NEW PROBE FOR THE INTUBATION OF LACRIMAL CANALICULI WITH SILICONE RUBBER TUBING*†

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OBSTRUCTIONS in the lacrimal canaliculi are difficult to cure, but the method described by Griffith (1963) offers a good chance of success. During dacryocystorhinostomy, before suturing the anterior flap, polythene tubing is threaded through the upper and lower canaliculi and fastened together in the nose, so that it is visible only between the two puncta. It is left *in situ* for 6 months.

Silicone rubber is a softer material which lies more snugly and does not ride up over the cornea, nor does it have much tendency to cut through the tissues by pressure necrosis. The probe illustrated provides a method of introducing such tubing. As shown in Figs 1–4, the tube is tied onto the neck of the probe; the knot nestles behind the head so that it does not catch in the tissues, and the ridge between neck and shaft ensures that the tubing is not dragged off during its passage through a canaliculus.

FIG. 1.—Stainless steel probe. $\times 2$.

FIG. 2.—Probe with silicone rubber tubing attached. Actual size.

FIG. 3.—Front end of probe. $\times 7$.

FIG. 4.—Front end of probe with tubing tied on. $\times 7$.

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The silicone rubber tubing, outside diameter 1 mm. and lumen diameter 0.5 mm., is manufactured by Esco (Rubber) Ltd., Seal Works, Seal Street, London, E.8.

REFERENCE

GRIFFITH, T. P. (1963). *Brit. J. Ophthalm.*, **47**, 203.

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† Address for reprints: as above.