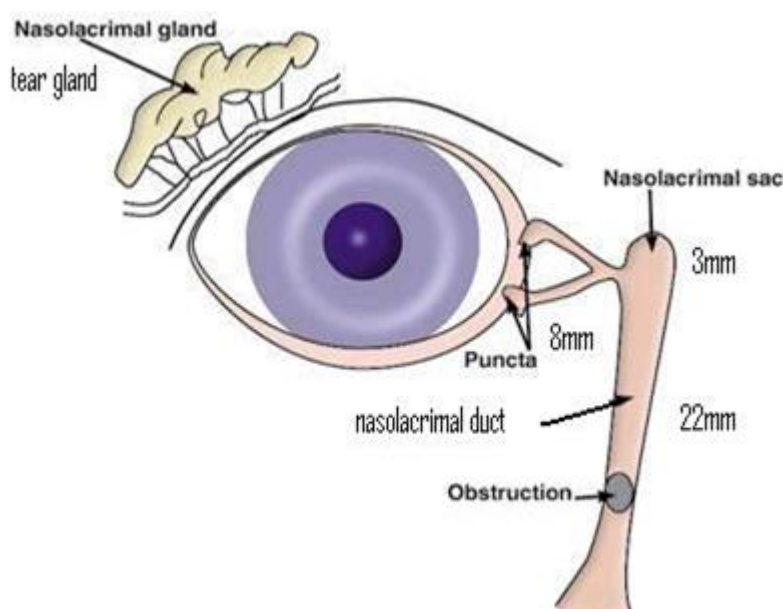


Patient and Carer Information

**INFORMATION FOR PARENTS
ABOUT
CONGENITAL NASOLACRIMAL DUCT
OBSTRUCTION**

(BLOCKED TEAR DUCT in Children)



This information is available in other formats on request.
Please ask your nursing staff to arrange this.

Patient and Carer Information

Congenital Nasolacrimal Duct Obstruction:

Congenital nasolacrimal duct obstruction is the condition in which one or both tear ducts are blocked from birth. It is a common condition affecting up to 20% of new-borns.

This condition may present in a number of ways:

1. Swelling of the nasolacrimal (tear) sac with trapped amniotic fluid.
2. Acute infection of the nasolacrimal sac, with swelling and discharge.
3. Most commonly: watering eyes, discharge of mucus or pus and sticky lids and matted lashes.

The majority of tear ducts (85%) will function normally by 12 months of age and because of this no surgical intervention is recommended before this.

Lacrimal Sac Massage:

If your child is getting a lot of sticky discharge from the eye you can help by massaging the tear sac: roll your finger firmly downwards just between the inside corner of the eye and the nose for a minute while your baby is feeding. This may cause some discharge which can be cleaned away. Crusty discharge on the lids and lashes can be cleaned using some cotton wool and cooled boiled water. Antibiotic drops are only required if there is conjunctivitis with the white of the eye becoming red and inflamed.

Surgical Treatment: Syringing and Probing

Surgical treatment involves the passage of a fine probe through the tear passages to break down any obstructions and then flushing the ducts to ensure that the duct is patent (free flowing). This is done under general anaesthesia as a day case procedure. It takes 10 to 15 minutes. It produces a rapid and complete cure in about 75% of cases. There are no scars or stitches.

The watering and stickiness usually resolve within a week of the procedure. Sometimes the tear duct may have a more complicated type of obstruction and require a more complex procedure such as the insertion of a stent. Your doctor will discuss this with you at the end of the procedure.

Who will carry out the procedure:

The procedure will be carried out by your consultant Ms Cosgrave at York Hospital. Surgeries are usually carried out on Wednesday afternoons. Harrogate Hospital does not carry out any surgeries on children less than 2 years old or 15kg.

Patient and Carer Information

Once your child has been listed for a syringing and probing, you will receive a pre-assessment appointment at York Hospital. This appointment will involve taking a detailed medical history and examining your child to ensure they are fit to proceed with a general anaesthetic. You will be given information regarding fasting your child for the procedure at this appointment.

Ms. Cosgrave and the anaesthetist will meet you on the day of your child's procedure and answer any further questions you may have. You will sign a consent form.

Alternative procedures:

Sometimes simple massaging can overcome the obstruction. In the USA probing is carried out without general anaesthesia in babies less than 6 months old. In the UK this approach is not favoured as many blockages resolve anyway if left alone.

Waiting longer is an alternative, especially if symptoms do not seem so severe. About 60% of all those who still have a problem on their first birthday are free of symptoms by the time they are 2 and those who are still not resolved by the age of 2, 50% will respond to probing and some get better even without treatment.

Risks:

- Syringing and probing is a very safe procedure.
- Occasional nose bleeds can occur up to 3 days after surgery.
- For several hours after the procedure you may notice blood stained tears, a blood trickle from the nose or bright yellow dye in the tears, nose or sputum. This is normal.
- Complicated obstructions may require further surgery such as the insertion of silicone stents in the tear duct or a procedure to create a new drainage system.

After the procedure:

When your child is fully awake they will be encouraged to eat and drink. Your child may be discharged home once they have had a drink, eaten without vomiting, passed urine and are comfortable. Your child should be well enough to resume their normal routine from the day after surgery.

Before leaving the hospital you should be given antibiotic eye drops to use for 7 days. An appointment for follow-up in Harrogate Hospital will be arranged for 4-6 weeks.

Patient and Carer Information

Further Advice and Information:

Children's Day Surgery Waiting list Office York:	01904 725127
York Hospital Paediatric Ward 17:	01904 726017 / 722017
Harrogate Hospital Eye Department:	01423 553423 / 553452
Ms.Cosgrave's Secretary Harrogate Hospital:	01423 553375
Ms.Cosgrave's Secretary York Hospital:	01904 725612

Contact the ward if :

- Your child is unwell
- Persistent vomiting
- Heavy nosebleed
- Swelling and green discharge from the eye.

Department of Ophthalmology
Harrogate District Hospital
Lancaster Park Road
Harrogate HG2 7SX
01423 885959
Direct line: 01423 553423
www.hdft.nhs.uk

If you require this information in an alternative language or format (such as Braille, audiotape, large print), please ask the staff who are looking after you.