

INFORMATION ABOUT NASOLACRIMAL DUCT (TEAR DUCT) PROBING

Introduction: The staff at Children's Eye Care will guide you and your child through the surgical experience. With your help, we will support your child. Parents have a role in helping this become a positive experience. Talk, listen, and reassure your child about surgery. Be honest and do not threaten your child with shots. Remember, you are the most important support person for your child.

DATE: _____ FACILITY: _____

The facility staff will call you the afternoon before surgery to let you know what time to arrive. BE SURE THAT WE HAVE A PHONE NUMBER WHERE YOU CAN BE REACHED.

Before surgery: It is important that the following diet guidelines be strictly observed before surgery. If diet guidelines are not followed, surgery may be cancelled.

Children should have **NOTHING TO EAT OR DRINK AFTER MIDNIGHT** the night before surgery. This is done as a precaution, because anesthesia is safest if the stomach is empty at the time of surgery. Infants and young children who still awaken in the middle of the night to eat will be given special guidelines. Young children are scheduled as early in the morning as possible to minimize their greater difficulty in going without food or water.

Children's Eye Care encourages parents and children to visit their hospital/surgery center before the day of surgery. This helps relieve some anxieties for the patient and family. The child may also bring a favorite toy or stuffed animal if they choose to do so. You will be asked to arrive at least 1 1/2 hour prior to the start of surgery. **Nurses from the facility will call you the afternoon before surgery to let you know when to arrive.** This allows time for completion of paperwork and examination by the nurse. There is no routine lab work, but lab work may be needed for infants under 6 months and those with chronic illnesses. Patients requiring lab work should arrive about 2 hours prior to surgery.

The anesthesiologist and your eye doctor will examine your child (or you) before surgery: checking the eyes to make sure nothing has changed; listening to the heart and lungs; checking the pulses in the arms and legs; and looking for signs of infection such as fever, swollen lymph nodes, productive cough or nasal discharge. This examination is designed to identify problems which could affect the surgery or anesthesia. It is not meant to be a substitute for a complete examination by a pediatrician or family physician. Patients with significant medical problems should consult their pediatrician or family doctor and obtain clearance for surgery. **If your child becomes ill the evening before surgery, please contact your eye doctor immediately** (see phone numbers at the end of this sheet).

During surgery - Anesthesiologists (MD or DO) with a special interest in pediatric anesthesia are used for all surgeries on children. Children go to sleep by breathing anesthetic agents and oxygen through a facemask. During surgery children continue to breathe either through the facemask or through a small mask which fits in the back of the throat. The heart rate and rhythm, blood pressure, and oxygen concentration in the blood are monitored constantly throughout the surgery. Children who are too fearful to breathe through a mask can be sedated with medicine by mouth prior to surgery. Operating room policy does not permit parents to go into the operating room with their child, but you will be allowed to be with your child until the time of surgery and shortly after in recovery. Parents of young children are encouraged to stay in the area during surgery.

Location - Surgery will be done at one of the following facilities:

- 1) Surgery Center of Oklahoma - 9500 N. Broadway Extension - (405) 235-4525
Located on the east side of the Broadway Extension (HWY 77) and just north of Britton Road. Turn right off the frontage road to park.
- 2) Baptist Medical Plaza - 3433 N. W. 56th St., Ste. 300 - (405) 945-4208
Park in the N. W. 56th St. parking garage at the SE corner of the hospital. On your left as you drive in is a circle drive entrance to the hospital Plaza, Building B. Take the lobby elevator to the 3rd floor.
- 3) Mercy Hospital - 4300 W. Memorial Road - (405) 752-3947
Go to the Outpatient Surgery Center on the 1st floor near the NW corner of the main hospital building.
- 4) Deaconess Hospital - 5501 N. Portland - (405) 604-4275
Go to the Outpatient Surgery Center on the 1st floor, south of the main hospital building and Emergency Room entrance.
- 5) Oklahoma City Clinic Surgery Center - 701 N. E. 10th St., Ste. 124 - (405)280-5510
Enter the front door of the clinic, which faces east, and turn left.
- 6) McGee Eye Surgery Center - 1000 N. Lincoln - (405)232-8696 x 25
Located in the OU Harold Hamm Diabetes Center, in the center of the first floor
- 7) Foundation Surgery Center- 14000 N. Portland Ave, Ste. 100- (405)936-8130

You will be given a map and brochure, if they are available.

BENEFITS, ALTERNATIVES, AND RISKS OF TEAR DUCT PROBING

When you come to the hospital, **you will be asked to sign a consent form giving your doctor permission to perform the tear duct probe on your child.** The hospital consent form is a standardized form used for all types of surgeries. It does not provide specific information about the nature of tear duct surgery and its risks, benefits, and alternatives. This information sheet gives you more specific information. Please read it and ask any questions that you have--either now, by phone, or on the morning of surgery. **When you sign the form consenting to surgery, you are also acknowledging that your questions about risks, benefits, and alternatives have been answered.**

Benefits of surgery - Opening the blocked tear drainage duct enables the tears to drain normally. This eliminates chronic watering of the eye and recurrent infections in the eye.

