

Canaliculocystostomy combining microsurgery and fibrin sealing of the anastomosis.

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Abstract:

I present a method of using fibrin sealing for anastomosis in canaliculocystostomy. A microsurgical resection of the stenosis of the common canaliculus is followed by silicone intubation of the lacrimal apparatus and fibrin sealing of the anastomosis of the canaliculi and the lacrimal sac. The silicone tube is removed 6 months postoperatively. This technique obviates microscopic sutures, reduces operating time, and provides hemostasis. Of seven patients with monolateral stenosis of the common canaliculus in whom this technique was used and who were followed for a minimum of 3 years, only one had a restenosis.