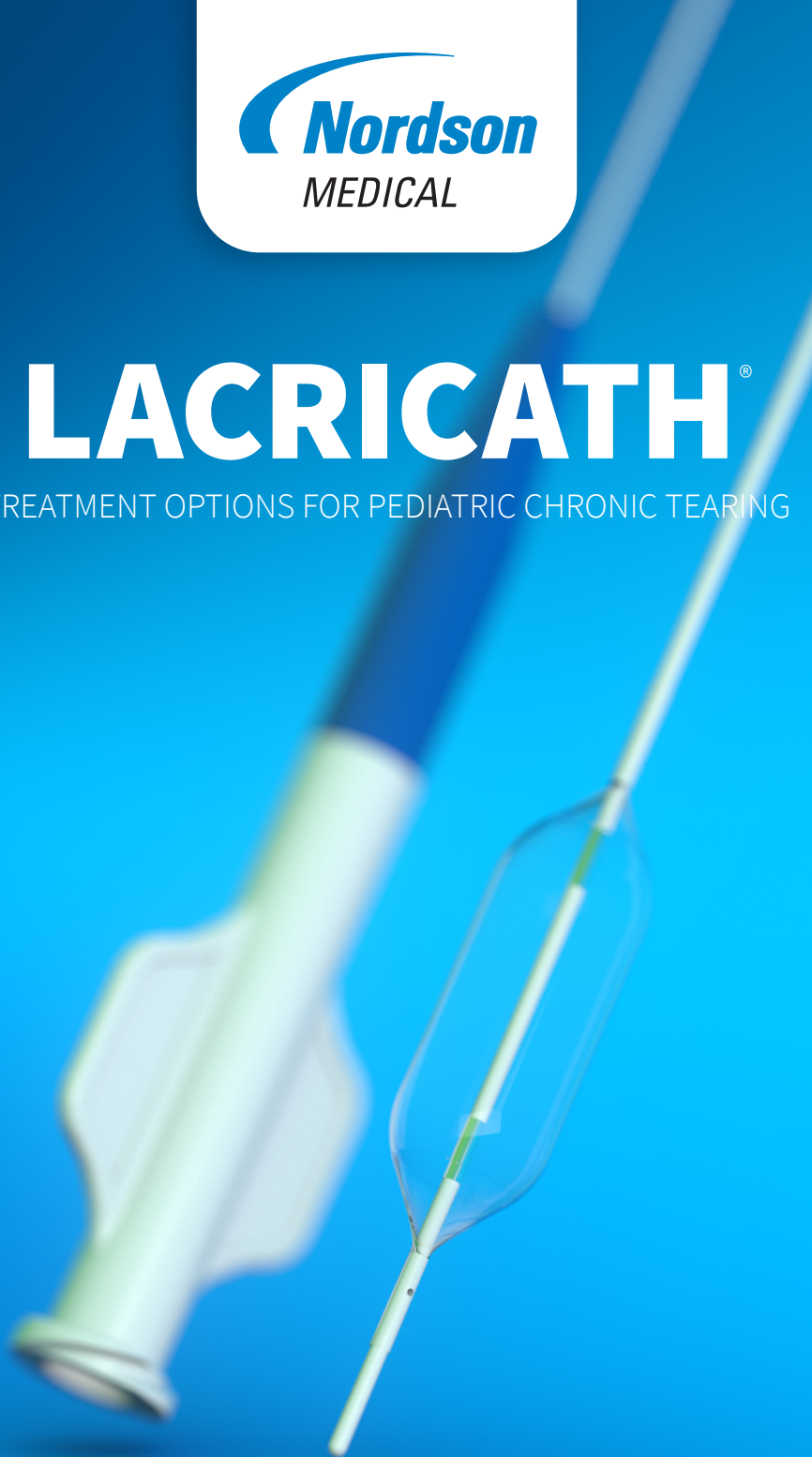




LACRICATH[®]

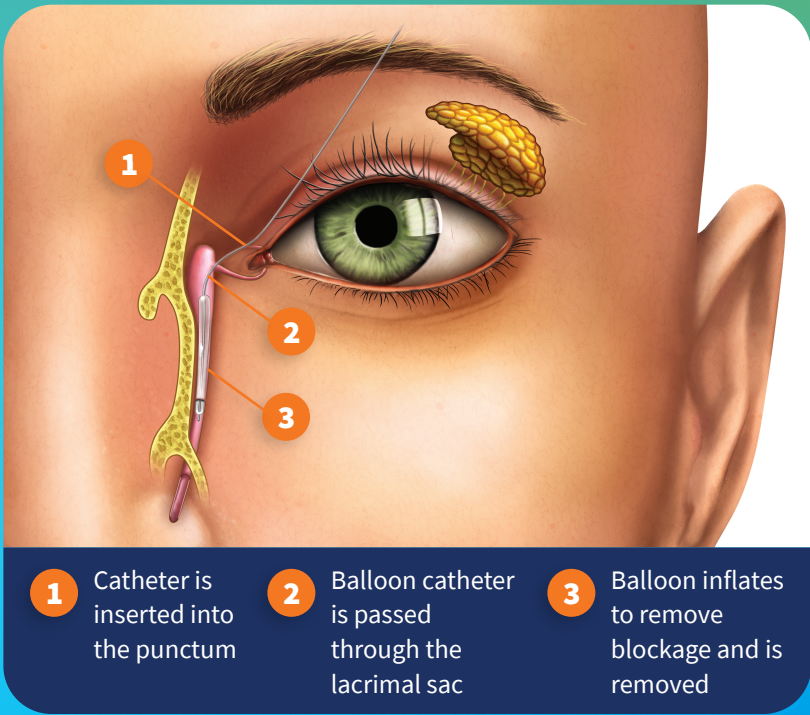
TREATMENT OPTIONS FOR PEDIATRIC CHRONIC TEARING



BLOCKED TEAR DUCT

Chronic tearing in children is usually caused by a membrane that blocks the end of the tear duct inside the nose. This causes tears to spill over the eyelid and run down the cheek.

