# TABLE OF CONTENTS

## DRY EYE

Snug Plugs™ | 1
---|---
Ready-Set Punctum Plugs | 1
PVP Perforated Plugs | 1
Tearsaver Plugs | 2
Non-Sterile Plugs | 2
Punctal Gauges for Tearsaver Plugs | 2
Punctal Gauges for “Ready-Set” Plugs | 2
Reusable Double Dilator | 3
Temporary Collagen Plugs | 3
Prolong™ Absorbable Long Term Plugs | 3
Zone-Quick | 3

## LACRIMAL STENTS & TUBES

Self-Retaining Bicanaliculus Intubation Set | 4
Crawford Bicanaliculus Intubation | 4
Mono-Crawford | 4
Bika-Bicanaliculus Intubation | 5
Infant Bika-Bicanaliculus Intubation | 5
Goldberg Bicanalicular Cerclage | 5
Wide/Medium Collarette Monoka | 5
Ritleng Probe | 6
Ritleng Bicanaliculus Intubation | 6
Self-Threading Monoka | 6
Ritleng Probe Procedure | 7
Masterka | 8
Mini Monoka | 8
Necessary Instruments | 8
Disposable Punctum Dilator and Plug Inserter | 8

## LID REPAIR

Ocular Shield | 9
Ptose-Up | 9
Wright Fascia Needle | 9
Ptosis Slings | 9
Blinkeze™ External Eyelid Weights with Treatment Kit | 10
Thinprofile™ Lid Weights | 10
Contour™ Lid Weights | 11
Tantalum Eyelid Weight Sizing Sets | 11

## CATARACT

Morcher® Capsular Tension Rings | 14
Henderson Capsular Tension Rings | 14
EyeJet | 15
Geuder® Capsular Tension Ring Injector | 15
Cionni Capsular Tension Rings | 16
9-0 Polypropylene Suture Non-Absorbable | 16
Ahmed Capsular Tension Segment | 17
Morcher® Pupil Dilator | 17
Geuder® Pupil Dilator Injector | 17
Iris Retractors | 18
Mackool Cataract Support System | 18
Ring Calipers | 18
Kitaro Dry/Wet Lab Kits | 19
Kitaro Cataract Complex Case Labs | 20

## ORBITAL IMPLANTS

Bioceramic Orbital Implants | 12
Silicone Orbital Implants | 12
Sphere Introducer | 12
Enucleation/Evisceration Disposable Sizers | 12
Ti/HA Peg & Sleeve System | 13
Orbital Tissue Expander (OTE) | 13
Silicone Conformer | 13
Perforated Conformers | 13
Symblepharon Rings | 13

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800.932.4202
SNUG PLUGSTM

- Plugs are packaged preloaded in a stretched position and return to their natural shape when released from inserter
- For punctal occlusion
- Medical grade silicone
- Individually sterile-packaged 2 preloaded plugs per box
- Note - Verify to ensure plug has released in punctum before removing inserter

![Pre-stretched Snug Plug](image)

![Natural Shape of Snug Plug](image)

S2-4002u
One size fits all

READY-SET PUNCTUM PLUGS

Designed by J.A. Bernard, M.D.
Ultra-thin collarette conforms to natural anatomy of the eyelid for maximum patient comfort.
Preloaded on disposable inserter/dilator instrument for ease of insertion. Easily removed with forceps.
- For punctal occlusion
- Medical grade silicone
- Individually sterile-packaged 2 preloaded plugs per box

**Slim Plugs**
The Slim Mini and Slim Petite plugs offer a slightly smaller bulb for easier insertion into small puncta.

**Exclusive Slanted Collarette Plugs**
The Micro to Large plugs feature the unique slanted collarette that hugs the natural curve of the eyelid. The slightly larger bulb resists migration and is designed to prevent rubout.

![Slanted Collarette Plugs](image)

![Slim Plugs](image)

S2-3632u
Slim Mini 0.4 mm

S2-3642u
Slim Petite 0.5 mm

S2-3652u
Micro 0.6 mm

S2-3672u
Mini 0.7 mm

S2-3422u
Small 0.8 mm

S2-3122u
Medium 0.9 mm

S2-3522u
Large 1.0 mm

![The stamped likeness of the plug on the instrument indicates the direction of the collarette slant.](image)

PVP PERFORATED PLUGS

Designed by J.A. Bernard, M.D. These plugs are coated with a thin layer of polyvinylpyrrolidone (PVP) that makes the surface slick to prevent debris from collecting on its surface and enhance drainage.
- For partial occlusion/punctal stenosis
- Medical grade silicone with PVP coating
- Individually sterile-packaged 2 preloaded plugs per box

![0.4 mm](image)

![0.6 mm](image)

S1-3522u
PVP Mini 0.7 mm

S1-3512u
PVP Medium 0.9 mm
TEARSAVER PLUGS

The tapered shaft design helps to anchor the plug securely in the punctum for more comfort and less risk of rub-out. Preloaded on disposable inserter/dilator instrument for ease of insertion.

- For Punctal Occlusion
- Medical Grade Silicone
- Individually sterile-packaged 2 preloaded plugs per box

Non-Sterile

Each instrument has one gauge size on one end, and a different gauge size on the opposite end.

