

# Lacrimal Probing in Children

فتح مجرى الدمع لدى الأطفال

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**Moorfields  
Eye Hospital Dubai**  
A branch of Moorfields London



مستشفى كينجز كوليدج لندن  
King's College Hospital London

## Explanation of procedure

The tear duct is a channel/passage which runs from a tiny opening in the medial lids through the bone to the inside of the nose, and drains the tears and mucus the eye produces. It should open just before or just after birth but sometimes remains blocked for a considerable time after that, causing watering and discharge from the eye. It is harmless, and does not affect the health of the eye or the vision, although it can make the eyelids red and sore and slightly increases the frequency of infective conjunctivitis. The only potentially serious consequence is acute dacryocystitis, which is very unusual.

Most cases resolve with time and can be safely left to do so. Intervention is not normally considered under 1 year and even after that time, spontaneous resolution is still the most likely scenario. The procedure does not have to be done and the decision is the parents. The likelihood of probing success starts to decrease markedly after age 4 years.

## What are the aims of surgery?

To open or widen the tear duct in order to reduce or eliminate watering and discharge.

## What will happen on the day of surgery?

The operation is a day case and is done under general anaesthetic. A blunt wire (probe) is introduced into the tear duct and usually can pop through any blockage into the nose. This usually takes less than 5 minutes. An antibiotic drop is put into the eye afterwards. Because of bruising and swelling inside the tear duct, the watering and discharge may take up to 10 weeks to resolve.

## Success rates

90% under 2 years

80% 3 years

70% 4 years

42% 6 years

Some cases take more than one probing.

## Risks

This is a minor operation and the risk of a serious complication is minimal. There are health risks because of the GA and parents need to decide if risks are justified for a sometimes minor problem that is likely to resolve with time.

- ▶ Failure to eliminate the watering/discharge.
- ▶ Some can take 2 probings and if that fails, may require probing with intubations or even DCR if bad enough
- ▶ Damage to tear ducts/canaliculi: low risk of permanently increased watering and discharge
- ▶ Nose bleed: common, usually minor. Very rarely, severe nose bleed
- ▶ Mild eye irritation, redness; occasional conjunctivitis
- ▶ Swelling and occasionally bruising eyelids
- ▶ If syringe with fluorescein, low risk fluorescein entering lid tissue and staining or irritating eyelid
- ▶ Allergy to eyedrops
- ▶ Remote chance serious problems from forcible probing or unusual anatomy e.g. palatal damage, damage to unexpected encephalocoele.

## After the operation

A small amount of blood from the nose is common, as is mild eyelid swelling, soreness and redness of the eye.

Watering and discharge commonly look the same or worse initially and will fade in up to 10 weeks.

## Care after the operation

Start the drops that day and use as prescribed. Use cooled boiled water and a clean tissue or cotton wool to clean any stickiness from around the eye

Painkillers are usually not required.

Many children are discharged, if not keep the appointment at the clinic.



## Moorfields Dubai



# Moorfields Eye Hospital Dubai

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### Moorfields Eye Hospital Dubai

Dubai Healthcare City,  
PO Box 505054, District 1,  
Al Razi Building 64, Block E, Floor 3,  
Dubai, U.A.E.  
Tel. +971 4 429 7888  
[moorfields.ae](http://moorfields.ae)



### Opening hours:

Saturday to Thursday, 8.30am to 5.30pm,  
for information and advice on eye conditions and  
treatments from experienced ophthalmic trained staff.



مستشفى كينغز كوليدج لندن  
King's College Hospital London

### King's College Hospital - Dubai Hills

Dubai Hills, AlKhail Road,  
Marabea East Exit  
Tel: +9714 247 7777  
[www.kch.ae](http://www.kch.ae)  
Open 24/7

