

## Tear duct blockage and tear duct probing

These instructions are intended for printing. The instructions contain sections to be filled in.

A child has a congenital tear duct blockage, also known as nasolacrimal duct obstruction, when a mucosal fold at the bottom of the tear duct known as the valve of Hasner has not yet opened at the time of birth.

The symptoms of tear duct blockage are discharge from the eye and redness of the eye. When pressing on the lacrimal sac, some discharge may also be secreted from the lacrimal puncta at the inner corner of the eye. The symptoms will continue until the blockage in the tear duct opens.

Newborn babies' tear duct blockages usually open by themselves during the child's first year of life but, if needed, the blockage can be surgically opened when the child is about one year old.

### Procedure

Tear duct probing is a procedure that is performed under sedation. In most cases, the tear duct will stay open after the first probing but sometimes it may be necessary to repeat the procedure.

After the procedure, eye drops should be squeezed into the child's eye four times a day for one week to prevent inflammation.

### Pain management

Paracetamol

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Anti-inflammatory painkiller

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### Contacting us

If there are any problems with recovery, please contact:

Eye Disease Outpatient Clinic 09.00–11.00, telephone 06 213 1592

Day Surgery Unit on weekdays 07.00–15.00, telephone 06 213 1552

Your own health centre or child health clinic

Telephone nursing services from 15.00–08.00 on Monday–Thursday and from 14.00–08.00 on Friday and 24 hours a day during weekends and on midweek holidays, telephone 116 117



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This instruction is intended for our patients who are in care relationship.