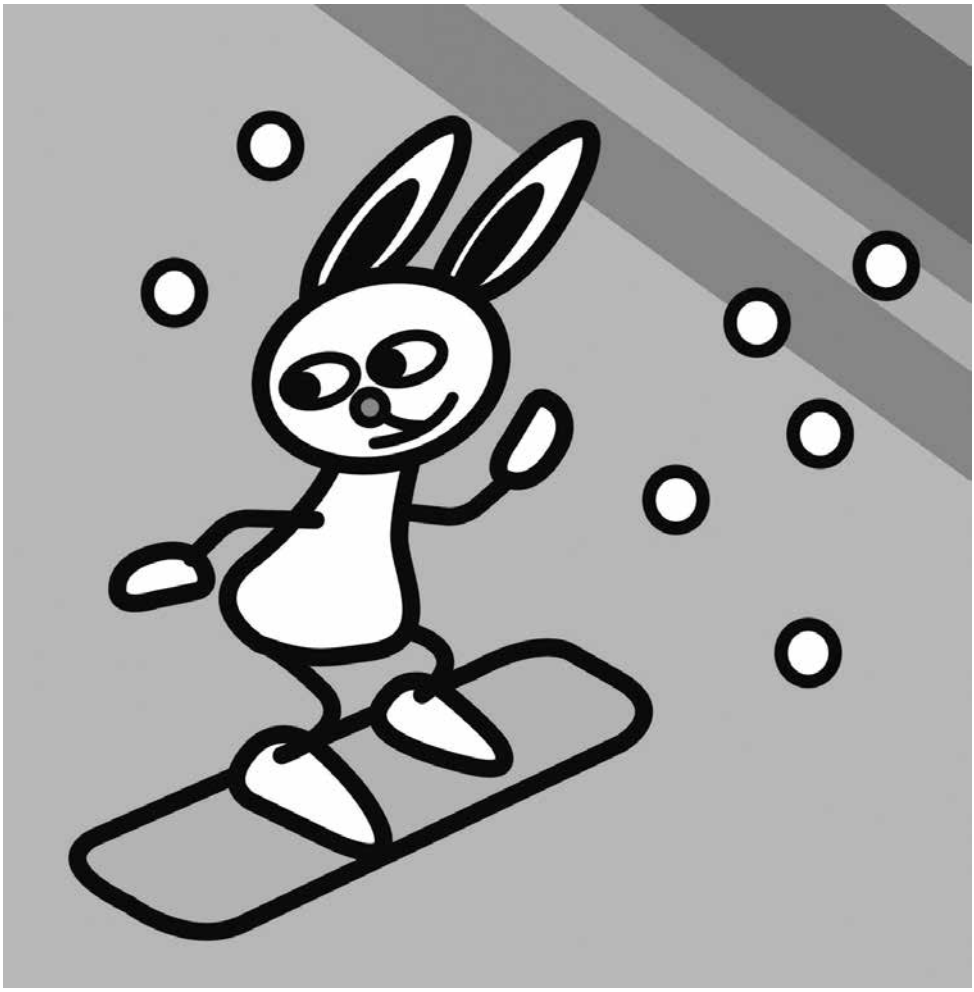
Oxford University Hospitals NHS
NHS Foundation Trust

The Children's Hospital

Tear duct probing

Information for parents and carers



What is a blocked tear duct?

Tears are necessary to keep the eyes lubricated. Tears normally drain out of the eyes through the tear ducts (nasolacrimal ducts) in the corner of the eyelids and into the nose.

The tear ducts in infants may be narrow or blocked by a membrane of tissue. A blocked tear duct is common in babies. 1 in 5 babies are born with a tear duct that is not yet fully open in one or both eyes.

In 9 out of 10 cases, the tear duct will open by itself before the baby is one year old.

What are the symptoms of a blocked tear duct?

Sometimes the tear duct remains blocked, causing a persistent watery discharge from one or both of the eyes in babies older than 1 year. This can also cause an infection, with discharge that might be yellow and sticky and a red, inflamed eye. Your child may need antibiotic eye drops to clear this up.

Very rarely, the tear sac can become swollen and infected (dacryocystitis). This would also need antibiotics to treat the infection.

What is the treatment?

