IDA-TALLINNA KESKHAIGLA

AS Ida-Tallinna Keskhaigla
Ravi 18, 10138 Tallinn
Rg-kood 10822068
Tel 666 1900
E-post info@itk.ee
www.itk.ee

Tear duct surgery

If the tear duct becomes blocked, tears cannot flow along their intended path through the nose and down into the throat, causing an overflow of tears. As a result, excessive tearing usually occurs both indoors and outdoors. Tearing is also present in dry eye syndrome, from which tear duct obstruction must be distinguished. Tear duct obstruction is usually characterised by mucoid or purulent discharge from the eye. It can be confirmed by applying pressure on the lacrimal sac. Sometimes, antibiotic drops and massage performed by the patient may help. However, if treatment fails, tear duct obstruction can develop into chronic or acute inflammation of the lacrimal sac or dacrocystitis. In this case, a palpable lump appears in the area around the lacrimal sac in the inner corner of the eye, which no longer disappears when pressed on. Symptoms of acute dacrocystitis include redness, pain and fever.

Different surgical techniques are used for the treatment of tear duct pathologies:

- tear duct probing
- intubation with a silicone tube
- external or endoscopic dacryocystorhinostomy

To diagnose tear duct obstruction, the tear ducts need to be probed. To do this, anaesthetic drops are instilled in the patient's eye and a probe is inserted into the tear duct through either the upper or lower punctum. A saline solution is then flushed through the drainage system to determine the location of the obstruction and the treatment required. It is sometimes possible to remove the blockage during probing. Tear ducts probing is also performed on infants and young children.

For further details, please refer to the patient information materials:

Treatment of acquired nasolacrimal duct obstruction