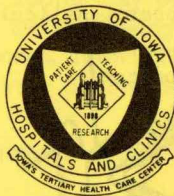



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QUESTIONS AND ANSWERS ABOUT TEAR PROBLEMS AND THEIR MANAGEMENT



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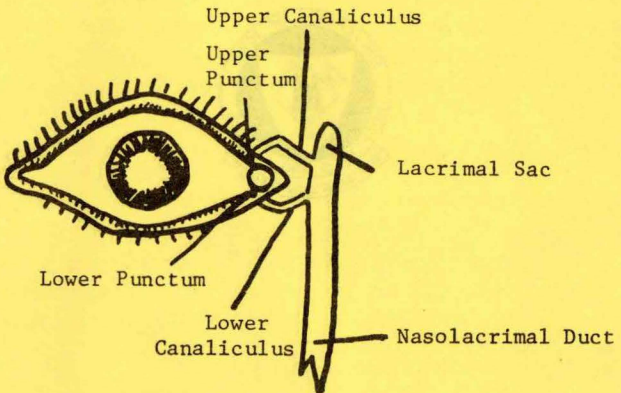
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This pamphlet has been developed to contribute to the successful treatment of tear problems occurring in patients of all ages. We suggest that you read this and keep it for reference.

What are the causes of excessive tearing?

Generally, the lacrimal glands, situated in the outer portion of the upper eyelids, produce the tears, which drain downward and inward across the eye. Regular blinking of the lids helps to spread the tears evenly in a lubricating and protective film across the cornea of the eye. The tears drain into the lacrimal puncta, located at the inner part of the upper and lower lids and are carried by the canaliculi into the lacrimal sac. The lacrimal sac is a small pouch located next to the bridge of the nose. The running nose associated with crying is caused by drainage of tears into the nose.



Excessive tearing, called epiphora (e-pif-o-reh), may occur for a number of reasons. Most common among newborn babies is a failure of the nasolacrimal duct to open into the nose. The first sign is tearing of the involved eye. The eye does not water immediately since tears are not formed until some weeks after birth. Sometimes a baby is born with absence of one or more puncta or canaliculi which normally provide the passageway for drainage of tears from the eyes to the nasolacrimal sac.

Tearing may result from injury to the delicate structures comprising the lacrimal drainage system; lacerations around the eye may disrupt the drainage of tears. And because the eyelids must fit snugly against the eyeball in order for tears to drain properly, a problem such as facial nerve palsy resulting in sagging lids may be the cause of excessive tearing.

All of the above lead to the bothersome problem of tears overflowing down the cheek and may even make the vision in the affected eye somewhat blurry.

How is excessive tearing treated?

Tearing problems of babies are usually accompanied by infection. The lacrimal sac fills with pus, which collects in the corners of the eyes, and after a night's sleep, may cause the lids to become encrusted and stick together. Fortunately, the blocked nasolacrimal duct usually opens spontaneously before the baby is three months old, enabling the tears to drain properly and infection to subside. Sometimes the ophthalmologist will have the parents massage the lacrimal sac to empty it of pus and will prescribe eye drops or ointment to help control infection. Lacrimal massage is accomplished by placing the ball of the thumb on the upper part of the nose over the area where the sac is located and then rolling the thumb towards the inner corner of the eye. Eye drops or ointment should always be applied *after* massage to facilitate entry of the medication into the emptied sac. Be sure to wash your hands thoroughly before and after lacrimal massage and/or eye drop/ointment instillation.

Managing mattering

To separate the lids and remove the mattering which has collected overnight, apply a small moist cloth to the eyelids for several minutes. When the crusts are loosened, gently wipe them away from the eyelids, starting from the inner corner and moving outward.

If a baby's tearing persists, the ophthalmologist may probe and irrigate the tear ducts when the baby is between three to six months of age. Small instruments are introduced into the drainage system, and the ob-

struction is often relieved during the procedure. This may be done in the clinic with sedation or in the operating room under general anesthesia. If general anesthesia is required, the baby will be hospitalized overnight and will be discharged the same day, following recovery from the anesthetic.

What surgeries are performed for tearing problems?

With certain congenital problems and sometimes following trauma to the lacrimal drainage system, a dacryocystorhinostomy (DCR) is performed. This is an operation to create a new tear duct by attaching the lining of the lacrimal sac to the inner lining of the nose.

What are the preparations before the operation?

Admission to the hospital will be on the day before surgery. However, if you should catch cold one week or less prior to the date scheduled for the operation, you should report this at once to your doctor.

Upon admission, provide the nurse with a list of any medications being taken, including doses and frequency taken. Also provide information about any known drug allergies. The nurse will talk to you about the forthcoming surgery and try to answer questions you may have. A blood sample and chest X ray will be obtained, and a physician will examine you to assure good health. A urine sample will be collected.