If your child is over a year old or has repeated infections caused by the blocked tear duct, they will have been recommended a treatment to open their blocked tear duct using an instrument called a probe. This procedure is called probing of tear duct(s).

What are the benefits?

The benefit of this procedure is that it will help stop your child's eye from producing discharge, which will also help prevent infections.

What are the risks?

This is a simple and safe operation. However, all operations carry some risks.

The risks specific to probing of tear ducts are:

- eyelid bruising, which should settle in the first two weeks after the operation
- nosebleeds, which should settle in the first few days after the operation. Please do not allow your child to blow their nose forcefully for the first week after this operation, as this may cause their nose to bleed.

In 10% of cases (1 in 10 children) the narrowing or membrane (blockage) returns. If this happens, or the probing is not successful on the first occasion, it can be repeated.

The doctor will discuss these risks with you in more detail.

For information about the anaesthetic risks, please see page 6.

Are there any alternatives?

If a blocked tear duct is not treated, the problem will resolve itself in most children by the age of 5. However, your child may continue to have repeated eye infections and watery eyes.

What happens during the operation?

The operation is carried out under general anaesthetic, normally as a day case, which means your child should be able to go home later that day. You child will be asleep throughout the operation.

The doctor will syringe the tear ducts, to confirm whether there is any tissue causing the blockage. If a blockage is confirmed, the doctor will pass the probe through the tear duct to open it. The operation takes about 10 minutes, but your child will be away from the ward for up to 45 minutes.

Consent

We will ask you for your written consent (agreement) for the operation to go ahead. If there is anything you are unsure about, or if you have any questions, please ask the doctor before signing the consent form.

Fasting instructions

Please make sure that you follow the fasting (starving) instructions which should be included with your appointment letter.

Fasting is very important before an operation. If your child has anything in their stomach whilst they are under anaesthetic, it might come back up while they are unconscious and get into their lungs.

Pain assessment

Your child's named nurse will use a pain assessment tool to help assess your child's pain score after their operation. This is a chart which helps us to gauge how much pain your child may be feeling. You and your child will be introduced to this assessment tool either at their pre-assessment visit or on the ward before their operation. You can continue to use this assessment at home to help manage your child's pain if you wish.

Pregnancy statement

All girls aged 12 years and over will need to have a pregnancy test before their operation or procedure. This is in line with our hospital policy. We need to make sure it is safe to proceed with the operation or procedure, because many treatments including anaesthetic, radiology (X-rays), surgery and some medicines carry a risk to an unborn child. The pregnancy test is a simple urine test and the results will be available immediately. If the result is positive we will discuss this and work out a plan to support your child.

Anaesthetic risks

In modern anaesthesia, serious problems are uncommon. Risk cannot be removed completely, but modern equipment, training and drugs have made general anaesthesia a much safer procedure in recent years. Throughout the whole of life, a person is at least 100 times more likely to suffer serious injury or death in a road traffic accident than as a result of anaesthesia[1].

Most children recover quickly and are soon back to normal after their operation and anaesthetic. Some children may suffer side effects like sickness or a sore throat. These usually last only a short time and there are medicines available to treat them if necessary.

The exact likelihood of complications depends on your child's medical condition and on the nature of the surgery and anaesthesia your child needs. The anaesthetist can talk to you about this in detail before the operation.

In the anaesthetic room

A nurse and one parent or carer can come with your child to the anaesthetic room. Your child can also take a toy or comforter.

It may be possible to give the anaesthetic with your child sitting on your lap. Your child may either have anaesthetic gas to breathe, or an injection through a cannula (a thin plastic tube that is placed under the skin, usually on the back of the hand). Local anaesthetic cream (EMLA or Ametop, sometimes known as 'magic cream'), can be put on their hand or arm before injections so they do not hurt as much. It works well for 9 out of 10 children.

If the anaesthetic is given by gas, it will take a little while for your child to be anaesthetised. They may become restless as the gases take effect. If an injection is used, your child will normally become unconscious very quickly indeed. Some parents may find this frightening.

Once your child is asleep you will be asked to leave quickly so that the medical staff can concentrate on looking after them. The nurse will take you back to the ward to wait for your child.

Your child will then be taken into the operating theatre to have the operation or investigation. The anaesthetist will be with them at all times.

