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Cox System For Implantable Tubes

To order please contact customer services on:
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All Products



Marked

6th February 2003

Updates all previous issues



COX04

Teflon Pusher

COX07 - Flat Ended Measuring Rod



COX05 - Small Insertion Rod 0.75mm x 125mm
(separate or included with Gauge COX02)



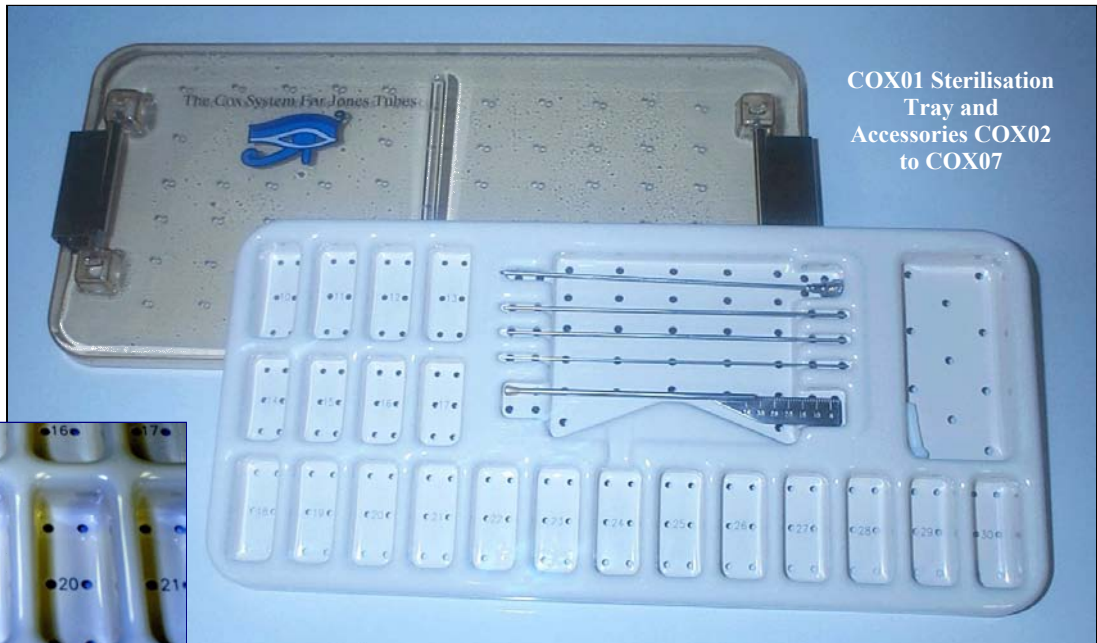
COX06 - Large Insertion Rod 1.6mm x 125mm
(Only Use With Callahan Cox Tubes)



COX02 - Measuring Gauge (Includes 1 x COX05)



COX03 - Trocar

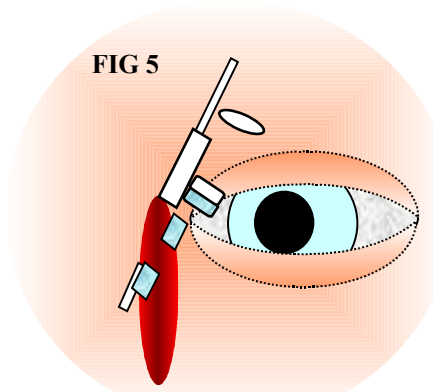
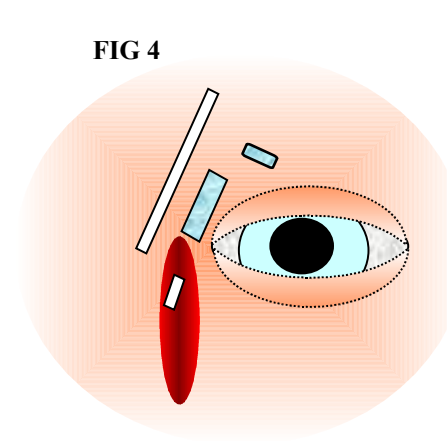
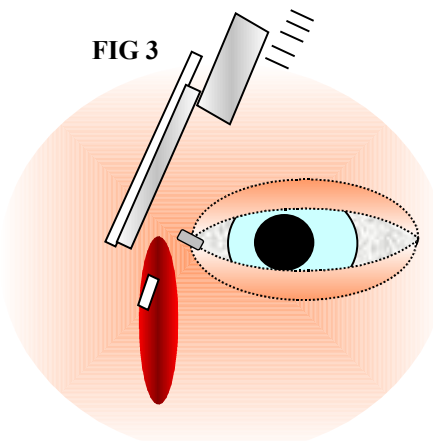
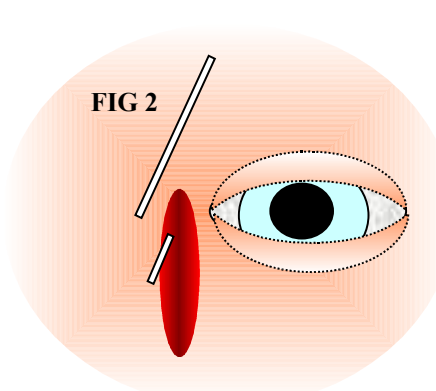
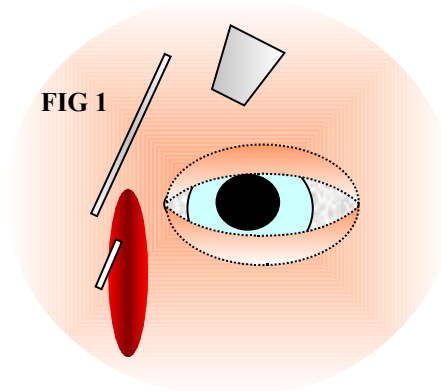


