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**INFORMATION  
FOR PATIENTS HAVING  
LACRIMAL SURGERY**

**The University of Iowa**

**UIHC**

**Hospitals and Clinics**

*Department of Nursing*

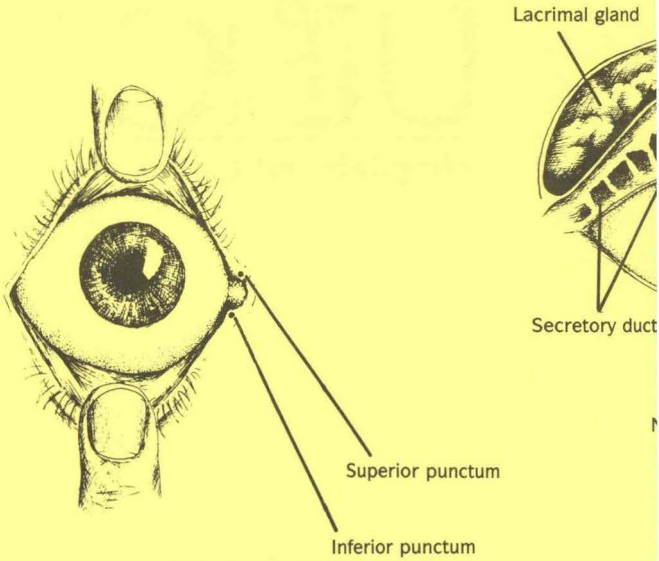
*Department of Ophthalmology*

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This pamphlet has been developed to provide information about your surgery. You and your family should read this material and keep it for reference.

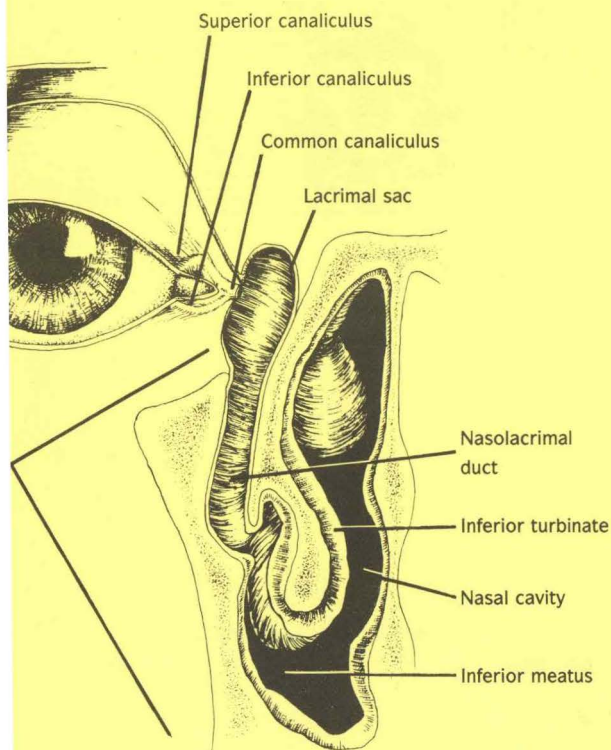


**Diagram 1**

## The Lacrimal (Tear) System (diagram 1)

The lacrimal glands, situated in the outer portion of the upper eyelids, produce the tears, which drain downward and inward across the eye. Blinking of the lids helps to spread the tears to lubricate and protect the eyes. The tears drain into the superior and inferior puncta, located at the inner part of the upper and lower eyelids, and are carried by the superior and inferior canaliculi to the common canaliculus, then into the lacrimal sac. The lacrimal sac is a small pouch located next to the nose. The tears then drain into the nose.

Excessive tearing or the bothersome problem of tears overflowing down the cheek is called epiphora. Epiphora may develop from scarring in the lacrimal system due to injury, recurrent infection, or from unknown causes.



## **Dacrocystorhinostomy**

Surgery can be performed to create a functioning tear drainage system. The surgery (dacrocystorhinostomy, abbreviated as DCR) is performed through a small incision on the side of the nose. During the surgery, the lining of the lacrimal sac is attached to the inner lining of the nose to create a new passageway for the tears. The surgeon may choose to place a small, solid, soft plastic tube (stent) or a small glass tube (Jones tube) to maintain an opening in the tear drainage system.

