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INTRADUCTAL MEIBOMIAN GLAND PROBING INSTRUCTION SHEET
BY STEVEN L. MASKIN MD.

1: EXAM

EVALUATE LIDS FOR TENDERNESS, PATENCY OF GLAND ORIFICE, STATUS OF GLANDS INCLUDING PROXIMAL AND DISTAL ATROPHY, LENGTH OF GLANDS AND SIGNS OF DUCTAL DILATION.

2: ANESTHETIZE LIDS

VISCOUS GEL SUCH AS AKTEN (LIDOCAINE GEL 3.5%) FROM AKORN, APPLIED AS DROP AND ALLOWED TO OOZE ONTO LID MARGIN. MAY BE DIRECTLY APPLIED.

3: PREPARE PROBE AND BEGIN WITH SHORT PENETRATION

OPEN TWISTER CONTAINER AND INSERT HANDLE INTO PROBE CANNULA AND REMOVE FROM CONTAINER. AT THE SLIT LAMP, PLACE THE LID ON TENSION USING A FINGER OF ONE HAND OR COTTON TIPPED APPLICATOR. WITH THE FELLOW HAND USE A PENCIL TYPE GRIP ON THE PROBE HANDLE. PASS THE 2MM PROBE THROUGH THE ORIFICE, PERPENDICULAR TO THE LID MARGIN. FIRST LAY THE PROBE TIP ON THE ORIFICE. THEN ADVANCE WITH AN ABBREVIATED FINE, SUBTLE “DART THROWING” MOVEMENT. YOU MAY NEED A ROUTER MOVEMENT TO FIND THE OPENING ESPECIALLY IN SETTING OF ORIFICE METAPLASIA. IF EPITHELIUM HAS GROWN ACROSS ORIFICE, YOU SHOULD STILL BE ABLE TO PIERCE THROUGH. YOU MAY HEAR AND FEEL A GRITTY SENSATION AS YOU PROBE THROUGH THE PROXIMAL DUCT. BE SURE TO VISUALIZE THE GLAND EITHER WITH DIRECT OR TRANSILLUMINATION BEFORE ATTEMPTING TO PENETRATE AN ORIFICE TO AVOID THE COMPLETELY ATROPHIC NON-EXISTANT GLAND. YOU MAY NEED AN ASSISTANT TO SUPPORT THE PATIENT’S HEAD IN THE SLIT LAMP. ALTERNATIVELY, YOU MAY PREFER TO USE THE OPERATING MICROSCOPE AND TABLE IN THE PROCEDURE ROOM.

4: MORE DISTAL PROBING:

PERSISTANT TENDERNESS AFTER 2MM PROBING SUGGESTS UNRELIEVED CONGESTION WITH INCOMPLETE RELIEF OF OBSTRUCTION. SO, AFTER PENETRATING ORIFICE AND DUCT WITH 2MM PROBE, USE THE 4MM PROBE AFTER CONFIRMING ADEQUATE GLAND LENGTH TO ACHIEVE COMPLETE PATENCY OF DISTAL DUCT HIGHWAY. AS YOU ENTER THE PROXIMAL DUCT THIS TIME YOU WILL NOTE AN ABSENCE OF GRITTY SENSATION YOU MIGHT HAVE NOTED UPON INITIAL 2MM PROBING. AS YOU ADVANCE DISTALLY, IF MILD RESISTANCE IS MET YOU MAY BE UP AGAINST A FIBROTIC AND/OR NEOVASCULAR BAND. CHECK TO ENSURE YOU ARE CO-LINEAR TO THE GLAND, THEN PROVIDE MILD ADDITIONAL FORCE TO POP THROUGH THE INTRADUCTAL SCAR, SIMILAR TO POPPING THROUGH A THIN LACRIMAL PUNCTAL OR CANALICULAR SCAR FROM THERMOCAUTERY.

5: CAVEAT

IF WIRE BENDS WHEN PROBING, ADJUST THE ANGLE OR PLACEMENT WITHIN THE ORIFICE TO REDUCE RESISTANCE TO ALLOW PENETRATION. DO NOT FORCE THE PROBE. CHANGE PROBES FREQUENTLY IF EXPERIENCING EXCESS RESISTANCE AND DO NOT USE SAME PROBE ON MORE THAN ONE LID AS THE WIRE MAY BEND, FATIGUE OR FRACTURE.

6: FINDINGS

A DROP OF HEME AT THE ORIFICE MAY OCCUR AS YOU PASS THROUGH A FIBROTIC NEOVASCULAR SCAR OR SIMPLY A NEOVASCULAR MEMBRANE.

7: THE SENSITIVE PATIENT

IF YOUR PATIENT IS VERY SENSITIVE, SUGGESTIVE OF SEVERE CHRONIC CONGESTION AND INFLAMMATION, YOU MAY HAVE TO PERFORM YOUR PROBING AS A STAGED PROCEDURE. SUBSEQUENT PROBING WILL BE MORE COMFORTABLE FOR YOUR PATIENT, SIMILAR TO THE PATIENT WITH ANTERIOR BLEPHARITIS WHOSE LIDS GRADUALLY BECOME LESS SENSITIVE WITH TREATMENT. THE GLANDS YOU HAVE BEEN ABLE TO PROBE WILL BE DRAMATICALLY LESS TENDER THAN THOSE NOT PROBED.