

What to Expect: Tear Duct Surgery

Patient name is scheduled to have tear duct surgery on ***surgery date*** at ***surgery location***.

Before surgery

Please wash your child's hair the night before surgery. The child should not eat or drink for 6 hours before the planned surgery time. That includes liquids, including water.

In the preoperative area

Your child may receive a "premedication" to help reduce anxiety. This may also reduce memory of the surgical experience, but will not put the child asleep. Not all children receive this medication; feel free to discuss the option with your anesthesiologist.

In the operating room

After entering the operating area, monitoring stickers will be placed to follow heart rate. A mask will be used to put your child to sleep. Deeper sedation, using either a laryngeal mask or full intubation, may be induced, at the anesthesiologist's discretion. An intravenous line may or may not be utilized.

The tear duct surgery usually takes just a few minutes. A punctal dilator is used to widen the tear duct opening and then a probe (wire) is passed through this opening, through the nasolacrimal duct into the nasal cavity. The tear duct obstruction(s) may be anywhere along this pathway, but is most commonly close to the duct entrance into the nose. Commonly a silastic tube (stent) is placed to hold the tear duct open, reducing the chances of reobstruction and need for further surgery.

In the recovery room

Most children are somewhat disoriented when awaking from anesthesia. Don't be alarmed -- while your child may be quite upset during this recovery period, usually the memory of the experience is very short-lived. Most children feel much better after a nap, when all traces of anesthetic have cleared the system. Generally, only mild pain medication (Tylenol or Motrin level) is used, as needed.

While tear duct surgery is not painful, occasionally there may be some nosebleed or blood-tinged tears from where the probe passes through the obstructive membrane. This bleeding, when present, does not usually last very long.

What to expect at home

As mentioned, getting a good nap does wonders for most children following tear duct probing. By the evening of or morning after surgery, your child should not be experiencing much discomfort. Nonetheless, regular monitoring is important through the day. Low-grade fever is not rare, and may be treated with hydration and Tylenol or similar over-the-counter medication. Contact the hospital if high fever, prolonged vomiting or other problems arise.

Careful attention to avoid eyelid rubbing on the side of the surgery is important. Children who rub the eyelid may create an abrasion on the eye surface. When this happens, the irritation from the scratch usually causes the child to rub even more, which only aggravates the abrasion.

Eyelid rubbing is most likely in the first several hours following surgery. Be as careful as possible during this period!

An antibiotic ointment is commonly prescribed for a few days postoperatively; a small amount should be placed either on the inside of the eyelid, in the corner of the eye, or smeared on the base of the eyelashes.

Because the silastic tube (stent) itself partly blocks the tear duct, some tearing may persist in the operated eye until its removal in the office 6-8 weeks later. The true outcome of the surgery cannot therefore be judged until after the stent has been removed. Removing the tube is not painful and usually can be done in the office in a few seconds.