

PATIENT INFORMATION

Tear Duct Syringing Probing and Intubation

This booklet is to give you information about tear duct syringing, probing and intubation now your child has been put on the waiting list for this treatment. We hope you will find it helpful to read.

We hope this information will answer many of the questions you have. If you have questions which are not answered here the staff in the eye surgery unit will be happy to try and answer them for you.

The Eye Care Team

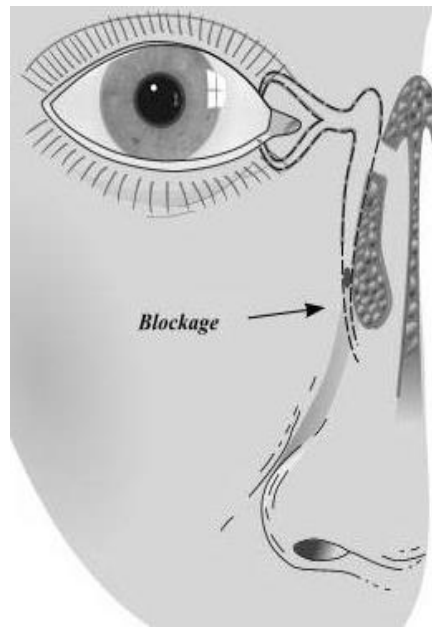
- An OPHTHALMOLOGIST is a doctor who specialises in eye disorders.
- An ORTHOPTIST is a professional specifically trained to assess children's vision, and children and adults with squint and 'lazy eye'.
- An OPTOMETRIST (OPTICIAN) tests for and prescribes glasses, and may also examine the eyes.

1. Watery eyes in infancy and childhood

The diagram shows that there is a narrow tube, the **nasolacrimal duct** that carries tears away from the eye into the back of the nose. Tests on new born infants suggest that 50% of babies have a blockage of this duct, towards the bottom, caused by a thin membrane. In most babies this membrane breaks down very quickly after birth. In a few infants this membrane does not break down until 9 months of age, and until it does there may be a watery or sticky eye, or episodes of dacrocystitis (swelling and redness on the side of the nose with a discharge from the eye).

The best way to treat this condition in babies under 9 months to a year, is by cleaning the eye with cotton wool and clean, previously boiled water, and by firmly massaging down the side of the nose from the corner of the eye down to the bottom of the nose, several times a day (for example, repeated massage whilst the baby is feeding or taking a bottle).

If the skin of the lower eyelid is becoming dry and sore, you can protect it with a smear of Vaseline. With this treatment most cases will resolve by a year old. **Eye drops to treat the stickiness are not needed unless the white part of the eye is red (conjunctivitis).** Dacrocystitis will usually need antibiotic syrup given by mouth.



Children whose watering does not resolve by 9 months to a year will usually be offered nasolacrimal duct **probing**. This is a treatment given under a general anaesthetic, where a fine metal probe is inserted into the nasolacrimal duct from the top to overcome the blockage at the bottom of the duct. This is sometimes combined with a tiny snip at the top of the nasolacrimal duct (**one snip**) to enlarge the top of the duct in the end of the lower lid next to the nose and make it easier for the tears to enter the top of the duct. The duct is then flushed with water to check that it is open (patent), this is called **syringing**.

Syringing and probing is successful in improving the watering in 9 out of 10 cases. This treatment may be offered earlier if there are frequent infections with a red eye, or if the skin around the eye is becoming very red and sore. The procedure takes 5-10 minutes.

There are other causes of watering eyes in childhood, such as eye infections, lid problems or allergy. Your child will be examined for these at the time of their outpatient appointment.

If one probing treatment does not work, you may be offered a second procedure. This will normally be another probing, or a probing with the insertion of soft plastic tubes (**intubation**) which are designed to stay in place for several months. These tubes cannot be felt by the child, and can only just be seen in the corner of the eye. They can usually be removed in outpatients without an anaesthetic, or occasionally under another general anaesthetic. Sometimes the tubes are used during the first procedure – this will be discussed with you.

Sometimes, the probing procedure will reveal that the anatomy of the nose is unusual, for example there may be a bone causing an obstruction, rather than just a membrane. In these cases, the probing will not be possible and will not work, and other procedures will be discussed with you in a clinic appointment after your admission.

2. Your Out-Patient appointments.

During your appointment in the Eye Clinic, you or your child may need to see the Orthoptists, the Optometrists and the Doctor, because of this the appointment may take a few hours, and drops may be used.

If you have been put on the waiting list for tear duct syringing and probing or intubation, you will have at least 1 further appointment, a pre-assessment appointment in the Day Surgery Unit. This appointment needs to be kept before we can give you a date for

surgery. If you are unable to keep any date you have arranged with us, please let us know with as much notice as possible so another patient can use the appointment and yours can be rearranged. Our phone number can be found at the back of this booklet. Please bring with you the following:

- The drugs which your child currently takes
- The completed medical questionnaire inserted in the centre of this booklet
- This booklet

You may, of course, ask questions during any stage of any visit.

