



Cosmetic and Reconstructive
Surgery of the Eye Region

PLASTIC EYE SURGERY ASSOCIATES, PLLC

www.plasticeyesurgery.com

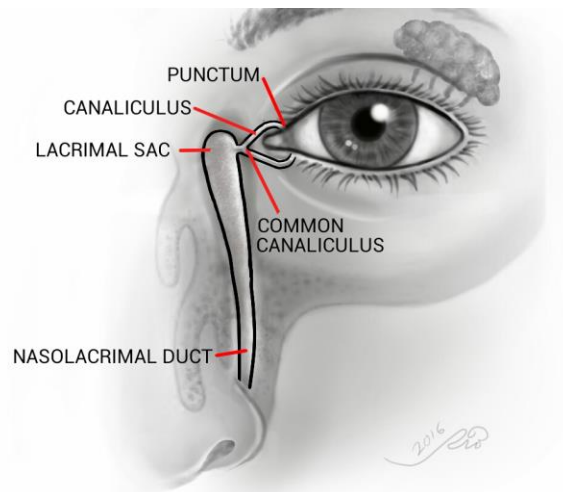
JAMES R. PATRINELY, MD, FACS
CHARLES N.S. SOPARKAR, MD, PHD, FACS

PLASTIC EYE SURGERY ASSOCIATES, PLLC
3730 KIRBY DRIVE, SUITE 900, HOUSTON, TX 77098
TELEPHONE (713) 795-0705 • FAX (713) 807-0630
TOLL: (877) 958-2020

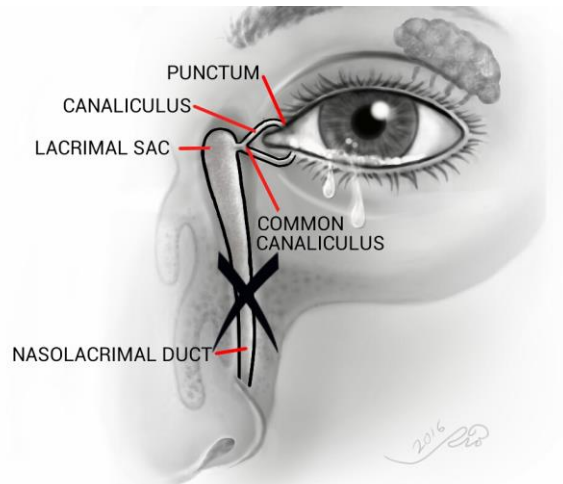
INFORMATION ABOUT TEAR DUCT BY-PASS SURGERY

ABOUT THE SURGERY:

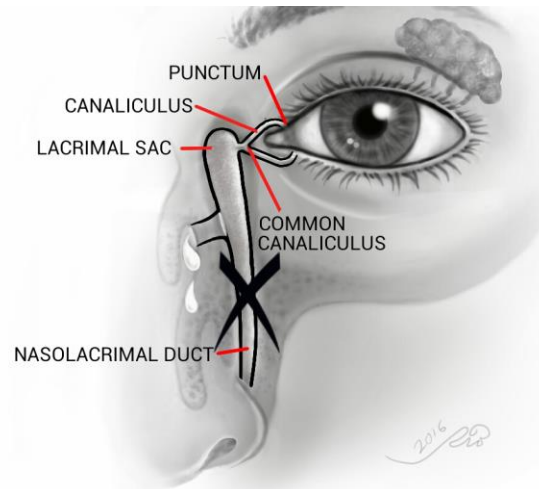
Your tears normally drain from around your eyes through small holes in your eyelids. Your tears then pass along channels called *canaliculi* into a sac (*lacrimal sac*) and finally down an internal canal (*naso lacrimal duct*) that empties into your nose.



When the *naso lacrimal 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 *naso lacrimal 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 *naso lacrimal duct*. Small plastic tubes are passed through the *canaliculi* and through the *lacrimal sac's* new opening to ensure 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:

To ensure your well-being, the hospital and anesthesiology team require a complete history and physical examination by your primary care physician within 30 days of your surgery. In most cases, we will use general anesthesia, but other options are available, if necessary.

Please refer to our extended handout on medications you should stop or start prior to the surgery. If you are on arthritis medication, ask us what you should do. If you are on a "blood thinner" for a prior stroke or by-pass surgery, consult with your primary care doctor, neurologist, or cardiologist who prescribed that medication. Unless directed otherwise, take only Tylenol for pain in the weeks before your surgery. Also, please consult with your primary doctor during your physical exam 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:

Do not eat or drink anything after midnight the night before surgery, except your allowed medications with a small sip of water. If you are taking diabetic, be sure to check with your primary physician regarding the amount of medication to take. Although we can give you a rough idea of what time your surgery will occur, our scheduler will call you the afternoon before your surgery to give you a more precise time. Please be sure you leave her a good number to reach you. Since the duration of each operation can vary, bring a book or game to pass the time.

Prior to surgery you will see two preoperative nurses, one to check you in and help you change, and the other to take your vital signs and make you comfortable. You will also be visited by an anesthesiologist and perhaps a nurse anesthetist who will review your medical condition. Remember that the anesthesiology team's primary concern is your safety and comfort.

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. This surgery typically takes 20-45 minutes, depending upon your anatomy and 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 PACU (post-anesthesia care unit) for usually 1 - 1.5 hours, but maybe longer. Relatives are generally not permitted to visit in the PACU, but when you are ready, you will be transferred to the Recovery Room area where you will be joined by any family or friends who are waiting for you.

Most patients, have very little pain, but you will be given prescriptions for pain and nausea medications if you need them as well as an antibiotic ointment and pill. When the nursing staff is confident that you are eating and drinking satisfactorily and are fully awake and comfortable, you will be discharged home.

POSTOPERATIVE CARE:

Medications: Resume your usual medications immediately after surgery except for blood thinners or aspirin preparations for which you should have received specific instruction from your primary physician and/or your surgeon. 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 2-3 days after you have not had any bleeding from your nose.

Stuffy Nose: Some people will notice a "stuffy nose" on the operated side of the nose. This may be due to the tubes we've positioned there or blood clots and normal nasal discharge. Salt water nasal spray until your tubes are removed at six weeks can be very helpful to keep you comfortable.

Bandages: If you have a dressing beneath your nose, you may remove it the morning after surgery. Please do not remove the tape over the incision 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. Sniff and spit or gently blot the trickle of blood with a tissue. Don't swallow the blood. It will make you very nauseated. **DO NOT BLOW YOUR NOSE.** Nose blowing can activate brisk bleeding. If a substantial nosebleed occurs, sit upright, put an ice pack over the bridge of your nose, pinch the end of your nostrils together, and place your chin against your chest, looking downward for 10-20 minutes. This will allow blood to clot in your nose. If you still have a little trickle of blood, you may try 3 puffs of Afrin in the operated nostril and repeat the above maneuver. 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 until the bruising is gone. Our website (www.plasticeyesurgery.com) provides instructions on how to make and use compresses.

Stitches: Very fine stitches, thinner than an eyelash, are used to close your incision. 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 then call us for further instruction at (713)795-0705. Remember, the tubes are supposed to be removed in the office at six weeks after your surgery.

Some people require the placement of a permanent Pyrex glass tube, often called a **Jones Tube**. This tube cannot loop out of your eye, but it remains a good idea not to rub the area too vigorously.

Activity: You should refrain from strenuous activity, straining, or deep bending during the first week following surgery. Avoid any activity which turns your face red with exertion. Showering may be resumed immediately. Avoid drinking very hot fluids or eating very spicy foods 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.