Stainless steel Non-sterile

S2-3060u

Set includes 6 gauge sizes (3 instruments) in autoclavable sterilizing case

PUNCTAL GAUGES FOR TEARSAVER PLUGS

814004 0.4 mm
814005 0.5 mm
814006 0.6 mm
814007 0.7 mm
814008 0.8 mm

PUNCTAL GAUGES FOR “READY-SET” PLUGS

Each instrument has one gauge size on one end, and a different gauge size on the opposite end.

- For proper plug sizing
- Stainless steel
- Non-sterile

S2-3060u

Set includes 6 gauge sizes (3 instruments) in autoclavable sterilizing case

NON-Sterile Plugs

Ready-Set plugs are pre-mounted on a wheel for quick and easy loading onto a plug inserter.

- All wheels are packaged with 2 inserters
- For Punctal Occlusion
- Medical Grade Silicone

24 Plugs Per Box, 2 Inseters

S2-3324u
Slim Mini 0.4 mm
S2-3424u
Slim Petite 0.5 mm
S2-3524u
Micro 0.6 mm
S2-3624u
Mini 0.7 mm
S2-3724u
Variety Pack 6 each of 0.4 mm, 0.5, 0.6 and 0.7 mm

PUNCTAL GAUGES FOR TEARSAVER PLUGS

814434
Set includes 4 gauge sizes (2 instruments) in autoclavable sterilizing case

FCI-Ophthalmics.com
**REUSABLE DOUBLE DILATOR**

- Stainless steel
- Non-sterile

**TEMPORARY COLLAGEN PLUGS**

- To diagnose dry eye
- To assess the effectiveness of permanent punctal occlusion
- Collagen-dissolvable in 5–7 days
- Sterile

6 plugs per packet/12 packets per box (72 total)
Variety Pack: 6 plugs per packet/4 packets of each size per box (72 total). All 2 mm long.

**PROLONG™ ABSORBABLE LONG TERM PLUGS**

- For short term dry eye conditions
- For post surgical dry eye symptoms
- Absorbable copolymer—lasts up to 3 months
- Sterile

2 plugs per pouch, 10 pouches per box (20 total). All 2 mm long.

**ZONE-QUICK**

Zone-Quick is a simple and accurate system that measures tear volume in just 15 seconds per eye. Each box has an easy to read diagnostic indicator ruler.

- For tear volume measurement
- Phenol red thread tear test
- Results ready in 15 seconds
- Sterile

**ORDER INFORMATION**

To place an order:

- T: 800.932.4202
- F: 781.826.9062
- info@fci-ophthalmics.com
**SELF-RETAINING BICANALICULUS INTUBATION SET (SRS)**

Designed by P. Bigé, M.D.
- For horizontal lacrimal duct obstruction
- Punctal stenosis
- Silicone
- Set includes: Stent and disposable dilator

**REQUIRES:** Disposable Sizer S1-1289u

<table>
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<th>Quantity</th>
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<tr>
<td>S1-1290u</td>
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<td>1 sterile set per box</td>
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<tr>
<td>S1-1291u</td>
<td>30 mm Stainless Steel, Box of 5</td>
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</tr>
<tr>
<td>S1-1292u</td>
<td>35 mm Stainless Steel, Box of 5</td>
<td>1 sterile set per box</td>
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**Disposable Sizers**
- S1-1289u POM (PolyOxy-Methylene), Stainless Steel, Box of 5, sterile

**CRAWFORD BICANALICULUS INTUBATION**

- For canalicular stenosis
- Silicone tubing covers probe
- Stainless steel probe with non-traumatic rounded olive tip

**REQUIRES:** Crawford Hook S1-1275u

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</table>

**CRAWFORD HOOK**
- Stainless Steel, Box of 1, non-sterile

**MONO-CRAWFORD**

- For congenital lacrimal duct obstruction, canalicular laceration
- Single plug anchors stent at punctum
- Sterile
- Recommended: Disposable Punctum Dilator & Plug Inserter S1-3090u (page 8)

**REQUIRES:** Crawford Hook S1-1275u

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<td>Mono-Crawford Medium Collarette</td>
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<tr>
<td>S1-1911u</td>
<td>Mono-Crawford Wide Collarette</td>
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**S1-1913u**
- Mono-Crawford Wide Collarette
- 4 mm Box of 3

**S1-1941u**
- PVP Mono-Crawford Medium Collarette
- 3 mm Box of 1

**S1-1943u**
- PVP Mono-Crawford Medium Collarette
- 3 mm Box of 3

**S1-1951u**
- PVP Mono-Crawford Wide Collarette
- 4 mm Box of 1

**S1-1953u**
- PVP Mono-Crawford Wide Collarette
- 4 mm Box of 3
BIKA-BICANALICULUS INTUBATION
Designed by J.A. Bernard, M.D.
- For Canalicular Stenosis
- Stainless steel probe with silicone tubing swaged into probe
- Non-traumatic rounded tip

Infant Bika-Bicanaliculus Intubation
Designed by J.A. Bernard, M.D.
- For Infant Canalicular Stenosis/DCR
- Stainless steel probes entirely embedded in silicone tubing
- Recommended for DCR because of its high flexibility