After the operation

Your nurse will make regular checks of your child's pulse, temperature and wound. They will also make sure your child has adequate pain relief until they are discharged home.

Once your child is awake from the anaesthetic they can start drinking and, if they are not sick, they can start eating their normal diet.

The minimum recovery time before discharge is 1 hour. This is usually enough time for us to check that your child is recovering well. It also gives us time to check that your child is passing urine (having a wee) after the operation. In some circumstances your child may be allowed home before they have passed urine. If your child has not passed urine within 6 hours of the operation, please contact the ward for advice.

Your child cannot go home on public transport after a general anaesthetic. You will need to take them home by car. This will be more comfortable for them, and also quicker for you to return to the hospital if there are any complications on the journey home. You should bring loose fitting clothes for them to wear on the journey home.

Occasionally, the anaesthetic may leave your child feeling sick for the first 24 hours. The best treatment for this is rest and small, frequent amount of fluid, toast or biscuits. If they are sick and this continues for longer than 24 hours, please contact your GP.

The hospital experience is strange and unsettling for some children so do not be concerned if your child is more clingy, easily upset or has disturbed sleep. Just be patient and understanding.

Wound care and hygiene

Try to discourage your child from rubbing their eyes, as this could cause irritation and increases the risk of infection.

- Avoid irritants, such as soap and shampoo, getting into the eyes.
- If your child has been prescribed eye ointment or eye drops, your nurse will show you how to use these. Please wash your hands thoroughly before and after using the drops.
- Bathe your child's eye with clean cotton wool and cool boiled water, but only if it appears 'sticky'.
- Do not let your child blow their nose forcefully for the first week after the operation, as this may cause their nose to bleed.

Please let us know if you are concerned about your child following the operation, in particular if you notice:

- the eye becomes very 'sticky', hot or swollen
- new or increased pain, not relieved with regular analgesia (pain relief)
- your child has a fever (high temperature).

Getting back to normal

Your child will benefit from extra rest for a day or two after the operation. It is best to keep them off school for two days.

Do not let your child swim for two weeks after the operation, because of a small risk of infection. Your child should avoid sports and PE for a week.

Follow-up care

Please make sure you have enough children's paracetamol and ibuprofen at home, ready for when your child comes home from hospital. We will give you a short supply of these, at a higher dose, to take home, but you may need to continue with more of your own supply when these run out. Please see our separate leaflet 'Pain relief after your child's day case surgery' for more information on how much and when to give pain relief.

Your child can continue on this higher dose for up to five days. After this, they should only need occasional doses. If they are still in pain after five days you should phone the Ward for advice.

Your nurse will tell you if your child will need a follow-up appointment in the Children's Outpatients department. The letter confirming the date and time will come by post. Please speak to your child's consultant's secretary if this does not arrive within one month.

How to contact us if you have any concerns

If you have any worries or queries about your child once you get home or you notice any signs of infection or bleeding, please telephone the Ward and ask to speak to one of the nurses.

You can also contact your GP.

Children's Day Care Ward: **01865 234 148**
(7.30am to 7.30pm, Monday to Friday)

Outside of these hours, you can contact:

Robin's Ward: **01865 231 254/5**

Melanie's Ward: **01865 234 054/55**

Tom's Ward: **01865 234 108/9**

Bellhouse Drayson: **01865 234 049**

Kamran's Ward: **01865 234 068/9**

Horton General Hospital Children's Ward: **01295 229 001/2**

All of these wards are 24 hours, 7 days a week.

Oxford University Hospitals Switchboard: **0300 304 7777**

Further information

You may find further information on the following website:

NHS Choices

Website: www.nhs.uk/Conditions/Watering-eye/Pages/Treatment.aspx

References

[1]From the Royal College of Anaesthetists (2014) Fourth Edition

Your child's general anaesthetic. Information for parents and guardians of children.

www.rcoa.ac.uk/patientinfo

Please bring this leaflet with you on the day of your child's admission.

We hope that this information is useful to you and would welcome any comments about the care or information you have received.

If you have a specific requirement, need an interpreter, a document in Easy Read, another language, large print, Braille or audio version, please call **01865 221 473** or email **PALS@ouh.nhs.uk**

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April 2017
Review: April 2020
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OMI 29298P