

**St. Louis Eye Care Specialists, LLC
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NASOLACRIMAL DUCT SURGERY
(Post-Op Nasolacrimal Duct Surgery Instructions page 6)

Approximately 10% of infants are born with an unopened tear duct. The bony tear duct is located in the outer wall of the nose and normally drains the tears by the way of two tiny tubes located near the inner corner of the eye. In about 90% of those born with the blockage, the duct will open spontaneously by about age 1 year. A closed tear duct is suspected when sticky, yellow-green matter is evident around the eye or on the eyelashes, tears overflow, eyes water, or the eyelid is red and irritated.

Alternatives

Opening of the duct is sometimes aided by gentle pressure applied sideways against the nose at the inner corner of each eye (massage). Severe mattering or skin irritation can be treated by application of a tiny amount of antibiotic ointment at bedtime. Antibiotic ointment is not designed to correct the blockage, if one truly exists.

Benefits of Nasolacrimal duct probing

Symptoms of blockage that persist beyond 1 year of age as the result of a block tear duct, should be treated by permanently opening the duct surgically. Probing can eliminate the mattering, tearing, and risk of lacrimal sac scarring.

Surgical Techniques

Nasolacrimal duct probing surgery is performed as an outpatient procedure. It does not require a skin incision or bandaging. Smooth microscopic probes are inserted into the lacrimal sac from the eye and nose. A tiny balloon may be inserted, inflated and removed to further open the sac. If bone or cartilage in the wall of the nose is blocking the duct, it is gently moved to keep the duct open.

Risks

- 1 Re-closure of the duct: About 10% of tear duct probings will need to be repeated because of reclosure of the duct. If re-closure occurs, tiny clear silicone tubes may be inserted or a balloon dilation procedure may be performed to keep the duct open. The tubes stay in place three months or more before removal. Removal of the tubes is performed under general anesthesia.
- 2 A mild, intermittent nosebleed, stuffiness, or sneezing may occur in the first day or two after surgery.
- 3 Duct probing is performed under general anesthesia, so the child is asleep and feels no discomfort.
- 4 Complications of a serious nature are rare. Infections and loss of vision secondary to infection or bleeding are also rare.
- 5 Duct probing is among the safest of all pediatric eye procedures.

Prior to the Date of Surgery

- 1 The patient is required to obtain medical clearance from the Primary Care Physician using the form given to you. Please return the form with the Primary Care Physician's signature to Dr. Blatt during the pre-operative examination.

Night before Surgery

- 2 A child 36 months old and younger may have regular foods and liquids up to six Hours before the scheduled surgery time. Clear liquids (water, apple juice, Kool-Aid or Pedialyte) should be encouraged up to two hours before surgery. Breast milk should be encouraged up to four hours before surgery.
- 3 A patient older than 3 years should have NOTHING to eat after midnight. The patient may have clear liquids (water, apple juice, Kool-Aid or Pedialyte) up to four hours before surgery.
- 4 If the patient is acutely ill with a fever, deep cough, or vomiting in the days preceding surgery, please let us know. Medicines may be taken with sips of water. If the patient is diabetic, his/her primary care physician should be contacted for instructions about insulin intake before surgery.

Date and Time of Operation:

Surgery will be on _____, at the _____.
Date Facility
Please arrive at _____ am/pm.
Time

Day of Surgery

On the day of the procedure, you will proceed to the “OUTPATIENT” Surgery area. The patient will be given a hospital gown and have his or her vital signs recorded. Dr. Blatt and the Anesthesiologist will see the patient and those accompanying the patient before the surgery. When the patient is taken into the Operating Room, the other person(s) will be directed to the Patient Waiting room.

Anesthesia

The anesthesia doctor may order a preoperative drink that is a sedative. Young children are put to sleep within seconds by breathing gas from a mask held near the face. An intravenous (IV) line and a breathing tube (endotracheal tube) are placed only after they are asleep and the breathing tube is removed before they are fully awake.

Older children will usually be given the IV line beforehand so that sedative medications can be administered.

The routine may be slightly altered based on any special needs or medical conditions of the patient.