Goldberg Bicanalicular Cerclage
Designed by R.A. Goldberg, M.D.
- For Reconstruction, Trauma & Chronic Stenosis of the Canalicular System
- Silicone, blue polypropylene suture

Wide/Medium Collarette Monoka
Designed by B. Fayet, MD. and J.A. Bernard, M.D.
- Stent is securely anchored at punctum by plug. No knots or sutures necessary.
- For Congenital Nasolacrimal Duct Obstruction or for Canalicular Laceration
- Silicone, stainless steel
- Non-traumatic rounded tip
- Silicone tubing swaged into malleable stainless steel probe
- Recommended: Disposable Punctum Dilator & Plug Inserter S1-3090u (page 8)
RITLENG PROBE–STEP-BY-STEP PROCEDURE

The Ritleng Probe is backed out of the lacrimal ducts and separated from the PEEK thread-guide at its thinner section (lighter portion of the thread) by sliding it out from the open slit that lines the entire length of the probe.

STEP 1

STEP 2

STEP 3

STEP 4

These unique systems use PEEK as a thread-guide reducing time and trauma in lacrimal duct intubation. The hollow Ritleng Probe is inserted into the nasolacrimal duct and a thin PEEK thread-guide is fed through it. The probe is then withdrawn leaving the PEEK to pull the silicone tubing into place.

The PVP models are coated with a thin Polyvinylpyrrolidone (PVP) coating that makes the surface slick to prevent debris from collecting on the surface and enhance tear drainage.

RITLENG BICANALICULUS INTUBATION

Designed by P. Ritleng, M.D.

- For lacrimal duct stenosis, canalicular laceration, DCR
- Silicone, Black PEEK (PolyEtherEtherKetone)
- Thread-Guide
- Silicone tubing (L: 300 mm, Diam: 0.64 mm)

REQUIRES: Ritleng Probe S1-1460u (page 8)
Ritleng Hook S1-1480u (page 8)

S1-1450u
Box of 3, sterile
S1-1451u
Box of 1, sterile
S1-1490u
(PVP), Box of 3, sterile
S1-1491u
(PVP), Box of 1, sterile

SELF-THREADING MONOKA

Designed by B. Fayet, M.D., J.A. Bernard, M.D. and P. Ritleng, M.D.

- For congenital lacrimal duct obstruction, monocanalicular laceration
- Silicone, Black PEEK (PolyEtherEtherKetone)
- Thread-Guide
- Securely anchored at punctum by plug
- No knots or sutures necessary
- Recommended: Disposable Punctum Dilator & Plug Inserter S1-3090u (page 8)

S1-1800u
Wide 4 mm, Box of 3, sterile
S1-1801u
Wide 4 mm, Box of 1, sterile
S1-1810u
Med. 3 mm, Box of 3, sterile
S1-1811u
Med. 3 mm, Box of 1, sterile
S1-1820u
Wide 4 mm (PVP), Box of 3, sterile
S1-1821u
Wide 4 mm (PVP), Box of 1, sterile

REQUIRES: Ritleng Probe S1-1460u (page 8)
Ritleng Hook S1-1480u (page 8)
RITLENG PROBE PROCEDURE

Figure 1
Following dilation and preliminary probing of lacrimal ducts, the Rit leng Probe (S1-1460u) is introduced into the canaliculus and nasolacrimal duct until contact is made with the nasal fossa floor.

The probe is pulled back slightly (1 cm) to facilitate the introduction of the PEEK thread-guide into the nasal cavity.

The probe is oriented with its slit side facing anteriorly and pushed backwards so that the interior end of the probe is facing anterior, thus directing the PEEK towards the front of the nasal cavity.

The PEEK is threaded through the probe to obtain a large loop which spreads out in the nasal cavity making it easy to locate.

Retrieval of the black PEEK is easy when it appears in the anterior portion of the nose.

The PEEK is retrieved under nasal illumination and visual control (nasal endoscope) with endonasal forceps or with the Rit leng Hook (S1-1480u).

Figure 2
If the PEEK thread-guide is not easily located in the anterior portion of the nose, or if it takes a posterior direction, the following technique is used for retrieval:

The probe is introduced until contact is made with the nasal fossa floor.

Metal-to-metal contact is made using the Rit leng Hook (S1-1480u) high up in the inferior meatus near the exit of the nasolacrimal duct.

Figure 3
The probe is then rotated 180° while keeping the metal-to-metal contact with the hook thus orienting its inferior opening towards the back. The hook should be above the probe’s opening and the PEEK. This will enable the hook to catch the PEEK loop when removing from the nose.

Figure 4
The probe is slowly backed out of the inferior meatus and as soon as the metal-to-metal contact between the probe and the hook is lost, the hook catches the PEEK loop and is carefully removed from the nose.

The probe is removed from the canaliculus and detached from the stent by sliding the thinner lighter black portion of the PEEK out through the probe’s slit.

The PEEK thread-guide is pulled out of the nose along with the attached silicone tubing.

This same technique is used to intubate the second canaliculus in the case of a bicanalicular intubation.