After this appointment we will contact you to arrange a date for surgery. You will also be asked if you are available at short notice in case of cancellations as we always do our best to fill the slots so we do not waste the resources of the NHS. If you realise you cannot keep the date made please phone us (for number see back of booklet) to arrange a different date.

3. Consenting for your operation

We encourage you to read this and ask any questions which may arise before signing the Consent Form to agree to your child having nasolacrimal duct syringing, probing and intubation.

Benefits

The benefit of the procedure is an improvement in the amount and frequency that the eye waters.

Risks

As with every operation, syringing and probing has risks, but all serious complications are rare

- The main risk is that the procedure may not work and may need to be repeated
- There is a very small chance of the probe damaging structures along the duct and making the watering worse
- The tubes (if used) may move after the surgery and hang out in the corner of the eye. They can usually be replaced or removed easily in clinic
- It may not be possible to remove the tubes in clinic, and your child may need to have a second General Anaesthetic in order to remove them
- The procedure usually causes some blood stained tears or a small nose bleed, rarely it can cause a more severe nosebleed

Our estimates of the risks

Need for another operation	1:10
Worsening of watering	Very rare
Serious complication of GA in fit person	1:100000

4. The day of your operation

Date agreed.....

We will have sent you confirmation of the date of your child's operation and instructions about where to go and at what time. **Please read that letter carefully.** Most people will have been asked to come to the Day Surgery Unit.

You will be met by the nurses who will care for you. The Day Surgery Unit performs most surgery as day cases. This means you will be with us for part of the day only. When you arrive we will be able to advise you of the time you are likely to be ready to go home. In the uncommon event that your child needs to stay overnight, they will stay on Louisa Cary ward.

You will meet the surgeon who is to do your child's operation and he/she will confirm that you still wish to proceed and answer any further questions you may have before asking you to sign the Consent Form if not done already. The anaesthetist will also visit you and ask you some questions about your child's health and discuss the anaesthetic procedure. It is important that you feel able to discuss any concerns and ask any questions you may have.

After the operation you will return to the Day Surgery Unit. There will not be a pad over the eye(s).

You will be given an appointment for 3 months' time which you will receive by post. You can cancel this appointment if the watering has resolved.

5. After your operation

There should be little or no discomfort after the procedure. There may be some blood-stained tears and/or some blood from the nose. Rubbing the eyes will not harm them, although if your child has had tubes put in, they should be encouraged not to rub or pick at the corner of the eye where the tubes are. Occasional nose bleeds may occur up to 3 days after surgery.

Your child can return to school/nursery and to normal activities including swimming from the day after surgery.

6. Advice after your operation

If you have any concerns after the procedure, please ring the Eye Surgery Unit 01803 654883 immediately for advice (8.00am – 5.00pm). If you have an emergency between 5.00pm and 8.00am or at the weekend, ring the hospital switchboard on 01803 614567 and ask to speak to the on-call Ophthalmologist (Eye Doctor).

Eye drops

Please follow the instructions given by the nurses when you came to clinic and instil the drops as often as you were asked. This is normally:

Chloramphenicol drops and Pred Forte drops both 4 times a day

We will tell you if we want you to do anything different to this.

The drops should last a month but If they are running low, please get a repeat prescription from your doctor.

Eye slightly 'sticky'

Use a clean piece of cotton wool and cooled previously boiled water to clean your eyelids. Wipe gently from the nose outwards then discard the cotton wool and repeat as necessary. Use separate cotton wool for each eye.

Useful phone numbers:-

Eye Department Menu - 01803 655088 (Mon – Fri 8.00am – 5.00pm)

Out of Hours - Hospital switchboard 01803 614567, ask to speak to the on-call Ophthalmologist (Eye Doctor).

Tear out - Medical Questionnaire**Please complete this and bring to your medical assessment**

Do you or have you suffered from**Yes****No**

Urinary tract infections?

☐☐

Excessive bruising or bleeding?

☐☐

Skin ulcers or infections?

☐☐

Diabetes?

☐☐

Chest pain on exercise or at night?

☐☐

Asthma or bronchitis?

☐☐

High blood pressure?

☐☐

Heart attack or angina?

☐☐

Fainting easily?

☐☐

Convulsions or fits?

☐☐

Jaundice?

☐☐

Arthritis?

☐☐

Wobbly teeth?

☐☐

What other serious illnesses have you suffered?

What drugs are you taking?

What allergies do you have?

Thank you for completing this Form. Please remember to bring it to your appointment.

For further assistance or to receive this information in a different format, please contact the department which created this leaflet.