



## **Tear Duct Probing Surgery Information for Families**

### **Introduction**

Watery eyes in infancy affects as many as 1 in 5 children, but usually clears up without any special treatment. If it persists beyond 1 year of age then it is less likely to disappear on its own and we usually suggest a probing operation. The watering is caused by a blockage of the tear duct, the tube that passes tears from the eye down into the nose and the purpose of the operation is to open up that blockage so that the tears can flow more normally.

### **Benefits of the treatment**

If the operation is successful it will enable the tears to flow normally. As a consequence, not only will the eye be less watery, but the recurring infection will be stopped. This does not mean your child will never get conjunctivitis again, but it will stop the build up of discharge on the lids that commonly accompanies a blocked tear duct.

### **The procedure**

The operation is carried out under General Anaesthetic and you will meet our anaesthetist before the operation. Please ensure you have received instructions about food, drink and arrival time and that you have understood them, as they are essential for your child's safety.

The operation only takes a few minutes and your child does not need to stay in hospital afterwards.

The operation involves passing a fine flexible probe down the tear duct. The probe is about the thickness of a darning needle but bends much more easily. The probe follows the line of the tear duct and breaks down any blockages within the duct. It is not a painful procedure and as soon as your child has woken up from the anaesthetic they will be back to full activity. Very occasionally they have a small amount of blood around the nostril area.

### **What are the risks associated with Probing Surgery?**

The main risk is that the probing may not work. Further surgery is occasionally necessary if the watering persists. That would happen in about 1 in 10 of our probing operations. We would then usually try the probing for a second time to clear any resistant blockage.

If the second probing were also to fail then, depending on the cause, we would probably recommend an intubation of the tear duct. This is very similar to the probing, except that a fine silicone tube is left in the duct for a period of about six weeks to stop the duct sealing off again. This is also a quick operation but nose bleeding happens a little more commonly. This is not heavy, and does not cause any great distress to the children. If even the intubation fails, as it will in about 5% of children, then we will need to discuss whether it is appropriate to go onto the bigger operation of DCR. If that is thought to be advisable we will discuss it with you in detail.

Rarely a false passage may be inadvertently created with the probe, which would, again, result in failure of the probing to resolve the watering eyes.

Minor bleeding at the corner of the eye or nostril or some bruising are fairly common and will resolve within a few days.

### **What to expect after the Surgery**

The watering eyes and the recurrent infection should improve very quickly after the probing. The children do not need to be seen regularly after the operation and we leave it up to the parents to contact us 6 weeks after the operation if they do not feel it has worked as well as expected.

If your child is going to have an operation you may be asked to attend the hospital for a preoperative assessment. Please ask our staff any questions you may have about the treatment.

### **Contact Orthoptic Department on:**

### **Clinic Contact Numbers:**

#### **Appointments:**

**Heartlands**    **0121 424 0545**  
**Solihull**      **0121 424 4463**  
**Good Hope**    **0121 424 9651**

#### **Nurses answer phone:**

**0121 424 1536**  
**0121 424 4456**  
**0121 424 9533**

#### **Orthoptic Office:**

**0121 424 0950**  
**0121 424 4450**  
**0121 424 9677**

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