In the case of a monocanalicular intubation, the punctal plug at the other end of the silicone tubing is seated in the punctum using a Punctal Plug Dilator and inserter (S1-3090u).
LACRIMAL STENTS & TUBES

**MASTERKA**

Designed by B. Fayet, M.D.
The MASTERKA is a “pushed” monocanalicular nasolacrimal duct intubation stent that requires no intranasal recovery and is anchored at the punctum by a plug. Prior sizing is important for proper stent selection.

- For congenital lacrimal duct obstructions
- Silicone stent pre-mounted on stainless steel introducer

**NEEDED INSTRUMENTS**

- **Ritleng Hook**, Non-sterile, Stainless Steel
  - ST-1480u  
  - Box of 1

- **Ritleng Probe**, Non-sterile, Stainless Steel
  - ST-1460u  
  - Box of 1

- **Bowman Probes**, Non-sterile, Stainless Steel
  - BP-9-011  
  - Size 00 & 0
  - BP-9-012  
  - Size 1 & 2
  - BP-9-013  
  - Size 3 & 4, Box of 1

**DISPOSABLE PUNCTUM DILATOR AND PLUG INserter**

- Recommended for use with all monocanalicular stents & tubes to seat the plug fixation heads into punctum
- Polypropylene, stainless steel

**MINI MONOKA**

Designed by B. Fayet, M.D. and J.A. Bernard, M.D.
Stent is securely anchored at punctum by plug. No knots or sutures necessary. Use Disposable Punctum Dilator & Plug Inserter ST-3090u to insert plug into punctum.

- For Canalicular Lacerations involving external 2/3 of one canaliculus
- Silicone

**REQUIRES**: Disposable Punctum Dilator & Plug Inserter ST-3090u (page 8)
Dispose Sizer ST-1239u (page 4)
LID REPAIR

Ptose-Up

Designed by J.M. Ruban, M.D.
- For Frontalis Suspension in patients with significant ptosis and poor levator function.
- Biocompatible, porous, inert, biointegratable, non-toxic, ready-to-use, non-allergenic.

"The beauty of Ptose-Up is that it is easy to place and adjust, while it provides an excellent eyelid contour. Being an inert material, it can also be removed easily in cases of overcorrection, or if the patient is an adult with dry eye problems."
Evan H. Black, M.D. Kresge Eye Institute, Detroit, MI

- Material: ePTFE expanded Poly Tetra Fluoro Ethylene
- Porosity: 50 μm
- Dimensions: 150 mm long and 2 or 3 mm wide, 0.35 mm thick

Ptose-Up

S3-302tu
Ptose-Up 2 mm x 150 mm Box of 1, sterile
S3-300tu
Ptose-Up 3 mm x 150 mm Box of 1, sterile

Wright Fascia Needle

May be used with Ptose-Up.
- Stainless Steel

WF-1000u
Box of 1, non sterile

Ptosis Slings

Designed by J.L. Llouquet, M.D. and D. Guerin, M.D.
- For Ptosis (with frontalis suspension)
- Stainless steel needles, silicone tubing

S3-1000u
Ptosis Sling Set Box of 3, sterile

Ocular Shield

Protective eye shield with suction cup for conventional lid surgery

S6-2301
Box of 1, sterile
**BLINKEZE™ EXTERNAL EYELID WEIGHTS WITH TREATMENT KIT**

**THINPROFILE™ LID WEIGHTS**

ThinProfile™ Eyelid Implants are designed 40% thinner than the original FCI Contour™ Eyelid Implants, providing a sleek, spherical curvature with tapered edges and smoothly rounded corners. The channel-free 1.0 mm holes permit added freedom in suturing position. The overall dramatically lower profile of the new ThinProfile™ Eyelid implant design permits a virtually undetectable postoperative eyelid appearance.

**THINPROFILE™ GOLD EYELID IMPLANTS**

Standard Sizes—Thickness 0.6 mm

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<tr>
<th>Item No.</th>
<th>Description</th>
<th>Nominal Length</th>
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<td>0.6 grams</td>
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<tr>
<td>LL 4008</td>
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<tr>
<td>LL 4010</td>
<td>1.0 grams</td>
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<tr>
<td>LL 4012</td>
<td>1.2 grams</td>
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<tr>
<td>LL 4014</td>
<td>1.4 grams</td>
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<td>LL 4016</td>
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<tr>
<td>LL 4018</td>
<td>1.8 grams</td>
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**THINPROFILE™ PLATINUM EYELID IMPLANTS**

Standard Sizes—Thickness 0.6 mm

<table>
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<th>Item No.</th>
<th>Description</th>
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<tbody>
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<td>LL 6008</td>
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<tr>
<td>LL 6012</td>
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<td>LL 6016</td>
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<td></td>
</tr>
<tr>
<td>LL 6018</td>
<td>1.8 grams</td>
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</tr>
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**Weight Determination**

The appropriate eyelid weight is determined preoperatively using the FCI Eyelid Weight Sizing Set (TEW 7000). The proper weight should allow the eyelid to close without difficulty and induce a slight ptosis of no more than 1.0 mm, as the levator seems to strengthen after implantation.
### CONTOUR™ LID WEIGHTS

#### CONTOUR™ GOLD EYELID IMPLANTS
Standard Sizes—Thickness 1.0 mm, Width 5.0 mm

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**Special Sizes**

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#### CONTOUR™ PLATINUM EYELID IMPLANTS
Standard Sizes—Thickness 1.0 mm

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**Special Sizes**

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<tr>
<td>LL 5024</td>
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### TANTALUM EYELID WEIGHT SIZING SETS

For all Implants and/or External Weights

**TEW 7000 Standard Sizing Set**
Includes (7) weights from 0.6 to 1.8 grams, storage case, (100) adhesive strips and a skin tone selector card.