Length of Surgery

Generally, tear duct probing is completed within 20 minutes, although it could vary from 10 to 60 minutes, depending on the complexity of the case.

Recovery

The patient is taken from the OR to the Post-Anesthesia Recovery area for about thirty minutes. The patient awakens more fully from the anesthesia in the recovery room and is monitored by the nursing staff. The patient will be encouraged to drink juice or eat a Popsicle, and the IV tube will be removed.

Antibiotic ointment will have been applied to the eye. You may notice a few drops of blood tinged tears draining from the natural tear duct opening in the eyelid or from the nose. Orange dye may be seen in the nose. The dye is used to verify that all pus was cleared from the lacrimal sac. The discharge can be wiped away with a cloth or tissue.

Postoperative Discomfort and Nausea

There may be mild discomfort from the surgery, and the nurses will treat it with the appropriate medication. Tylenol may also be used. Mild nausea is common in the first few hours following anesthesia. If vomiting occurs, medication may be prescribed.

Discharge to Home Instructions

Most patients are discharged to home within two to three hours after surgery.

Antibiotic ointment is applied to help healing and prevent infection. For seven days after surgery, squeezing about 1/4 inch of the ointment prescribed just inside the lower lid.

Bathing and shampooing hair with Johnson’s baby shampoo will not interfere with healing.

Please be advised that it can take up to a week for the tearing and mattering to disappear. If the eye does not clear completely within 30 days, a second operation consisting of a balloon dilation procedure and possibly a tube placement may be needed.

Activities may be resumed _____ after surgery; work/school restrictions are as follows:

Silicone Tube placement

A tiny clear tube may be placed in the inner corner of the eye, running between the upper and lower openings (punctum). The tube runs down the sac into the nose where it is tied in a knot. The tube will remain in place for months after the tearing and mattering have subsided (6 weeks to 6 months). The tubes are either removed in the office or are removed in the operating room.

Occasionally, sneezing will make the sponge or the ends of a tube protrude out of the nostril. It is not painful or dangerous. Lay the child on his/her back and attempt to gently push it straight back in the nostril using a Q-tip. If unsuccessful, please contact Dr. Blatt.

Post-operative visits

The first post-operative visit is scheduled for _____ at

Date

_____ at our office at 675 Old Ballas Road, Suite 220.

Time

The second post-operative visit is scheduled for _____ at

Date

_____ at our office at 675 Old Ballas Road, Suite 220.

Time

Dr. Blatt can be reached at (314)997-3937 or (314)388-5172

Office Exchange

In the event of a complication such as severe or unusual pain, decrease in vision, or unusual discharge from eye.

Nasolacrimal Duct Probing Surgical Consent

I, _____ authorize Andrew N. Blatt, MD and such persons assisting under the direct supervision of Dr. Blatt, to perform Nasolacrimal Duct probing surgery.

If the contemplated surgery reveals a condition, which Dr. Blatt's best judgment indicates need for further evaluation or treatment, I authorize the performance of such procedures during the time of the operation.

I understand that complications listed above may occur.

I realize that anesthesia risks are possible. I consent to the use of drugs, intravenous infusions, and/or blood transfusion, in the event of a complication.

I am aware that no guarantees have been give regarding the surgical outcome.

I have read these instructions and my questions have been answered to my satisfaction. I understand the benefits, and risks associated with nasolacrimal duct surgery.

Patient's name

Signature of patient or Guardian

Date

Signature of witness

Date

Post Op Nasolacrimal Duct Surgery Instructions

- Use Tylenol or prescribed medication for pain as needed after surgery.
- Use Tobradex (antibiotic ointment.) 3 times a day for 5 days.
- Use nasal spray (oxymetazoline) 1 time in A.M. for 3 days.
- Notify Dr. Blatt of any severe or unusual pain.
Office :314-997-3937
- Dr. Blatt will see you post operatively on_____ at _____.
- If you have any questions or problems, please do not hesitate to call.

You can reach Dr. Blatt at his office: 314-997-3937 or exchange: 314-388-5172