

Your child's procedure to treat a blocked tear duct

This leaflet is about the procedure that your child needs to treat a blocked tear duct. The tear ducts are small tubes that drain tears from the eyes and carry them to the back of the nose. If a tear duct is blocked, the tears cannot drain away. Your child then needs a procedure called syringing and probing or insertion of a tube to clear the blocked tear duct. The leaflet explains what you should do before your child's procedure, on the day of the procedure and when you return home.

Your child's condition and procedure

What is a blocked tear duct?

A blocked tear duct is a fairly common condition in children. It happens when the small tube that carries tears from the surface of the eye into the nose gets blocked. The tears that wash over the eyes to keep them wet (moist) and clean cannot drain properly. They build up and cause watery, sticky eyes.

Babies are sometimes born with a blocked tear duct in one or both eyes. The duct should open at birth, but may stay closed or not be fully developed. In about 8 out of 10 cases, a child's symptoms get better before the age of 1 because the duct opens by itself. However, some children continue to have sticky eyes and need a small procedure to clear the blockage.

Why does my child need a procedure on their tear duct?

Your child needs this procedure because they have the signs and symptoms of a blocked tear duct. The symptoms may include:

- tears building up in the corner of your child's eye
- tears draining down your child's eyelid and cheek, even when they are not crying
- your child waking up with particularly sticky or crusty eyes
- mucus (a slippery liquid) or yellowish leaking fluid (discharge) in your child's eye
- red, irritated skin around your child's eye caused by rubbing (the redness may be slightly harder to notice on brown or black skin)

These symptoms may be worse in cold or windy weather, or when your child has a cold.

The aim of the procedure is to clear the blockage in the tear duct and improve your child's symptoms.

Are there any other treatment options to this procedure?

A blocked tear duct may get better without treatment during your child's first year. It is important to keep the skin around their eye clean and dry. You can use cotton wool and cold water that has been boiled and then allowed to cool. If the skin becomes sore, you can use Vaseline®

(petroleum jelly) to protect it. Your child does not need antibiotics unless the eye itself is red.

Sometimes, a small piece of tissue may be blocking your child's tear duct. Your child's doctor may show you how to massage the eyelid several times a day for a few months. This may help to open the tissue and clear the blockage.

If your child's symptoms do not improve by the age of 1 year, we may recommend a procedure called syringing and probing.

Before your child's procedure

What needs to happen before my child's procedure?

We need to see your child at a pre-admission clinic. This clinic may take place face to face or online. We make sure that your child is ready for an anaesthetic, which is a medicine to make them sleep during the procedure, and surgery.

After the pre-admission clinic, our admissions team contacts you by letter, text message or phone. We offer you a date for your child's procedure.

Your child should not eat for 6 hours before the procedure. They can drink water until they arrive at the Evelina London children's day surgery unit. We give you more guidance about this (fasting instructions).

Do I need to get pain medicine ready for my child?

Please make sure that you have a week's supply of paracetamol (a painkiller) and ibuprofen (an anti-inflammatory medicine) at home before the procedure. We do not routinely give these medicines to take home for your child after day surgery.

You can buy paracetamol and ibuprofen from a pharmacy, supermarket or shop. Paracetamol for children may also be called Calpol®. Ibuprofen for children may also be called Calprofen® or Nurofen®. You need the type of medicine that you would give your child if they were unwell with a cold or ear ache. If your child cannot take paracetamol or ibuprofen for any reason, please speak to their healthcare team about other options.

On the day of the procedure

When you arrive at the children's day surgery unit

We give you a time to arrive at the Evelina London children's day surgery unit. It is important that you arrive at the correct time and have followed the fasting instructions for your child. If you arrive late or have not followed the fasting instructions, we may not be able to do the procedure.

You and your child meet the surgical and anaesthetic teams on the admissions ward before the procedure. We confirm that you have given your permission (consent) for the procedure. You can ask us any questions that you may have.

During the procedure

We give your child a general anaesthetic. This is a medicine that makes your child sleep and stops them feeling any pain during the procedure. You can stay with your child until they are asleep. Please see our separate leaflet called "Your child's general anaesthetic" for details.

When your child is asleep, the surgeon passes a fine, flexible wire down one or both tear ducts to clear the blockage. They syringe a liquid made up of sterile salt water and orange dye into the duct. The surgeon then looks for the orange dye in the nose to check that the tear duct is now open and working properly. The procedure is called syringing and probing. It takes about 5 to 10 minutes.

In rare cases where it is not possible to clear the blockage, the surgeon puts a small plastic (silicone) tube into the tear duct. They may do this during the same procedure or at a later date. The tube allows the tears to drain properly and stays in place for about 3 months.

Are there any risks to my child's procedure?

Every procedure has some risks of complications. To reduce these risks, we make sure that your child is well at the time of the procedure. We talk to you about the risks in the clinic and before the procedure when we confirm that we have your consent.

Syringing and probing is generally a very safe procedure. It sometimes causes blood-stained tears from the eye for a day or so, or small nose bleeds for up to 3 days afterwards.

In about 1 out of 20 cases (5%), there may be a more complicated blockage of the tear duct. Your child may then need another procedure. We may need to put a silicone tube in the tear duct or make a new drainage system for the tears.

After your child's procedure

How will my child look and feel after their procedure?

Your child may feel drowsy after their surgery and sleep for a while. They may be restless (agitated) and upset for up to an hour after waking up from the procedure. Some children may have mild discomfort and feel or be sick (vomit), but this is not common.

After the procedure, your child's eyelid may feel a little sore and their nose may be slightly uncomfortable. There may be a small amount of blood or mucus from the nose.

Your child does not have a patch over their eye. You may be able to see a silicone tube in the corner of the eye if we inserted this during the procedure. This tube stays in place until we remove it at an outpatient appointment or in the operating theatre at a later date.

