Frequently Asked Questions:
Blocked Tear Duct and Silicone Intubation

What is nasolacrimal duct obstruction?
Tears normally drain away from the eye through small holes on the eyelid called puncta, then through the tear duct which opens into the nose. If the passageway is narrow (stenosed) or blocked, excessive tearing may result. Irrigation of the drainage system is performed in office to determine whether the tear duct is blocked.

What are treatments for nasolacrimal duct obstruction?
The main treatments for blocked tear duct include stenting with silicone tube (usually for partial blockage) and dacryocystorhinostomy (DCR, usually for more severe blockage).

What is silicone intubation?
A very thin silicone tube is passed through the openings of the tear drain in the upper and lower eyelids, passed down the tear duct, and secured with a suture to the inside of the nostril (see Photo 1). The silicone tube is kept in place after the procedure to help open the drainage pathway. The procedure is performed in an operating room under sedation or anesthesia and usually takes less than 1 hour.
How long does the silicone tube stay in after the surgery?

The silicone tube will usually stay in place for 3-6 months and sometimes up to 9 months, depending on the degree and location of blockage. The tube will then be removed in office.
What should I do after the silicone intubation procedure?
You should use antibiotics/steroids drops and sometimes ointment as instructed by your doctor, usually tapered over 3 weeks after the procedure. You may experience some bloody discharge from your nose for a few days after the surgery. Please avoid rubbing the inner corner of your eye, forceful nose blowing, nose picking or poking at the tube. This could cause the silicone tube to come out sooner than planned, and limit the effectiveness of the procedure.

What should I do if my nose is congested after the silicone intubation?
You can use over-the-counter nasal saline (for example ENTSOL® or Ocean® Spray) as needed to relieve the nasal congestion. Afrin® may be used as well, but no longer than 3 days to prevent unwanted side effects.

What does it look like to have a silicone tube in place?
You may notice a clear plastic tube connecting at the inner corner of your eye. It is barely noticeable for most people (see Photo 2).

Why am I still tearing after I had a silicone intubation procedure?
Most patients will notice a significant improvement in tearing shortly after silicone intubation. However, a subset of patients will have continued watering until the tube is removed. For a small group of patients (approximately 10%), the tearing is actually worse when the tubing is in place. Most, but not all, patients eventually notice improvement in the excess tearing by the time the tubing has been removed.

Photo 2: Photograph of the right eye 1 week after silicone intubation. Please note the clear silicone tube at the inside corner of the right eye.
If the silicone tube comes out, what should I do?
Generally the tube will stay in place without problems. If the tube becomes dislodged, you may notice a loop of silicone tube coming out from the corner of your eye. You should tape the loop to your nose and call the doctor’s office as soon as possible. Do not pull it out or cut it.

Tape the loop of silicone tube to your nose if it comes out. Do not cut it or pull it out.

Thank you for placing your trust in our team at UW Health. If you have additional questions, please let us know or call our office at 608-263-7171.

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