**TEW 7004 Special Sizing Set**
Includes (5) weights from 2.0 to 2.8 grams, storage case, (100) adhesive strips and a skin tone selector card.

**Skin Tone Selector**

- Light-0
- Pink/Neutral-1
- Tan-2
- Medium Brown-3
- Dark Brown-4

REQUIRED: Prior sizing. See Tantalum Eyelid Weight Sizing Sets below
**BIOCERAMIC ORBITAL IMPLANTS**

- Integrated implants for enucleation/evisceration
- Improved structure for vascularization and integration that is biocompatible, bioinert, nontoxic and nonallergenic. The implants are stable, easily hand-drilled and less sticky. Three unique choices to suit performance standards.

**Features**
- Porous, strong, non brittle
- Rapid and complete fibrovascularization
- Lightweight (half the weight of HA)
- Easy to insert (no velcro effect)
- Moistened wrapped implant readily slips into orbit
- Can be easily sutured to extra ocular muscles
- Low exposure rate
- Box of 1, sterile

**Mesh-Wrapped Bioceramic Orbital Implants**
- Aluminum Oxide, Vicryl Mesh, Silicone Band
  - S6-5316u 16 mm
  - S6-5318u 18 mm
  - S6-5320u 20 mm
  - S6-5322u 22 mm

**Egg-Shaped Bioceramic Orbital Implants**
- Aluminum Oxide
  - S6-5330u 18 mm
  - S6-5340u 20 mm

**Bioceramic Orbital Implants**
- Aluminum Oxide
  - S6-5112u 12 mm
  - S6-5114u 14 mm
  - S6-5116u 16 mm
  - S6-5118u 18 mm
  - S6-5120u 20 mm
  - S6-5122u 22 mm

**SILICONE ORBITAL IMPLANTS**

- For enucleation/evisceration, Medical grade silicone (translucent)
- Box of 1, sterile

**S6-1012u** 12 mm
**S6-1013u** 13 mm
**S6-1014u** 14 mm
**S6-1015u** 15 mm
**S6-1016u** 16 mm
**S6-1017u** 17 mm
**S6-1018u** 18 mm
**S6-1019u** 19 mm
**S6-1020u** 20 mm
**S6-1022u** 22 mm

**SPHERE INTRODUCER**

- For inserting orbital implant into socket
- Box of 1, sterile

**S6-3050u** Stainless Steel

**ENUCLEATION/EVISCERATION DISPOSABLE SIZERS**

- To select accurate implant size
- (POM) PolyOxyMethylene

**S6-3060u**
Box of 4, sterile
**TI/HA PEG & SLEEVE SYSTEM**
The titanium sleeve is coated with hydroxyapatite (HA) which allows vascular ingrowth, firmly secures the peg in the sphere, and enhances biocompatibility.
- To hold prosthetic eye
- For improved ocular motility

**Set includes:**
1. titanium sleeve coated with hydroxyapatite
2. drill for drilling HA implant
3. screwdriver for screwing the sleeve into the HA implant
4. temporary flat head titanium peg
5. permanent titanium pegs:
   - 1 round headed peg
   - 3 skinny pegs
6. sterile set per box

**ORBITAL TISSUE EXPANDER (OTE)**
The OTE is an inflatable “balloon/expander” that facilitates the normal growth of orbital soft tissues and bone to achieve facial symmetry. The OTE can be easily inflated and deflated without additional surgeries.

**Set includes:**
1. OTE
2. 3.2 cm bone plate
3. 2.6 cm bone plate
4. 2.0 cm bone plate
5. sterile set per box

**SILICONE CONFORMER**
- To maintain the conjunctival cul-de-sacs after enucleation or evisceration without hindering lid closure. Holes allow drainage of secretions and administration of drops.
- Silicone
- Translucent

**PERFORATED CONFORMERS**
- To maintain the conjunctival cul-de-sacs after enucleation or evisceration without hindering lid closure. Holes allow drainage of secretions and administration of drops.
- Polyamide 12
- Translucent-3 sizes

**SYMBLEPHARON RINGS**
- To prevent retraction of the conjunctival cul-de-sacs without touching the cornea
- Edges are highly polished and atraumatic
- PMMA (Polymethylmethacrylate)
- Translucent-3 sizes

**ORBITAL TISSUE EXPANDER (OTE)**

**Set includes:**
1. titanium sleeve coated with hydroxyapatite
2. drill for drilling HA implant
3. screwdriver for screwing the sleeve into the HA implant
4. temporary flat head titanium peg
5. permanent titanium pegs:
   - 1 round headed peg
   - 3 skinny pegs
6. sterile set per box
**MORCHER® CAPSULAR TENSION RINGS (CTR)**

The three rings are available in different diameters to accommodate the variations in the size of the individual patient’s capsular bag. Morcher CTRs are designed to stabilize the capsule. They may be inserted manually or with the Geuder Injector G-32955.

