

PLASTIC EYE SURGERY ASSOCIATES, PLLC

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INFORMATION ABOUT TEAR DUCT BY-PASS SURGERY

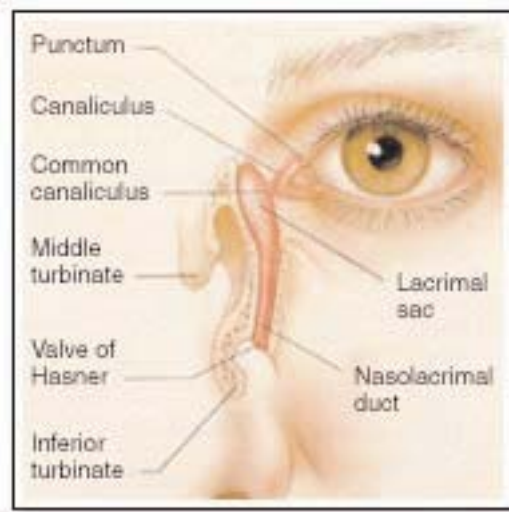
ABOUT THE SURGERY:

Your tears normally drain from around your eyes through small holes in your eyelids. Your tears then pass along channels called canaliculi into a sac (lacrimal sac) and finally down an internal canal (nasolacrimal duct) that empties into your nose.

When the nasolacrimal duct becomes blocked (due to any of a number of reasons), your tears back up and run down your cheek. Pooling of tears in the lacrimal sac can also create repeated infections of this sac that can become serious.

To correct an obstruction of the nasolacrimal duct, an alternate or bypass route for draining of the lacrimal sac into your nose must be created. This is done by surgically removing the bone next to the lacrimal sac and making a smooth canal to allow direct drainage into your nose. This bypasses the obstruction in the nasolacrimal duct. Small plastic tubes are passed through the canaliculi and through the lacrimal sac's new opening to insure the new drainage site remains open.

These tubes are tied in your nose and left in place for about six weeks. The operation is called a dacryocystorhinostomy (abbreviated DCR). In routine cases, this procedure is successful over 94% of the time.



GENERAL MEDICAL PRECAUTIONS:

If you have medical problems that require the care of a physician, a recent written and faxed report from your physician would be helpful. If your doctor has a preference for you concerning the use of local vs. general anesthesia, please let us know in advance of your surgery date. In most cases we will use local anesthesia; that is, you will be awake, but relaxed during the operation.

Stop taking any medications containing aspirin 10 days before surgery. Please check the label of any non-prescription medications for "salicylic acid" or "salicylate" which are aspirin derivatives. Take only Tylenol for pain.

If you are taking a "blood thinner" such as Coumadin, this will need to be stopped a few days before surgery. Please check with your doctor for exact instructions. Also, please consult with your doctor concerning when and if you should stop taking any other medications. Bring with you all medications that you are currently taking when you come for surgery.

If you experience a fever or infection in any part of your body within the two weeks prior to your scheduled surgery, it is likely that we will want to reschedule your surgery. In such an event, check with your general medical doctor and/or this office for

a decision about rescheduling. If for any reason you need to reschedule or cancel surgery, please call us (713) 795-0705 at your earliest convenience.

DAY OF SURGERY:

You are not to eat or drink anything after midnight the night before surgery, except your usual medications with a small sip of water. If you are a diabetic taking medication for this condition, please check with your physician regarding the amount of medication to take. Your surgery could be any time from 7:30 a.m. on through the day. The nurse will have a schedule that will permit her to give you an approximate time for anticipated surgery. Since the time of each operation varies somewhat, unfortunately it is not possible to provide you with the precise time that your surgery will start.

Prior to surgery, you are visited by an anesthesiologist (even for surgery done under local anesthesia). The anesthesiologist will "standby" during the operation for the sake of your comfort and safety. This means a separate bill will be submitted to your insurance by the anesthesiology service.

You will be taken to the operating room about 15 minutes in advance of your surgery for routine preparations. Fluid will be given to you through a vein in your arm, and you will be given sedation and an appropriate anesthetic, either local or general. The surgery itself usually lasts anywhere from 30-60 minutes or more, depending on the circumstances and requirements of your case.

After surgery, we will look for your friends or relatives in the surgery waiting room. You will be in the recovery room for usually about 1 hour, but maybe longer. Relatives are generally not permitted to visit in the recovery room. When ready, you will be returned to your room or the outpatient area where your family or friends may be waiting for you.

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Most patients, have very little pain, but there will be pain medication available, should you need it. Please request this medication if you feel that it would make you more comfortable. When the nursing staff is confident that you are eating and drinking satisfactorily, the IV will be removed from your arm.

POSTOPERATIVE CARE:

Medications: You should resume taking your usual medications after the surgery. If you are taking blood thinners or aspirin preparations, please discuss this with us postoperatively. You will be given a tube of antibiotic ointment, to be applied to the incision site three times a day directly over tape. You will use this medication for about one week. The tape will fall off by itself. Begin saline nasal spray 3-4 times/day roughly 3-5 days after surgery. When you begin the nasal spray depends on whether you had any bleeding from your nose after surgery. If you have had some dripping from your nose, please delay nasal spray use for 2-3 days after the bleeding stopped.

Bandages: A dressing may or may not be applied under your nose for the first 24 hours. If one is applied, you may remove it and discard it the next morning. Please do not remove the tape beside your eye.

Bleeding: You may notice a small trickle of blood out of your nose or nostril or down your throat. This is normal. **DO NOT BLOW YOUR NOSE.** Rather, gently blot the trickle of blood with a tissue. Nose blowing can remove clots, which may activate brisk bleeding. If a substantial nose-bleed occurs, simply pinch the end of your nostrils together and lean forward, putting your head between your knees, for about 20 minutes. This allows the blood to re-clot in your nose. Do not blow the clots out afterward. This will work in most cases. If the bleeding cannot be controlled, notify us immediately at (713) 795-0705.

Swelling: There may be mild swelling (with a black eye) in the area of surgery for the first couple of days. This can be decreased by sleeping with your head elevated, and using ice packs for the first 48 hours and then hot packs after that.

Stitches: Very fine stitches will be left in place approximately one week. In most cases, we use stitches that absorb by themselves.

Scar: There will generally be very little scarring. Complete healing takes months. Keep your wound out of bright sunlight for 3-4 months by using a hat with a visor and sunglasses.

Dislodging the Tubes: The plastic tubes will stay in place unless they are pulled out of position. If mattering occurs in the corner of your eye where the tubes are, first soak this area with a warm washcloth, then gently wipe out the matter toward the nose taking care not to pull the tubes out. **NEVER** put your finger in the corner of the eye and wipe outward toward the ear; this may pull the tubes out. If the tubes become partially dislodged, sometimes they can be gently pushed back in by you or a family member or repositioned by gently blowing your nose. **NEVER** cut the tubes unless instructed to. If the tubes become completely looped out of the eye, the loop can be taped to your nose to avoid eye irritation. Call us if you need further instructions at (713)795-0705.

Activity: You should refrain from strenuous activity, straining, or deep bending during the first week following surgery. Showering may be resumed immediately. Avoid drinking very hot fluids for the first two days after surgery. You may gently blow your nose in two weeks if needed, continuing to gently blot your nose with a tissue before this time.