

## Paediatric Ophthalmology

### Probing surgery

**For families of children under the care of the eye department.**

Watering eye(s) in infancy affects as many as 1 in 5 children, but usually clears up without any special treatment. If it persists beyond 1 year of age, then it is less likely to disappear on its own and we usually suggest a probing operation.

The watering is caused by a blockage of the tear duct - the tube that passes tears from the eye down into the nose. A build-up of discharge on the lids commonly accompanies a blocked tear duct.

#### **What are the benefits of having surgery?**

The purpose of the operation is to open up the blockage in the tear duct to enable the tears to flow normally. After surgery, not only will the eye be less watery, but the associated infections will be stopped. This does not mean your child will never get conjunctivitis.

#### **Is there any other way to treat a watering eye?**

In some cases, the watering may settle but in other cases the symptoms will continue without an operation, but there is a risk of repeated infections.

#### **What happens at the operation?**

The operation is carried out under general anaesthetic and you will meet our anaesthetist before the operation.



## Patient Information

### **The operation**

The operation involves passing a fine flexible probe down the tear duct. The probe is about the thickness of a darning needle but bends much more easily. The probe follows the line of the tear duct and breaks down any blockages within the duct. It is not a painful procedure and as soon as your child has woken up from the anaesthetic they will be back to full activity. Very occasionally they have a small amount of blood around the nostril area.

### **What happens if this does not work?**

Further surgery is occasionally necessary if the watering persists. That would happen in about 1 in 10 of our probing operations. We would then usually try the probing for a second time to clear any resistant blockage.

If the second probing were also to fail then, depending on the cause, we would probably suggest an intubation of the tear duct. This is very similar to the probing, except that a fine silicone tube is left in the duct for a period of about 6 weeks to stop the duct sealing off again. This is also a quick operation, but nose bleeding happens a little more commonly. This is not heavy and does not cause any great distress to the children.

If the intubation fails, as it will in about 1 in 20 children, then we will need to discuss whether a bigger operation called a DCR would be a good idea. If that is the case, then we will discuss it with you in detail.

### **What happens after the operation?**

Your child does not need to stay in hospital afterwards.

If your child has had a simple probing operation, they do not need to be seen regularly after the operation and we leave it up to the parents to contact us 6 weeks after the operation if they do not feel it has worked as well as expected.

If your child has had an intubation or DCR operation, we will need to arrange a follow up appointment and the doctors will discuss this with you.

### **Are there any risks and/or side effects?**

The operation may not work, and other operations may need to be considered.

## Patient Information

### Discharge advice

Your child may get a headache, feel sick, dizzy, or complain of a sore throat when waking up after an anaesthetic. These symptoms should go away over the next 24 to 48 hours. If you have any concerns, ring the Eye Department on 024 7696 6519 during office hours.

### Further information

We hope this leaflet will help you to understand the treatment offered to your child. If you feel you need more information or have any concerns, please contact the Eye Department on 024 7696 6519

The Trust has access to interpreting and translation services. If you need this Information in another language or format, please contact 024 7696 6519 and we will do our best to meet your needs.

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#### Document History

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