

PREOPERATIVE DIAGNOSES:, Tearing, eyelash encrustation with probable tear duct obstruction bilateral.,POSTOPERATIVE DIAGNOSES: ,1. Distal nasolacrimal duct stenosis with obstruction, left eye.,2. Distal nasolacrimal duct stenosis with obstruction, right eye.,OPERATIVE PROCEDURE: , Bilateral nasolacrimal probing.,ANESTHESIA: , Monitored anesthesia care along with mask sedation.,INDICATIONS FOR SURGERY: , This young infant is a 19-month-old who has had persistent tearing and mild eyelash encrustation of each eye for many months. Conservative measures at home have failed to completely resolve the symptoms. He has been placed on previous antibiotics treatment for presumed conjunctivitis. Please refer to clinic note for more details. Conservative measures at home have failed to resolve the symptoms. A nasolacrimal probing was offered as an elective procedure. Procedure as well as inherent risks, expected outcomes, benefits, and alternatives (including continued observation) were discussed with his mother prior to scheduling surgery. Again, a description of procedure as well as diagram instruction was provided to mother and father in the morning of the procedure. The risks as explained included, but were not limited to temporary bleeding, persistent symptoms, recurrence need for further procedure, possible need for future stent placement or repeat probing, and anesthesia risk were all discussed. Also a rare possibility of errant passage of the nasolacrimal probe was discussed. Preoperative evaluation and explanation include drying of the nasolacrimal system with an

explanation expected outcome/result from surgery. No guarantees were offered. Informed consent was signed and placed on the chart.,DESCRIPTION OF PROCEDURE: ,The patient was identified and the procedure was verified. Procedure as well as inherent risks were again discussed with parents prior to the procedure. After anesthesia was induced in the operating room, tetracaine drops were applied to each eye and the pressure of the eyes were checked with Tono-Pen. The pressure on the right was 17 mmHg and on the left was 16 mmHg.,A punctal dilator was then used to dilate the left superior puncta. A size 00 Bowman probe was used to navigate the superior puncta and canaliculus with traction of the eyelid temporally. The probe was advanced until a firm stop of the lacrimal bone was felt. The probe was rotated in a superior and medial fashion along the brow to allow for navigation through the nasolacrimal sac and duct. A mild resistance was felt at the distal aspect of the nasolacrimal duct consistent with a location of the valve. There was also some mild stenosis distally, but not felt significant. The probe was used to navigate through this mild resistance. A second Bowman probe was then placed through the left naris and metal on metal contact was felt confirming patency. Both probes were removed. The 00 Bowman probe was then used to navigate the inferior puncta canaliculus system. Patency was confirmed. The left upper lid was everted and inspected and was found to be normal.,Attention was then turned to the right side where the similar procedure through the right superior puncta was performed. A punctal

dilator was used to dilate the puncta followed by a size 00 Bowman probe. Again on this side, a size 0 Bowman probe was unable to be placed initially to the superior puncta. The probe was used to navigate the superior puncta, canaliculus, and then the probe was rotated superomedially and the probe was advanced. Similar amount of distal stenosis and distal nasolacrimal duct obstruction was felt. The mild resistance was overcome at the approximate location of the valve. Metal-on-metal feel confirmed patency through the right naris with a second metal probe. At the completion of the procedure all probes were removed. Awakened and taken to the postanesthesia recovery unit in good condition having tolerated the procedure well. Postoperative instructions were provided to the parents by me, and the discharging nurse. I did advise nasolacrimal massage for the next 7 to 10 days on each side two to three times daily. Technique explained and demonstrated. Erythromycin ointment to both eyes twice daily for three days. Follow up was arranged and he may call with any further questions or concerns.