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Eye Physicians & Surgeons

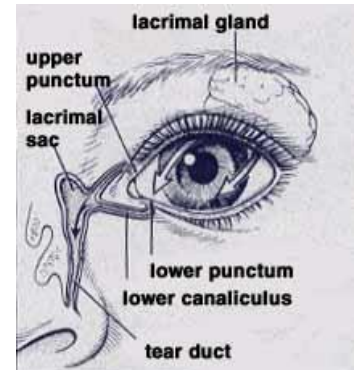
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(Surgical Booking)

PROBING OF TEAR DUCTS

Many children are born with small or blocked tear ducts. This can cause tearing from the eye as well as mucus discharge. If the tear duct remains blocked by the age of 10 – 14 months it is unlikely to open on its own and usually requires a tear duct probing procedure. Some times the tear sac will fill up with fluid and pressure directed over the tear sac may empty it causing a gush of tears or thick fluid from the punctum. Antibiotics are not routinely prescribed for a blocked tear duct unless there is an associated infection. Antibiotic drops may be prescribed for eye infections and oral antibiotics may be prescribed for deeper infections in the tear sac.



THE PROBING PROCEDURE

This takes about 10 minutes including the general anesthetic and is 90% effective.

A small probe is inserted into the punctum and is gently passed through the tear duct into the nose. In many cases this is all that is needed to open the blockage. If the tear duct is found to be quite narrow or severely blocked, a tube or “stent” may be inserted to keep this passageway open. Often the structures in the nose will be stretched to improve tear flow. This may cause a small amount of bleeding from the nose for a day or two.

Temporary Silastic Tubes (Crawford Tubes):

These are fine soft tubes that try to prevent the blockage from reforming by holding the duct open. These tubes do not actually drain tears. They will be left in from several weeks to six months. This tubing is threaded through the upper and lower punctum and the ends are joined together inside the nose. You will be able to see a tiny bit of tube at the inside corner of the eye. The rest of the tube is hidden inside the nose.

Tube Removal:

The temporary tubes often fall out on their own. Removal of the tube(s) is usually done in the office at approximately 6-7 months following surgery if it has not fallen out on its own. (Should the tube dislocate prior to this time, please refer to the section at the end of this handout entitled “what to do if the tube comes out”.) To remove the tube in the office, the surgeon will cut the tubing (where it is visible at the inner corner of the eye) and pull the tube out as though it were a stitch. This is painless and takes only takes a few seconds.

PRE-OPERATIVE INSTRUCTIONS – PLEASE READ CAREFULLY

- The Pre-Op Assessment clinic of the Alberta Children’s Hospital will phone you and advise you of any pre-operative instructions.
- You will be asked to call the hospital, the day before surgery, to find out the exact time of surgery. You will be instructed to arrive 2 hours before surgery. You can stay with your child before and after surgery. The hospital will advise you regarding what your child may eat and drink prior to the surgery.
- YOU MUST FOLLOW THESE DRECTIONS EXACTLY. Failure to do so may jeopardize the health of your child and cause cancellation of surgery. A cancellation fee may apply.

POST-OPERATIVE INSTRUCTIONS

The doctor will want to speak with you after the procedure. Please stay close by or ask the nurse for a pager so that you can be reached.

- You can give your child Children’s Advil and Children’s Tylenol (alternating) for pain or fever (dosing according to manufacturer’s instructions).
- Apply ointment twice daily for one week (Cortisporin, Maxitrol or Tobradex ointment).
- Your child can resume normal activities and meals when they feel up to it. There is no restriction on bathing or getting the face wet after surgery.

WHAT IS NORMAL AFTER SURGERY:

- Your child may be drowsy for the next 24 hours.
- A minor nosebleed. If so, use cold compresses, have your child sit upright and lean slightly forward. This should stop in about 20 minutes.
- Your child may be aware of “something” inside the nose, this is the tube and your child should be encouraged to leave it alone.
- Your child may have a little bit of nausea and feel cold or shaky. If they needed a breathing tube inserted during the procedure, they may be complaining of a sore throat.

WHAT IS NOT NORMAL AFTER SURGERY:

Breathing problems or prolonged nausea is unusual after tear duct probing. Contact the office if there are significant concerns or during regular office hours (403) 245-3171.

WHAT TO DO IF THE TUBE COMES OUT:

The tube has to come out eventually. Many children will loosen the tube themselves. If the tube is still in place after 6 months it will be removed in the office like a stitch. If the tube comes loose, it will hang out in a loop from the inner corner of the eyelid. **This is neither dangerous nor an emergency.** To remove the tube, cut the loop with scissors and gently pull on one end. The tube should easily slide out and you will end up with two small pieces of tubing and one piece of thread with a knot in it. Do not attempt to retrieve the tube through the inside of the nose. The tube can also simply be taped to the side of the nose to secure it and can be removed the following clinic day at the office. The INTACT loop should NOT be tugged on forcefully or pushed back in under any circumstances.

Please book a 6 month follow up appointment with Dr. Ashenurst **ONLY if your child had a tube inserted.** Otherwise please call our office with an update in one month (a follow appointment is not necessary unless your child is experiencing problems).

Risks of surgery:

All surgeries include risk. Risks associated with undergoing a general anesthesia include:

- Strange heart rhythms
- Cardiac arrest
- Breathing problems
- Allergic reactions to medications

If your child is still tearing several months following tear duct probing and irrigation, a second procedure may be needed to insert a tube.

Rescheduling/Cancelling surgery

If you need to cancel or reschedule your surgery, we need at least one week’s notice. If you do not provide one week’s notice there will be a rebooking fee of \$100. Exceptions are made for emergency situations with supporting documentation. Please call Surgical Booking at 403 245 3171 as soon as you can.