Tears normally drain from the eye through small tubes called tear ducts that extend from the eye into the nose. A blocked tear duct occurs when the duct that normally allows tears to drain from the eyes is obstructed or fails to open properly.



CHRONIC TEARING: A CHRONIC CONERN

Nearly one-third of all infants experience chronic tearing. Usually, this disappears within 6 months of age. If the blockage persists, symptoms may include:

- Excessive tearing or watery eyes
- Eye mucus discharge
- Pain or discomfort
- Infection
- Persistent tearing

BALLOON CATHETER

TREATMENT OPTIONS

The most common treatments for chronic tearing include antibiotic eye drops, tear duct massage, and tear duct probing (passing a small probe down the duct to open the obstruction).

Sometimes, even probing will not open the blocked tear duct. Silicone tubes may need to be placed in the tear drainage system as the “traditional” next step. Limitations to this procedure include:

- Tubes remain in place for 3 to 4 months
- Additionally, a second appointment or hospital procedure with anesthesia may be needed to remove the tubes
- The LacriCATH® procedure eliminates the placement of tubes, which children often pull out

ONE QUICK PROCEDURE — LESS ANESTHESIA

LacriCATH® Balloon DCP provides parents and physicians a highly successful treatment for chronic tearing with the following advantages:

- Reduced trauma
- No tubes to remove — or pull out
- No need for a second procedure with anesthesia for tube removal

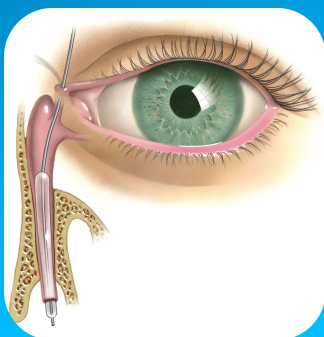


INNOVATIVE & LESS INVASIVE APPROACH

The LacriCATH[®] balloon catheter shown in the illustration, is inserted through an opening in the corner of the eye and down into the tear duct.

The balloon is inflated with sterile water to dilate the tear duct, then deflated and withdrawn from the duct. Nothing is left behind to cause trauma or be accidentally pulled out.

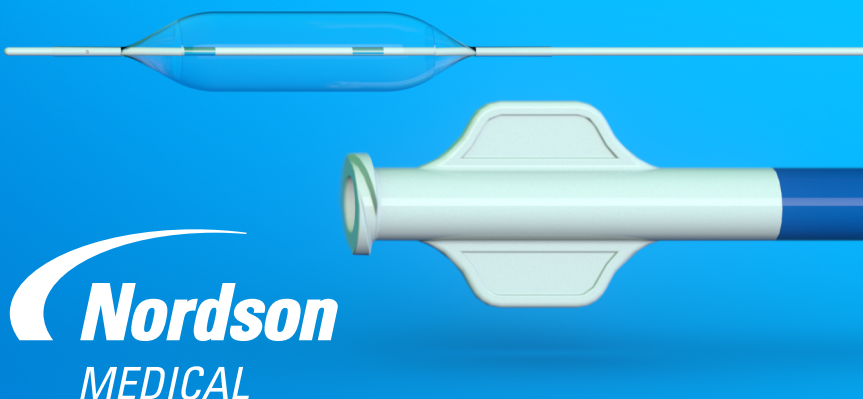
In over 20 years of use by physicians, the Balloon DCP procedure has proven to be highly successful in up to 95% of pediatric patients.¹



LACRICATH[®] BALLOON CATHETER

Visit our website to learn more about the advancement in the treatment of chronic tearing.

nordsonmedical.com



Caring for your child's tearing condition is a big concern for you and knowing the options available is important. Talk with your Ophthalmologist about the LacriCATH® Balloon DCP procedure, so you can both choose what is best for your child.

nordsonmedical.com

WITH 20+ YEARS OF SUCCESSFUL SURGICAL PROCEDURES

LACRICATH® PHYSICIANS CONFIRM...

"The success rate certainly meets, or more likely exceeds in my hands, the success rate of silicone intubation without the usual hemorrhage, tissue trauma, and nuisance of tube extrusion."

- Amy Aiello Leverant, M.D.

Phoenix Children's Hospital, Glendale, AZ

"I use it mainly in the pediatric population and I would guess that my success rate is in the order of 98-99%."

- Jeffrey M. Ketcham, M.D.

Mayo Clinic Health System, Red Wing, MN

"The benefit, of course, is that they do not have to have a silicone tube, with no risk of erosion or complications from the tube."

- Todd Watanabe, M.D.

St. Paul Eye Clinic, St. Paul, MN

"The success rate which I have found is greater than 95% in patients who have previously failed a routine tear duct probe...I would endorse this product without hesitation for use in congenital nasolacrimal duct obstruction."

- Deborah R. Fishman, M.D.

Pediatric Eye Associates, Wilmette, IL



For proper diagnosis, contact your ophthalmologist or physician to learn more about the LacriCATH® Balloon DCP treatment for your tearing condition.

1 American Journal of Ophthalmology 1996, 121: 304-309

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Rx ONLY

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