



Dr. Eedy Mezer, MD

children's
eye clinic

Congenital Blocked Tear Ducts - Surgery

A Brochure for Parents

How do tears drain from the eye?

Tears are necessary to keep the eyes moist.

They drain from each eye through two small openings located along the upper and lower eyelids near the nose. The tears then flow through a delicate duct into the lacrimal sac located on each side of the nose. From the sac, the tears are pumped by the blinking action of the lids into the common tear duct. These ducts go through the bones of the nose and empty into the back of the nose. That's why crying can cause you to have a runny nose.

What causes overflow tearing?

Tearing in babies is usually caused by the presence of a membrane that blocks the lower end

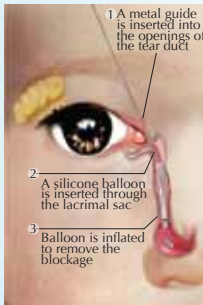
of the tear duct near the nose. Normally, this membrane opens before birth. In many infants, however, it remains closed.

About 70% may open spontaneously by the age of 1 year.

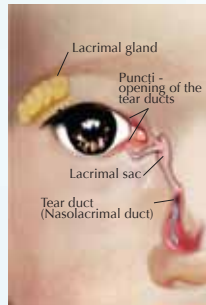
How is overflow tearing created?

Massaging the tear sac every 4 hours (after every feeding) occasionally helps to open the sac. If the tearing persists, it may be necessary for the ophthalmologist to open the tear ducts by passing a probe through the tear duct.

Silicone balloon catheterization



Tear duct obstruction



How is probing of the tear ducts performed?

Fluid is irrigated into the drainage system in the nose to confirm the blockage. If the fluid does not pass into the nose, a thin, flexible, blunt metal wire is gently passed through the tear drainage system to open the obstruction.

Some 80% to 90% of tear ducts are successfully opened in children up to the age of 3 years. After that age, success declines to 50%. This happens because the extent of malformation of

the tear ducts varies from individual to individual. Therefore, other treatment options are possible for babies where probing is unsuccessful. This includes inflatable silicone balloon catheterization. A tiny balloon is inserted into the common tear duct. Dr. Mezer then inflates the balloon, similar to the procedure during coronary artery catheterization.

This procedure has a 95% chance of success at any age.

Possible complications

During surgery, every effort is made to reduce the likelihood of a problem occurring. However, during the course of any surgical procedure, problems may arise. It is the surgeon's responsibility to minimize these problems in the operating room. After the surgery, it is the patient's (or parent's) responsibility to follow carefully the instructions and treatment prescribed.

As with any surgical procedure, there is the possibility of infection or bleeding. Scarring can re-obstruct the opening, requiring additional surgery. Chronic obstruction can lead to infections of the tear sac at any age.

After the operation, you will be met by Dr. Mezer who will tell you about the course of the operation. You will be escorted to the recovery room where you will stay with your child until he has recovered from the anesthesia and can go home. This may take a few hours.

Post-operative care

Instructions for post-operative care will be given at the first follow-up visit after surgery. Sometimes the lower eyelid will swell. This usually resolves within several days. Neither eye will be patched. Nasal secretion is common, as is discharge from the eye for a few days. Antibiotics and steroid combination therapy drops and ointment will be prescribed.

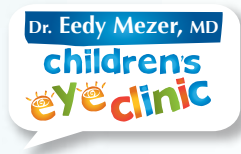
It is recommended that most patients remain out of school or kindergarten for a few days to 1 week following the surgery. While your child may be able to resume normal activities within a day or two, it is better to plan for a longer recovery period in case it is needed.

We wish your child an uneventful procedure and speedy recovery from surgery

On behalf of Dr. Eedy Mezer and the clinic staff we wish to
thank you for choosing us.

We hope that you have received answers to most
of your questions.

Please feel free to get in touch



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