COX01 Sterilisation
Tray and
Accessories COX02
to COX07



Product Description	Code
Cox Sterilisation Tray - Autoclavable	COX 01
Measuring Gauge Complete With Small Insertion Rod (COX05)	COX 02
Trocar	COX 03
Teflon Pusher	COX 04
Small Insertion Rod, Curved Ends: Diameter 0.75mm x Length 125mm	COX 05
Large Insertion Rod, Curved Ends: Diameter 1.60mm x Length 125mm	COX 06
Flat Ended Measuring Rod (Measures length of tube only)	COX 07
Complete Set: Style 1 - Includes One Each Of The Above Except COX 05 (Which Comes With The Measuring Gauge) and 21 Callahan Cox Tubes With Suture Holes.	COX 08
Complete Set: Style 2 - Includes One Each Of The Above Except COX 05 (Which Comes With The Measuring Gauge) and 21 Callahan Cox Tubes Without Suture Holes.	COX 09

Guide To The Use Of The Cox Insertion System



Please note diagrams only provide guidance on how the devices are used and are not to any scale nor are meant to show the exact positioning of the instruments or tubes.

In the performance of the conjunctival and dacryocystorhinostomy procedures, anatomical variations of the distance from the caruncle to the centre of the nasal cavity, the size and shape of the nasal cavity, the position of the septum, and the different possibilities of the angle of the channel require that each patient be custom-fitted with a Jones Tube of optimum length. The system outlined above was developed by Dr. Cox Jr., Birmingham Alabama, and includes a "Cox Tube Set" ranging from 10mm to 30mm in increments of 1mm. Each Cox Tube has an outside diameter of 3.0mm, a lumen of 1.7mm and are normally supplied with a 4mm or 5mm flange.

Procedure followed at Eye Foundation Hospital, Alabama:

The normal procedure followed by Dr. Cox for emplacing the Tube is begun by incising the skin and subcutaneous tissues over the lacrimal area as for a dacryocystorhinostomy. After the tissues are retracted, a sector of lacrimal bone is removed with a burr, a chisel or an Iliff trephine on a Stryker saw.

The nasal mucosa beneath the bone sector is removed also. The lower half of the caruncle is removed and from this conjunctival opening at the medial end of the fornix, a stab incisions made with the rounded beaver blade knife into the bony opening. A stainless steel (insertion) precision rod, 1.6mm in diameter and 125mm long COX06, rounded on both ends, is inserted into the nasal cavity (Fig. 2.). With the tip of the rod touching the septum, the sleeve with the millimeter gauge is slipped on to the rod and pushed down to the caruncle. The proper length of the tube required is indicated by the gauge. A 3mm clearance is allowed from the nasal septum (Fig. 3.). The sleeve-gauge COX02 is then removed and a tube of optimal length is placed on the rod (Fig. 4.). The Teflon Pusher COX04, designed to exert an even pressure around the top of the tube at the flange, is placed on the rod (Fig. 5.) and is pushed into position. Observation of the tube transnasally and through the surgical window will assure that the tube is the proper length and optimally positioned. The upper end of the tube must not slip deeply into the fornix, or conjunctiva will grow over the top of the tube.

Postoperative Measures:

After the operation edema subsides, a different length tube may be required. In most cases the tube may be changed as an office procedure without anaesthesia, even in children. The rod is inserted through the tube, the tube is slid out leaving the rod in place, and a longer or shorter tube, as indicated by the gauge, is inserted without trauma. A thinner insertion rod, 0.75mm in diameter COX05, is used if mucus or discharge has partially blocked the tube making it difficult to insert the 1.6mm rod. If a patient loses the tube, and is not seen for several days by the surgeon, the channel is usually closed with scar tissue, especially if this occurs soon after insertion. The Trocar COX03 in the set can be used to re-open the surgical channel (Fig. 1.) and the emplacement of the rod is repeated. This may be done under local anaesthesia in the office or under general anaesthesia in the hospital depending upon the patient age and ability to cooperate.

Notes:

The Flat End Measuring Rod COX07 can be used to measure the actual length of the tube. The Sterilisation Tray COX01 has separate compartments to help segregate tubes and instruments during autoclaving.