Putterman Consecutive Conjunctivodacryocystorhinostomy Set
Dr. Allen M. Putterman

In the past, the formation of a conjunctivodacryocystorhinostomy ostium and placement of a bypass tube has, at times, been done with instruments not specifically designed for the operation. Also, usually each instrument must be removed before the next is inserted, which frequently is complicated by the difficulty identifying the track made by one instrument before reinserting the next. I have modified three instruments to facilitate a consecutive conjunctivodacryocystorhinostomy. This method prevents having to withdraw and reinsert multiple instruments and speeds up the procedure. It is also designed to avoid the usual difficulty of finding the track made by one instrument before reinserting the next instrument.

A

This is initiated with a spinal-like needle that can form the initial track (Fig. A).

B

Then a trephine is slid over this needle to form the osteum (Fig. B).
The needle is withdrawn, leaving the trephine in place (Fig. C).

Next, a Bowman-type probe is slid into the trephine internal opening until it meets the nasal septum (Fig. D).

The trephine is withdrawn and the marks on the Bowman-type probe are noted to determine the distance from medial canthus to nasal septum. The marks are made at 5 mm intervals up to 15 mm from the tip, then at 1 mm intervals from 15 to 25 mm, and then at 5 mm intervals from 25 to 35 mm. Noting the millimeters from the 35 mm mark to the medial canthus, and subtracting that number from 35 will determine the nasal septal-medial canthal distance (Fig. E).
A Jones or Putterman-Gladstone tube is chosen that is about 3-4 mm less than the medial canthal-nasal septal distance, and the tube is slid over the probe into the osteum (Fig. F).

The Bowman-type probe is then removed, leaving the tube in place (Fig. G, H).

The anterior lacrimal sac-nasal mucosa flaps are united and the wound closed.