## **After Surgery**

1. A small ice bag may be placed over the area to help reduce swelling.
2. Do not wear your glasses until approved by your surgeon.
3. You may experience nasal stuffiness but this will gradually improve.
4. You will be instructed concerning the amount and type of activity permitted.
5. You may resume your regular diet.

## Home Care Instructions

1. Avoid blowing your nose for six weeks.
2. If a *stent* or *tube* was inserted, place an index finger over the inner corner of your eye when you cough or sneeze.
3. If the *stent* should loop out, gently push it back into place. If this is not possible, tape the loop to your face and contact your physician during clinic hours.
4. If a *Jones tube* is displaced, CALL the clinic IMMEDIATELY. *Reinsertion may be possible only during the first few hours after displacement.*
5. You may return to work or school within one week unless advised otherwise.
6. Swimming is permissible after two weeks.
7. Contact sports may be resumed after six weeks.

*Call the clinic if any of the following occur:*

- UNUSUAL REDNESS of the eye, eyelid, or incision
- INCREASED SWELLING of the lids or incisional area
- PAIN unrelieved by acetaminophen (Tylenol)

If you have further questions regarding your comfort or care, please call the Ophthalmology Clinic:  
Mon.-Fri. 8:00 a.m.-5:00 p.m.: 319/356-2215  
Weekends and Nights: 319/356-1616 and ask for the ophthalmologist on call.

Keep your scheduled appointments to ensure that you are progressing satisfactorily.

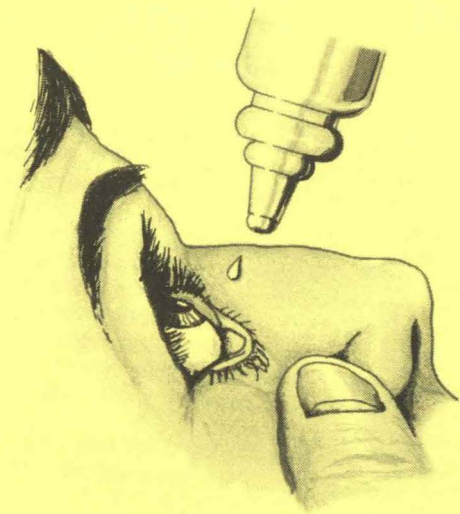


Diagram 2

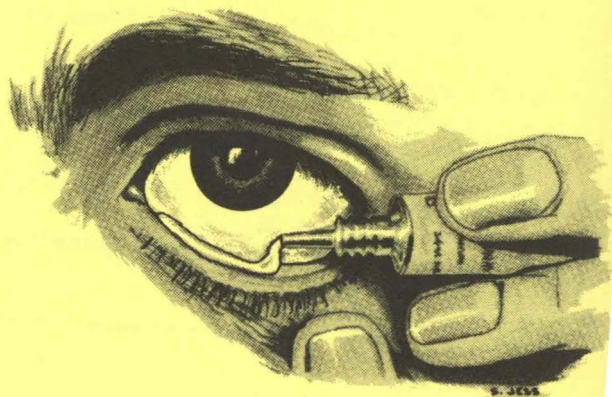


Diagram 3

## Administering Ophthalmic (Eye) Drops or Ointment

### Precautions

1. Always follow the directions on the prescription label and the instructions given to you by your physician.
2. Do not skip doses and never use the medication more often or longer than prescribed.
3. Use the medication *only* in the eye for which it is ordered.
4. Use only the eye medication that your physician has prescribed.
5. Store the medication at room temperature; refrigerate only if you have been instructed to do so.
6. *Do not* transfer the medication from one bottle to another.
7. *Never* use eyedrops that have changed color.
8. Keep the dropper or ointment tip clean. Avoid touching the tip of the dropper or tube to anything, especially the fingers or any part of the eye.
9. *Do not* share your medication with anyone.
10. Keep eye medication out of reach of children.
11. When using both eyedrops and eye ointment, administer eyedrops first.
12. When administering two or more eyedrops, wait at least two minutes between placement of eyedrops.

### Technique for Administration

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

1. Wash your hands thoroughly.
2. Remove 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.
5. Instill a drop or squeeze a small amount of ointment along the inside of the lower lid. If you are uncertain that the drop/ointment went into the pocket, repeat the drop/ointment. See diagrams 2 and 3.
6. Close the eyelids gently for one minute. *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.
7. 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.
8. Immediately replace the cap.
9. Wash your hands.



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