**Indications**
- Missing or damaged zonules
- Lens subluxation
- Pseudoexfoliation
- Myopia
- Zonulolysis
- Soft IOL
- Marfan’s Syndrome

**Advantages**
- Circular expansion of capsular bags
- Stable conditions during surgery
- Improves IOL centration
- Reduced risk of capsular fibrosis
- Resists capsular shrinkage

**MR-1400**
- Type 14
- Axial length <24 mm for normal eyes

**MR-1410**
- Type 14A
- Axial length >28 mm for highly myopic eyes

**MR-1420**
- Type 14C
- Axial length 24-28 mm for normal or myopic eyes

Box of 1, sterile
Material: PMMA

---

**HENDERSON CAPSULAR TENSION RINGS (HCTR)**

Designed by Bonnie Henderson, M.D.
The HCTR is designed for easier cortical removal while maintaining the desired stretch around the capsular bag. It may be inserted manually or with the Geuder Injector G-32955.

**Indications**
- Missing or damaged zonules
- Lens subluxation
- Pseudoexfoliation
- Myopia
- Zonulolysis
- Soft IOL
- Marfan’s Syndrome

**Advantages**
- Circular expansion of capsular bags
- Stable conditions during surgery
- Improves IOL centration
- Reduced risk of capsular fibrosis
- Resists capsular shrinkage
- Indentations allow to reach cortical material that might be trapped by a standard CTR.

**MR-10C**
- Type 10C
- Box of 1, sterile
- Material: PMMA

---

**MR-14A**
- Type 14A
- Axial length >28 mm for highly myopic eyes

**MR-14C**
- Type 14C
- Axial length 24-28 mm for normal or myopic eyes

12.30
10.00
12.00
14.50
11.00
13.00
EYEJET

- Preloaded Capsular Tension Ring on disposable injector.
- Choose Right for clockwise insertion, Left for counterclockwise insertion.

GEUDER® CAPSULAR TENSION RING INJECTOR

This reusable injector is designed for the clockwise, one-handed implantation of the Morcher and Henderson Capsular Tension Rings.

- MR-14 Right
  Preloaded Type 14 CTR
- MR-14 Left
  Preloaded Type 14 CTR
- MR-14A Right
  Preloaded Type 14A CTR
- MR-14A Left
  Preloaded Type 14A CTR
- MR-14C Right
  Preloaded Type 14C CTR
- MR-14C Left
  Preloaded Type 14C CTR
CIONNI CAPSULAR TENSION RINGS

Designed by Robert J. Cionni, M.D.

Morcher’s Cionni Capsular Tension Rings are designed to stabilize the capsular bag in cases of damaged or missing zonules. These rings are specially designed for scleral fixation with suture.

Indications

During cataract surgery, the Cionni Capsular Tension Rings are implanted to stabilize and recenter the capsular bag in the following cases:

- Missing or damaged zonules larger than 4 clock hours
- Lens subluxation
- Pseudoexfoliation
- Myopia
- Zonulolysis
- Soft IOL
- Marfan’s Syndrome

Advantages

- May be fixated to the sclera
- Promotes circular expansion of capsular bags
- Stabilizes conditions during surgery
- Improves IOL centration
- Reduces risk of capsular fibrosis
- Resists capsular shrinkage
- Only MR-2C may be inserted with Geuder Injector (G-32955), drawn up 3/4 of the way only

9–0 POLYPROPYLENE SUTURE NON-ABSORBABLE

These 9-0 polypropylene sutures are stronger and particularly suitable for fixating a Cionni Capsular Tension Ring or for stabilizing an IOL. These sutures are double-armed and packaged in boxes of 12.

- P9009062 Straight/90° Curved 16 mm needle 30 cm suture
- P90062 Straight/Straight 16 mm needle 20 cm suture
- P90062-2 Straight/Straight 16 mm needle 5 cm suture
- P9006062 Straight 16 mm Curved 6.2 mm 30 cm suture
AHMED CAPSULAR TENSION SEGMENT (CTS)

Designed by Ike Ahmed, M.D.

The CTS is designed for intraoperative capsular support (secured by Iris Hook) or permanent support (sutured to sclera).

Indications
Capsular Tension Segments are used to stabilize and recenter the capsular bag in the following cases:
- Significant zonular weakness
- Lens subluxation
- Pseudoexfoliation
- Myopia
- Zonulolysis
- Soft IOL
- Marfan’s Syndrome

Advantages
- May be used intraoperatively, secured by an iris hook
- May be fixated to the sclera for permanent support
- Stabilizes conditions during cataract surgery
- Improves IOL centration
- Reduces risk of capsular fibrosis
- Resists capsular shrinkage

MR-6D
Type 6D
Box of 1, sterile
Diameter: 9.5 mm
Length: 9.61 mm
Material: PMMA

MR-6E
Type 6E
Box of 1, sterile
Diameter: 10.0 mm
Length: 10.14 mm
Both have the same arc of 120 degrees
Material: PMMA

MORCHER® PUPIL DILATOR

The pupil dilator type 5S is a semi-circular elastic PMMA ring for the expansion of the pupil during phacoemulsification. It is supplied in sterile packaging for a single use.

