



Royal Berkshire
NHS Foundation Trust

A general anaesthetic requires your child to be starved beforehand. On the day of the operation
(date) your child should not have anything to eat
(including chewing gum), or milk to drink from
(time).

They may have only water or weak squash up to
..... (time). If breastfeeding, the last breast feed can
be given at (time).

If you do not follow these instructions your child's
procedure may be delayed or even cancelled.

Tear duct surgery

Information for parents

This leaflet aims to answer some of the questions that you/ your child may have about their operation. You will also have an opportunity to discuss any further queries or concerns with hospital staff on admission.

Why does my child require tear duct surgery?

Watery or sticky eyes are caused by the tear ducts (in the corner of the eyes near the nose) becoming blocked or narrower than usual. The tears do not drain away properly and can cause eye infections.

Are there any alternatives to surgery?

Blocked or narrowed tear ducts is a fairly common problem in infants and usually resolves itself without treatment as the child grows. However, in some children who continue to have sticky eyes, surgical treatment is the only effective method of clearing the blockage.

How is tear duct surgery performed?

The operation is carried out under general anaesthetic (your child is asleep). Syringing and probing involves introducing fine flexible wires down the tear ducts to clear the blockage. Your child will usually be away from the ward for approximately 45-60 minutes.

Formal unblocking surgery is not often required in children but if the tear duct remains blocked, it may be necessary to insert a temporary silicone stent (tube) or fashion a new tear duct (in an operation known as a dacryocystorhinostomy or DCR). This takes around 1 hour.

What are the risks of the procedure?

Specific risks include eyelid bruising and nose bleeds. The success rate is high (80-85%) but if not successful the first time, it can be repeated.

Every anaesthetic carries a risk, but this is small. The anaesthetic will be given by an anaesthetist (a specially trained doctor). After having an anaesthetic some children may feel sick or vomit. Anti-sickness medicine is given in theatre to help prevent this. They may have a headache, sore

throat, feel dizzy or be upset. These side effects are usually not severe and are short-lived.

What shall I bring to hospital?

Your child may feel reassured if they can bring a familiar toy from home. A play specialist may be involved in your child's care, and can provide a range of suitable toys and activities. A gown will be provided to wear to theatre, although children may want to bring their own nightwear or loose comfortable clothing, slippers and dressing gown to change into afterwards.

What happens on admission?

The surgeon will explain the procedure to you on the ward, and can discuss any worries that you may have. An anaesthetist will also visit you to explain the anaesthetic. If your child has any medical problems, for instance, allergies, please tell the surgeon and anaesthetist about these. Your child may also have 'magic cream' (local anaesthetic) applied to the back of their hands so that the anaesthetic injection will be less painful. One parent/carer will be able to accompany your child to the anaesthetic room and stay with them until they are asleep.

What happens after the operation?

After the operation your child will be taken into the recovery room to wake up. Once they are sufficiently recovered, you may be able to accompany the nurse to collect them and bring them back to the ward. Children are given pain relief during their operation. If necessary, further pain relief will be given on the ward. It is possible that your child may vomit following surgery - medicine can be given if vomiting persists.

When can we go home?

Your child may go home when both you and the staff are happy that they have recovered sufficiently. You will usually stay on the ward between 1 and 3 hours unless specified by the surgeon. They should be awake, comfortable, and must have had something to eat and drink before they go home.

Advice following tear duct surgery

It is important to:

- Make sure the eye drops prescribed are used as instructed.
- Wash your hands thoroughly before and after using the drops.
- Keep the eye clean using cooled boiled water and clean cotton wool.
- Please keep your child's clinic appointment (usually 1 week later).

Do not:

- Allow your child to blow their nose forcefully, as this may cause their nose to bleed.
- Let your child touch or rub the inner part of the eye.
- Rub or knock the operation site
- Let your child swim or do sports for 4 weeks

If your child experiences:

- Bruising - this is quite normal after this type of operation and will fade in a few days.
- Pain - take Paracetamol (Calpol) and Ibuprofen (Calprofen) as required; follow the dosage on the bottle.
- Stickiness - if the eye becomes very sticky, hot or swollen please contact Eye Casualty or Kempton Day Bed Unit.

If you have any further questions, please contact either:

- Pre-clerking nurse: **0118 322 7518**
- Kempton Day Bed Unit: **0118 322 7512**
- The Paediatric Unit: **0118 322 8075**
- Eye Casualty (Triage Nurse) **0118 322 8855**

Visit the Trust website at www.royalberkshire.nhs.uk

This information can be made available in other formats and languages upon request.