A sleeping pill is available the first night to ensure a good night's sleep. You are not to eat or drink after midnight, or a liquid breakfast may be allowed in the morning, depending upon your physician's orders. The morning of surgery, family members may be at the bedside. You will be given medication before going to the operating room which will help you feel relaxed and sleepy.

What can be expected after the operation?

Following surgery there may be a dressing over the eye to help decrease swelling. A light application of ice over the area will also help reduce the swelling which should start to subside in a day. The dressing is re-

moved by the physician the morning after surgery. There will be a small incision along the side of the upper part of the nose. Consult your physician before wearing glasses. The sutures will usually be removed within a week. Nasal stuffiness may be present initially but will gradually improve. Avoid blowing your nose.

During the procedure, small tubes are sometimes permanently inserted to promote drainage. Generally, once in place, there is minimal discomfort. Lacrimal irrigation may be necessary to keep the new passage-way open until healing is completed. Antibiotic medication may be ordered to prevent infection.

Home care instructions and return appointments

Discharge from the hospital is usually within a day or two after surgery. You may return to school or work within one to two weeks, as advised by your doctor. If the tears are draining, swimming is permissible after two weeks. Contact sports may be resumed after six weeks. You are to avoid blowing your nose for six weeks. Unusual redness, swelling, and/or pain should alert you to consult your ophthalmologist.

If tubes have been inserted, additional precautions are necessary:

1. When you sneeze or cough, place an index finger over the inner corner of your eye to prevent expulsion of the tube.
2. If you experience excess tearing, call your ophthalmologist as soon as possible.
3. Whenever a tube is lost, reinsertion may be possible only during the first few hours. Therefore, call your ophthalmologist so that you can have it reinserted in order to avoid another operation.

You will be asked to return to the clinic frequently, and it is important that you keep your scheduled appointments to ensure proper functioning of the tear drainage system. If you have further questions regarding your comfort or care, please call our office (319) 356-2215; weekends and nights: (319) 356-1616.

Administering Ophthalmic Ointment

Dosage

Always follow the directions on your prescription label and the instructions given to you by your physician. Do not skip doses and never use the medications more often or longer than prescribed.

Technique for Administration

(A family member may be able to assist you.)

1. Wash your hands thoroughly.
2. Remove the cap.
3. Tilt your head slightly backward. You may find it easier to sit or lie down.
4. Look up and gently pull the lower eyelid down to form a pocket. See figure A.
5. Squeeze a small amount of ointment ($\frac{1}{2}$ to 1 inch) along the inside of the lower lid. See figure B.
6. Immediately replace the cap on the tube.
7. Close the eyelids gently for one to two minutes. Do not squeeze the lids. To spread the ointment, keep the lids closed and slowly roll the eyes from side to side unless otherwise directed by your physician. Your vision may be blurred as a result of applying the ointment.
8. Close the eyelids and wipe the lower lid with a clean tissue to remove any excess medication from the eyelid. Avoid applying pressure on the eye.
9. Wash your hands.

Precautions

1. Keeping the tip of the tube clean is essential. Avoid touching the tip of the tube to anything, especially the fingers or any part of the eye.
2. Use the ointment only in the eye for which it is ordered.
3. Do not share your medication with anyone.
4. Keep the ointment out of the reach of children.
5. The medication should be stored at room temperature.

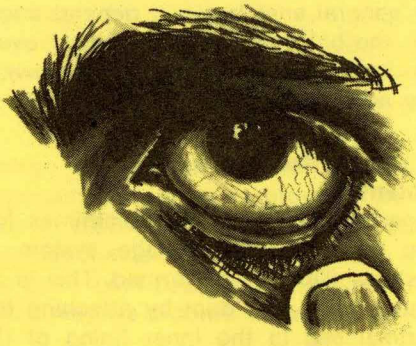


Figure A

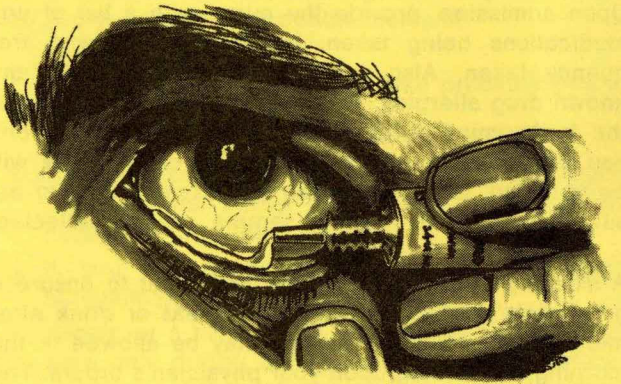


Figure B

This folder has been prepared by the Department of Nursing, EENT Division, in collaboration with the Departments of Ophthalmology and Pharmacology.

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