removal

The STENTube is normally removed within the 4-month postoperative period following primary DCR procedures. In secondary DCR revisions, the STENTube is normally left in place for 3 to 6 months. If the ostium is not adequately healed to remain open on its own, the STENTube may be left in for up to 11 months.

After vasoconstriction with 1% phenylephrine and anesthesia with topical 2% tetracaine spray, the two ends of the STENTube are grasped in the nose with a straight mosquito hemostat. The STENTube is cut in the medial canthus and then removed from the nose. STENTube was developed by Bruce B. Becker, M.D.