Chances of success - Success is achieved in 90-95% of patients with a single probing. Why is the success rate not 100%? The duct can almost always be opened, but in 5-10% of cases it will close back down. In unsuccessful cases the duct may be re-probed. Silicone tubing may be placed in the duct to help it stay open.

Alternatives to surgery - The only alternative is to treat recurrent infections with antibiotic drops or ointment to see if the blocked tear drainage duct opens up on its own. Some authorities have estimated that in the first few months of life 20% of cases will clear spontaneously in any given month. Around 8 months of age, though, the likelihood of tear duct obstruction resolving spontaneously seems to drop off significantly. Hence, we have traditionally advised probing between 6 and 12 months, occasionally earlier in more severe cases.

Risks of anesthesia - The risk of a serious complication from general anesthesia--such as heart stopping; breathing stopping; or severe rise in body temperature, causing brain damage or death--is less than 1 in 20,000. By way of comparison, this is about one fourth the risk of dying in an automobile accident in Oklahoma in a year's time.

Other risks - There is virtually no risk to the eye. Surgery is done only on the tear drainage duct, which runs from the lids to the nasal passage.

Again, please do not hesitate to ask your doctor if you have any questions about the risks, benefits, or alternatives of your child's tear duct surgery.

INSTRUCTIONS AFTER TEAR DUCT PROBING

Immediately after surgery - Parents are allowed in the recovery room soon after the completion of surgery.

In the recovery room - For the first 15-20 minutes the child is typically restless and may be harder to console than normal. You may still smell some anesthetic gas on their breath. As the child finishes breathing off the gas, the brain becomes less groggy and the child responds more normally. After 30-60 minutes the child typically behaves as though nothing has happened. You can then go home. The child may have liquids in the recovery room. There is usually no problem with nausea or vomiting.

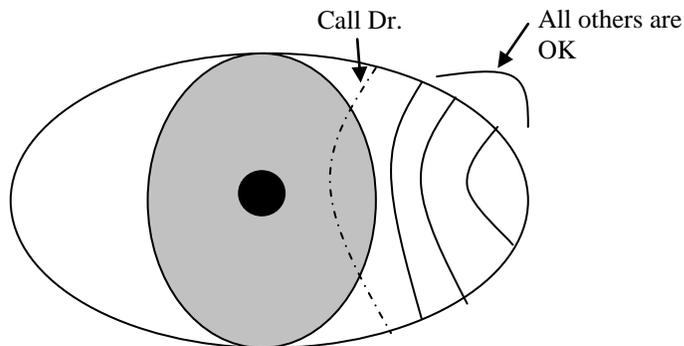
What to watch for at home - Redness and swelling after surgery is normal. There may be a drop of blood at the inside corner of the eyelid opening, in the nostril, or in the mouth. There is usually no pain. If your child seems fussy, a single dose of Children's Tylenol is typically all that is needed.

Your normal feeding schedule may be resumed right away.

Your child should be able to continue his or her regular activities at home.

Use eye drops or ointment as directed. Generally it is easiest to place the drop or ointment just inside the lower lid. If you have trouble getting drops in the child's eyes, have the child lie on his back, then place a drop on the inside corner of the closed eyelids next to the nose. Then just have the child lie there until he opens his eyes. Similarly, ointment may be placed along the lashes and allowed to melt into the eye.

SILICONE TUBING - In some children silicone tubing is placed in the duct to help it stay open. If your child has had tubing put in, keep him from rubbing or pulling at the tubing at the inside corner of the eye. It is normal to see varying lengths of the tubing in the inner corner of the eye several days after surgery. If the tubing is long enough to cross over onto the colored part of the eye, call your doctor.



Nosebleeds may occur with tubing. Applying firm pressure to the side of the nose can usually control this. If bleeding recurs, or is difficult to control, call the office at 751-2020. To describe the amount of bleeding, keep track of how many

Kleenex you have to use and how much blood is on the Kleenex. A little bit of blood can look like a lot: 1 teaspoon will saturate about half a full size Kleenex.

Removal of the tube - Your doctor will tell you when to make an appointment to have the tube removed. Often children will accidentally pull the tube away from the inside corner of the eye. If this happens, there are two things that you as a parent can do:

- 1) You may pinch the tube between your index finger and thumb, take a small pair of scissors and cut the tube in the middle of the "U". Hold one end of the tube and quickly pull the tube out.
- 2) If you do not feel comfortable doing this, then you are welcome to call us at Children's Eye Care and we will schedule you to see one of the doctors who will remove the tube for you.

When to call the doctor - If there is increased swelling of the tear sac, increased redness of the eye, or pus in the corner of the eye, questions or concerns, call your doctor at:

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| 1) CEC, 8:00 A. M. - 5:00 P. M | (405) 751-2020 |
| 2) Dr. Mark Scott, M. D | Cell: (405) 834-2941 |
| 3) Dr. James Richard, M. D | Cell: (405) 812-6056 |
| 4) Dr. Lucas Trigler, M. D | Cell: (405) 819-9211 |

If you are unable to reach your physician, call or go to an emergency department.