Will my child be in pain after their procedure?

Your child does not feel any pain during the procedure because they are asleep under a general anaesthetic. When the anaesthetic wears off, their eyes are unlikely to be painful.

When can my child eat and drink or feed after their procedure?

Your child should be able to eat and drink or feed as usual within 1 to 2 hours of the procedure.

Do we see the surgeon after my child's procedure?

Yes, the surgeon comes to check your child after their procedure. They update you about the surgery and answer any questions that you may have.

When can my child go home?

Your child can go home on the same day as their procedure when they:

- feel comfortable
- can manage (tolerate) their usual food and drink
- are not feeling sick (nausea) or being sick (vomiting)
- are behaving as they usually do

Please supervise your child carefully on the journey home. According to the sudden infant death syndrome (SIDS) guidelines, it is best to avoid long car journeys for babies under 1 year of age. If you travel home by car, it is important that:

- you stop for frequent breaks to feed your baby and change their position
- an adult sits with the baby in the back of the car

After you go home

How do I care for my child's eyes after the procedure?

Here is some guidance on how to care for your child's eyes after the procedure:

- **Eye drops**
We give you steroid (anti-inflammatory) and antibiotic drops to put in your child's eye 3 to 4 times every day for at least 2 weeks. This is to lower the risk of infection, and reduce redness and inflammation in the eye. It is important to put the drops in your child's eye regularly as prescribed.
- **Protecting the eye**
If we have put in a tube, try to discourage your child from rubbing near this tube in the corner of their eye.
- **Cleaning the eyelids**
You can wash your child's eyelids with clean cotton wool and cold water that has been boiled and then allowed to cool. To do this, wipe gently from the nose outwards, throw away the cotton wool and repeat as needed. Use a separate piece of cotton wool for each eye. It is important not to clean the eyelids too forcefully if your child has a tube to avoid knocking it out of place.
- **Bathing**
Your child can have a bath or shower as usual and you can wash their hair. Try to avoid getting soap or shampoo in their eyes, as you would normally do.
- **School or nursery**
Each child recovers at a different speed. On average, your child needs to take 2 days off school or nursery as they recover from the general anaesthetic.
- **Swimming**
It is best not to take your child swimming until 1 week after the procedure. If your child does swim before then, they need to wear watertight goggles.

How can I manage my child's pain after their procedure?

Your child is unlikely to be in pain after the procedure. If your child does have any discomfort, you can give them paracetamol and ibuprofen as needed. Please remember to buy these

medicines before the day of your child's procedure. It is also important to make sure that your child drinks plenty of fluids.

It is safe to give the 2 medicines at the same time, ideally with food. This is easier to plan and the medicines work in different ways. You can give your child:

- 1 recommended amount (dose) of paracetamol every 4 to 6 hours and no more than 4 doses in 24 hours
- 1 dose of ibuprofen every 6 to 8 hours and no more than 3 doses in 24 hours

You may find the following chart helpful to keep track of your child's medicines.

Home medicine chart for parents

Medicine	Time to give	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
Paracetamol								
Ibuprofen								

Do I need to look for any symptoms after my child's procedure?

You need to get urgent medical help for your child if you feel that they are unwell or:

- their eye feels more painful
- they cannot open their eyelid because of swelling
- their eyesight becomes worse
- their eye becomes redder
- there is a yellow-green liquid (pus) or leaking fluid (discharge) from the eye
- they have a high temperature (fever)
- they are not eating or drinking well

These can be signs of an infection or a reaction to the steroid or antibiotic eye drops. Call our eye casualty on 020 7188 4336 (Monday to Friday, 8.30am to 4pm). Outside these hours, call 999 or go to your nearest emergency department (A&E) immediately.

Do you see my child again after their procedure?

Your child has a follow-up appointment 1 to 3 months after their procedure. We usually book this appointment for you before you leave the Evelina London children's day surgery unit. It takes place in the children's eye clinic at St Thomas' Hospital.

Contact us

If you **cannot keep your appointment**, contact our admissions team, **phone** 020 7188 9098, **email** gst-tr.paediatricadmissions@nhs.net

If your child has a **cough, cold or high temperature** in the 2 weeks before the procedure, contact our pre-assessment team, **phone** 020 7188 7188 extension 58209

If you have any **concerns about your child's procedure but it is not an emergency**, contact our eye department, **phone** 020 7188 4299 (please leave a message on the answerphone and we will call you back within 3 working days), **email** gst-tr.paediatricophthalmologyenquiries@nhs.net (we reply to emails within 3 working days)

If you are concerned that your child is **seriously unwell during working hours**, contact our eye casualty, **phone** 020 7188 4336 (Monday to Friday, 8.30am to 4pm)

If you are concerned that your child is **seriously unwell outside working hours**, go to your nearest A&E or **phone** 999

For more information on conditions, procedures, treatments and services offered at our hospitals, please visit **web** www.evelinalondon.nhs.uk/leaflets

Evelina London Medicines Helpline

If you have any questions or concerns about your child's medicines, please speak to the staff caring for them or contact our helpline, **phone** 020 7188 3003, Monday to Friday, 10am to 5pm **email** letstalkmedicines@gstt.nhs.uk

Your comments and concerns

For advice, support or to raise a concern, contact our Patient Advice and Liaison Service (PALS), **phone** 020 7188 8801 **email** pals@gstt.nhs.uk. To make a complaint, contact the patient resolution team **phone** 020 7188 3514 **email** complaints2@gstt.nhs.uk

Language and accessible support services

If you need an interpreter or information about your child's care in a different language or format, please get in touch, **phone** 020 7188 8815 **email** languagesupport@gstt.nhs.uk



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