

Blocked Tear Duct and Silicone Intubation

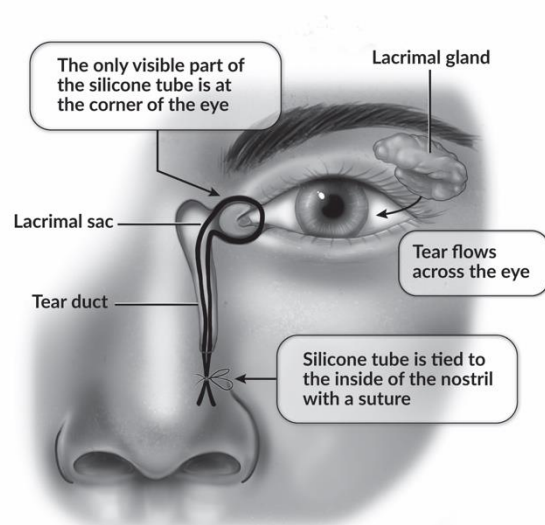
What is nasolacrimal duct obstruction?

Tears usually drain away from the eye through small holes on the eyelid called puncta, then into the tear duct which opens into the nose. If the duct is narrow (stenosed) or blocked, heavy tearing may result. Washing of the drainage system is done in office to decide if the tear duct is blocked.

Treatments for blocked tear duct are stenting with silicone tube (for partial blockage). A dacryocystorhinostomy (DCR) is done for more severe blockage.

What is silicone intubation?

A very thin silicone tube is passed through the opening of the tear drain in the upper and lower eyelids. It is passed down the tear duct and may be secured with a suture to the inside of the nose. The tube is kept in place after the procedure to help open the drainage path. This is done in an operating room under sedation. It takes less than 1 hour.



How long does the tube stay in?

The tube will stay in place for about 3-6 months. It will depend on the degree and location of the blockage. The tube may be removed in office.



After the Procedure

Use prescription drops and ointment as ordered by your doctor. They are decreased over 2 weeks. You may have some bloody drainage from your nose for a few days.

Avoid rubbing the inner corner of your eye, forceful nose blowing, nose picking or poking at the tube. This could cause the tube to come out sooner than planned and limit the success of the procedure.

What should I do if my nose is congested after?

You can use over-the-counter nasal saline as needed. You may also use Afrin®, but no longer than 3 days.

What does it look like?

You may notice a clear plastic tube connecting at the inner corner of your eye. Most people can barely see it.

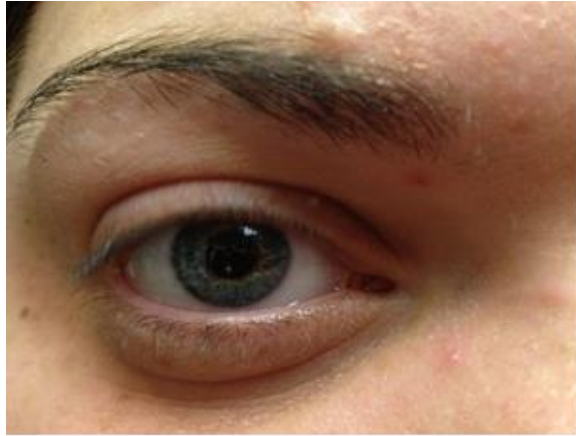


Photo 2: Photograph of the right eye 1 week after silicone intubation. Please note the clear silicone tube at the inside corner of the right eye.

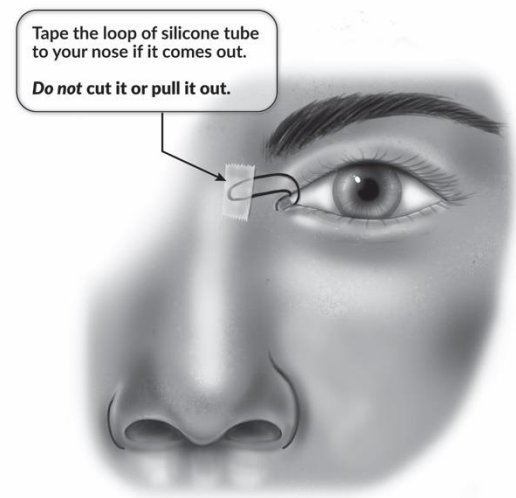
Why am I still tearing?

Most patients will notice that their tearing improves a lot. Some patients may still have watering until the tube is taken out. For a small group of patients (about 10%), the tearing is worse when the tubing is in place. Most, patients notice decline in the extra tearing by the time the tubing has been removed.

What should I do if the tube comes out?

The tube should stay in place without problems. If the tube becomes does come out, you may notice a loop of tubing coming from the corner of your eye. Tape the loop to your nose and call the doctor's office.

Do not pull it out or cut it.



Who to Call

If you have more questions, call our office at **608-263-7171**

Your health care team may have given you this information as part of your care. If so, please use it and call if you have any questions. If this information was not given to you as part of your care, please check with your doctor. This is not medical advice. This is not to be used for diagnosis or treatment of any medical condition. Because each person's health needs are different, you should talk with your doctor or others on your health care team when using this information. If you have an emergency, please call 911. Copyright © 12/2023 University of Wisconsin Hospital and Clinics Authority. All rights reserved. Produced by the Department of Nursing. HF#7514