The optimal temporary implant for use with patients who have cataract and contracted pupils, or floppy iris syndrome.

Pupil dilator may be inserted manually or with the Geuder Injector G-32970.

Important Note: The pupil dilator should be implanted only with viscoelastic for protection of the corneal endothelium.

MR-5S
Type 5S
Box of 1, sterile
Overall Length: 7.50 mm
Pupil Size: 5.0–6.0 mm
Thickness: 0.15–0.90 mm
Material: PMMA

GEUDER® PUPIL DILATOR INJECTOR

The Geuder Pupil Dilator Injector is designed for the clockwise one-hand implantation of the Morcher Pupil Dilator.

G-32970
Reusable Injector for the Pupil Dilator
IRIS RETRACTORS

- To stretch and stabilize the iris during surgery
- Blue polypropylene

**S9-5014**
Disposable, 1 set of four

**S9-5054**
Disposable, 5 sets of 4

**S9-5116**
Reusable, 1 set of 6
(Packaged in steam autoclavable container)

MACKOOL CATARACT SUPPORT SYSTEM

- Designed by Richard J. Mackool, M.D.
- To provide capsular support during cataract surgery for patients with lax/absent zonules
- Flexible/Disposable
- Easy Insertion/Removal

**MH-1005**
Nylon
Box of 5, sterile

RING CALIPERS

- Temporary template to create a more precise anterior capsulorhexis
- PEMA (Polyethylmethacrilate)

**RC-5**
5 mm inner diameter
Box of 1, sterile

**RC-6**
6 mm inner diameter
Box of 1, sterile
THE KITARO DRY/WET LAB KITS

The KITARO© Dry/Wet Lab Kits are created with the learning surgeon in mind. With both wet and dry lab kits, the beginner can practice techniques repeatedly without the added complication of long preparation times and costly live tissue samples. These tools simulate the stages of cataract surgery using both a wet lab and dry lab environment to allow new surgeons the ability to train repeatedly on basic surgical techniques.

### Kitaro Dry/Wet Lab Kit

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>K-5000</td>
<td>KITARO Dry/Wet Lab Kit</td>
</tr>
<tr>
<td>K-1130</td>
<td>Cornea-iris Part for Dry Lab</td>
</tr>
<tr>
<td>K-1135</td>
<td>Sclera Part</td>
</tr>
<tr>
<td>K-1140</td>
<td>Mask for Dry/Wet Lab</td>
</tr>
<tr>
<td>K-1145</td>
<td>Base Plate</td>
</tr>
<tr>
<td>K-1150</td>
<td>Segmented Plastic Nuclei Artificial Lens (3 Types)</td>
</tr>
<tr>
<td>K-1155</td>
<td>Polymer-clay Nuclei in PC Cups</td>
</tr>
<tr>
<td>K-1160</td>
<td>Anterior Capsule Forceps</td>
</tr>
<tr>
<td>K-1165</td>
<td>Sclera Fixation Forceps</td>
</tr>
<tr>
<td>K-1170</td>
<td>U/S (I/A) Handpieces (for segmented plastic nucleus)</td>
</tr>
<tr>
<td>K-1175</td>
<td>U/S (I/A) Handpieces (for Polymer-Clay Nucleus)</td>
</tr>
<tr>
<td>K-1180</td>
<td>Spatula Hook</td>
</tr>
<tr>
<td>K-1185</td>
<td>Phaco Chopper</td>
</tr>
<tr>
<td>K-1190</td>
<td>Mr. Divider’s Hook</td>
</tr>
<tr>
<td>K-1200</td>
<td>Cystotome (21G Needle) with Syringe</td>
</tr>
<tr>
<td>K-1205</td>
<td>Artificial Cortex, Resin Clay in Posterior Capsule Cups and Spare Clay</td>
</tr>
<tr>
<td>K-1210</td>
<td>Sclerocorneal Limbus</td>
</tr>
<tr>
<td>K-1215</td>
<td>CCC-Processed AC Film</td>
</tr>
<tr>
<td>K-1220</td>
<td>Container for Dry/Wet Lab</td>
</tr>
<tr>
<td>K-1225</td>
<td>Nucleus Manipulating Hook (2 Types of Ends)</td>
</tr>
<tr>
<td>K-1230</td>
<td>Cystotome (26G Needle) with Syringe</td>
</tr>
<tr>
<td>K-1235</td>
<td>Hydro Needle with Syringe</td>
</tr>
<tr>
<td>K-1240</td>
<td>Irrigation Bag</td>
</tr>
<tr>
<td>K-3010</td>
<td>KITARO DVD</td>
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### Reusable Goods

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<td>Sclerocorneal Limbus</td>
</tr>
<tr>
<td>K-1215</td>
<td>CCC-Processed AC Film</td>
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<td>Irrigation Bag</td>
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<td>K-3010</td>
<td>KITARO DVD</td>
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### Disposable Goods

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<tbody>
<tr>
<td>K-1020</td>
<td>Precut Sclerocorneal Sheet + Limbus</td>
</tr>
<tr>
<td>K-1030</td>
<td>Anterior-capsule Film (11cm x 2.5m)</td>
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<tr>
<td>K-1040</td>
<td>Viscoelastic Substance (10cc)</td>
</tr>
<tr>
<td>K-2010</td>
<td>Artificial Cataract Lens Mixed (3 soft; 3 medium hard)</td>
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<tr>
<td>K-2020</td>
<td>Cornea-iris Part for Wet Lab</td>
</tr>
</tbody>
</table>

