

## **Instructions following tear duct surgery with placement of a Bypass Tube (Lester Jones, glass tube)**

### **After discharge from the Surgery Centre**

You should have someone to accompany you home and be with you for the first night after surgery. You should not drive or operate any machinery or do anything that requires careful decision making as your vision will not be normal (especially if one eye is covered) and you will often have been given sedatives at the time of the surgery.

If your eye has a **dressing**, leave this untouched until the time you have been told to remove it (usually the next day – see below).

You may apply **ice packs** during the first 24-48 hours to help reduce swelling and bruising. Crushed ice wrapped up in a clean face cloth works well, as does a packet of frozen peas in a clean cloth. Some pharmacies provide specially shaped and moulded ice packs designed for use after eye surgery, that can be refrozen and reused.

For any **pain**, take Paracetamol (e.g. Panadol) or Panadeine (Paracetamol and codeine). Avoid aspirin. You are unlikely to need anything stronger than this. If pain is excessive and not relieved by these painkillers, contact Dr McNab.

Some **bleeding** onto the dressing is common. If it soaks through the dressing and runs onto the face, contact Dr McNab.

Some **bleeding from the nose** is normal in the first 24 hours. Do not blow your nose for the first 10 days, but dab it as necessary.

If you leave hospital on the day of surgery, remove the dressing at home the morning after surgery, and clean the wound with sterile saline or boiled water that has been allowed to cool.

The glass bypass tube will usually be secured with a single dissolving stitch in the inner corner of the eye

## **Removing the Dressing**

In some cases the dressings are removed before you leave the surgery centre. If you leave the surgery centre with a dressing, it is normally removed the following morning. When the dressing is removed, it is normal for there to be a discharge of some blood and sticky mucus on the eye and on the dressing. After washing your hands, carefully clean this off the eye using sterile saline (available from a pharmacy) or water that has been boiled and allowed to cool, and wiping gently from the inner corner to the outer using moistened cotton wool balls.

## **Applying Drops and Ointment**

Apply ointment (usually Chlorsig, an antibiotic) if provided, to the sutures 3 times a day. Drops, if prescribed, are instilled into the eye itself 3 times a day. The ointment will often seep into the eye and blur your vision a little. This is normal.

## **Swelling and Bruising**

It is normal for the area that has been operated on to be swollen and bruised. The amount of bruising and swelling varies from person to person, but usually increases over the first 2 or 3 days, and may spread down the face, and then gradually diminishes. Swelling is often worse first thing in the morning, and lessens during the day.

## **Discharge from the eye**

Some discharge from the eye is common. It should be carefully cleaned off before applying any ointment or drops. It is often greatest after a night's sleep.

## **Bleeding from the nose in the first 10 days**

Sometimes, the nose may bleed some days after surgery. If this happens, sit down or lie down sitting up and apply an ice pack to the side of the nose, compressing the nostril for at least 10 minutes. Repeat this if bleeding recurs. If it persists, contact Dr McNab, or the Royal Victorian Eye and Ear Hospital (9929 8666) and ask for the Emergency Department.

## **Removal of stitches**

If your stitches need to be removed this will generally be done at your first post-operative appointment.

## **Showering and hair washing after surgery**

It is safe to shower and wash your hair after the dressing is removed provided that you apply plenty of ointment to the wound and stitches before showering.

## **Activity after surgery**

Light exercise (e.g. walking) is fine. You should avoid heavy lifting, straining or strenuous exercise for the first week. Reading, television or using a computer is fine, but if the eye feels sore, scratchy, or irritable, take regular breaks, and use simple lubricating drops (artificial tears) as often as needed to keep the eye comfortable.

## **Care of the Bypass Tube**

The bypass tube will be just visible in the inner corner of the eye. You should be able to suck air down the tube by blocking your nose and breathing in. Avoid blowing your nose violently as this may dislodge the tube. Similarly a violent sneeze may do the same. You can help prevent the tube dislodging by firmly closing your eyes or putting a finger over the corner of the eye if you are blowing your nose or sneezing.

Each day, it is helpful to splash some water or artificial tears into the eye and suck this fluid into the nose by blocking your nose and breathing in. This helps to keep the tube from blocking up.

If the tube looks like it is partially dislodged and has moved towards the eye, try to push it back into place with your finger. If it will not return to normal position, contact Dr McNab.

If the tube comes out completely or stops working altogether, contact Dr McNab as soon as you are able as often the tube can be replaced or cleaned at the office without the need for a trip to hospital.