### Optional

<table>
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<tbody>
<tr>
<td>K-1195</td>
<td>Speculum</td>
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<tr>
<td>K-1250</td>
<td>Desk top magnifying glass w/operating board for Dry Lab</td>
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<tr>
<td>K-1255</td>
<td>Drain Box for Wet Lab</td>
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<tr>
<td>K-1260</td>
<td>Soft nucleus</td>
</tr>
<tr>
<td>K-1265</td>
<td>Medium hard nucleus</td>
</tr>
<tr>
<td>K-1270</td>
<td>Very hard nucleus</td>
</tr>
<tr>
<td>K-3000</td>
<td>Text Book</td>
</tr>
</tbody>
</table>
KITARO Cataract Complex Case Labs

For the advanced surgeon, Kitaro has developed two kits for complex surgical procedures. Like the Dry/Wet Lab Kit, the Complex Labs allow for repeated practice of techniques and procedures with realistic but synthetic materials.

The *Kitaro Complex Lab 1* allows a surgeon to practice such complex cases as small pupil management, weak or ruptured zonules, and intraocular lens transcleral fixation. The surgeon may also elect practice phakic IOL insertion with an optional add-on part.

The *Kitaro Complex Lab 2* allows a surgeon to practice conventional extracapsular extraction (ECCE) and posterior capsule rupture management.

### Kitaro Complex Lab 1

**K-6000** KITARO Complex Lab 1

**Disposable Goods for Complex Lab 1**

- **K-6010** Cornea for Weak or Ruptured Zonules
- **K-6020** Cornea for IOL Transcleral Fixation
- **K-6030** Cornea for Small Pupil Management
- **K-6040** Sclerocorneal Sheet
- **K-6050** Mock Iris Retractors
- **K-6060** Artificial Nucleus for Weak Zonules

**Reusable Goods for Complex Lab 1**

- **K-1135** Sclera Part
- **K-1140** Mask
- **K-1145** Base Plate
- **K-6110** Capsular Tension Ring (2 pcs)
- **K-6115** Sclera Fixation Forceps
- **K-6120** Needle Holder
- **K-6160** Anterior Capsule Forceps
- **K-1230** Cystotome (26G Needle) with Syringe
- **K-6130** Chopper & Paddle Hook (double-ended)
- **K-6135** Sims Hook
- **K-6140** Spring Scissors
- **K-6105** IOL

**Optional Goods for Complex Lab 1**

- **K-6150** Cornea for Phakic IOL (2 pcs)
- **K-1255** Drain Box

### Kitaro Complex Lab 2

**K-7000** KITARO Complex Lab 2

**Disposable Goods for Complex Lab 2**

- **K-7010** Cornea for ECCE
- **K-7020** Cornea for PCRM
- **K-6040** Sclerocorneal Sheet (30 pcs)
- **K-7030** Sclerocorneal Sheet for ECCE (6 pcs)
- **K-7040** Nucleus for ECCE (6 pcs)
- **K-7050** Nucleus for PCRM (6 pcs)

**Reusable Goods for Complex Lab 2**

- **K-7060** Base & Mask for ECCE & PCRM
- **K-7070** Sclera for ECCE (2 pcs)
- **K-7075** Sclera for PCRM
- **K-7105** IOL Foldable Forceps
- **K-7115** Westcott Tenotomy Scissors
- **K-7120** Irrigating Vectis
- **K-7125** Pushpull
- **K-7130** Symcoe Cannula

**Optional Goods for Complex Lab 2**

- **K-1255** Drain Box
THE FCI STORY

Since its inception in 1984, FCI has become a world leader in products that solve problems in the areas of Dry Eye, Oculoplastics, Cataract and Retinal procedures. Through close collaboration with leading ophthalmic surgeons worldwide, FCI is continually developing and testing products that contribute to the quality of patients’ lives and products that respond to physicians’ needs with advanced materials and innovative research. FCI is excited about the future and is dedicated to the advancement of quality in eye care. FCI conforms to the world’s standards for quality in design, manufacturing and service:

- All FCI Ophthalmics products approved by FDA for commercial distribution
ORDERING INFORMATION

All FCI products are completely LATEX-FREE.
FCI products are sold worldwide through a network of independent Distributors/Reps. To place an order, and/or to identify your Distributor/Rep, call toll-free 800.932.4202.

Payment Terms
30 days net

Shipping and Insurance
Prepaid and added to invoice

Returns
Defective merchandise, or merchandise shipped in error by FCI, may be returned for replacement or full credit within 30 days from date of invoice. Prior authorization must be obtained. Returned merchandise must be properly packaged to prevent damage during shipping. Returned merchandise must be in saleable condition (ie: not opened, crushed, marked or otherwise damaged). Restocking charge may apply. No returns allowed after 60 days from date of purchase.

Guarantee
FCI products are unconditionally guaranteed against manufacturing defects. Any product found to have a manufacturing defect will be replaced free of charge.

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