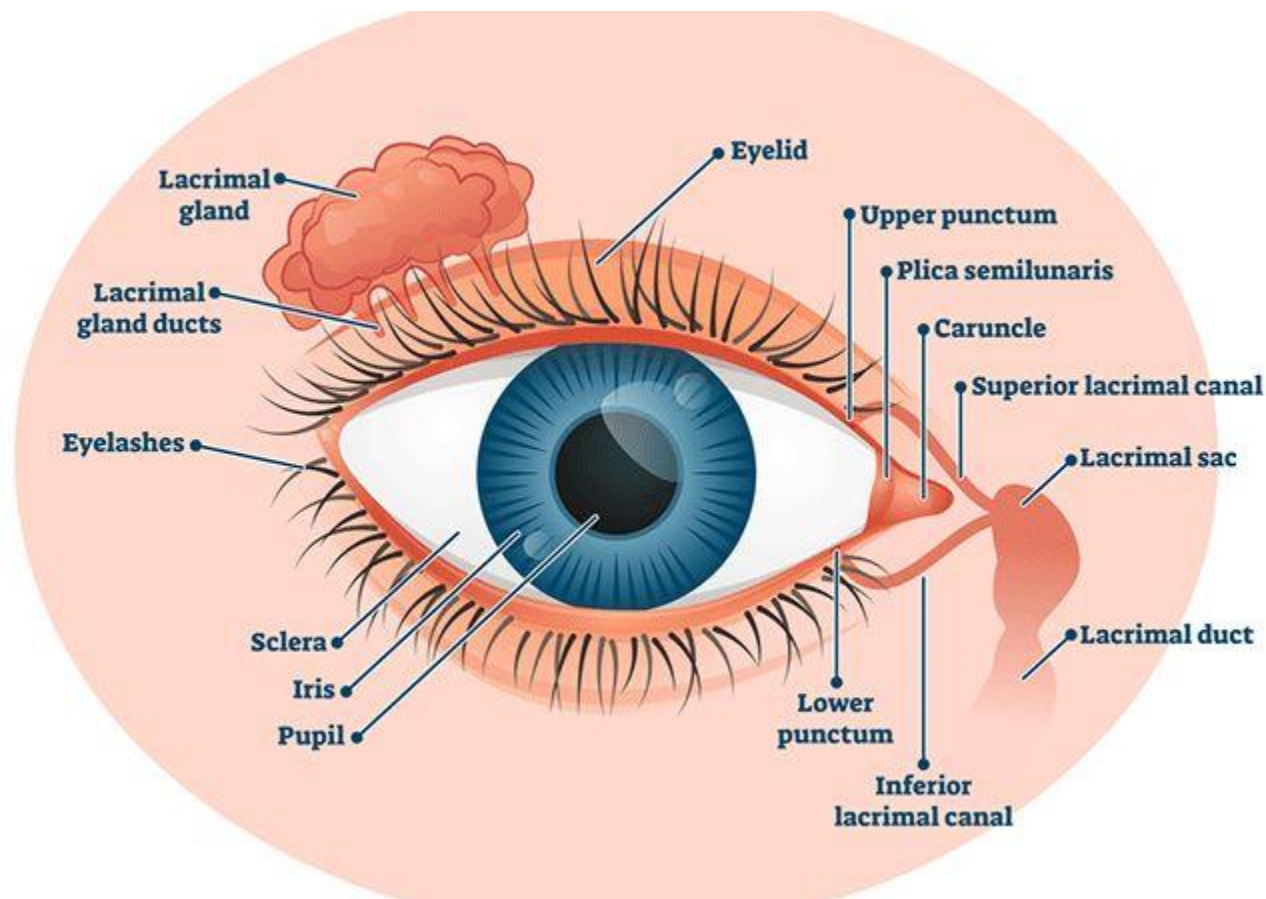




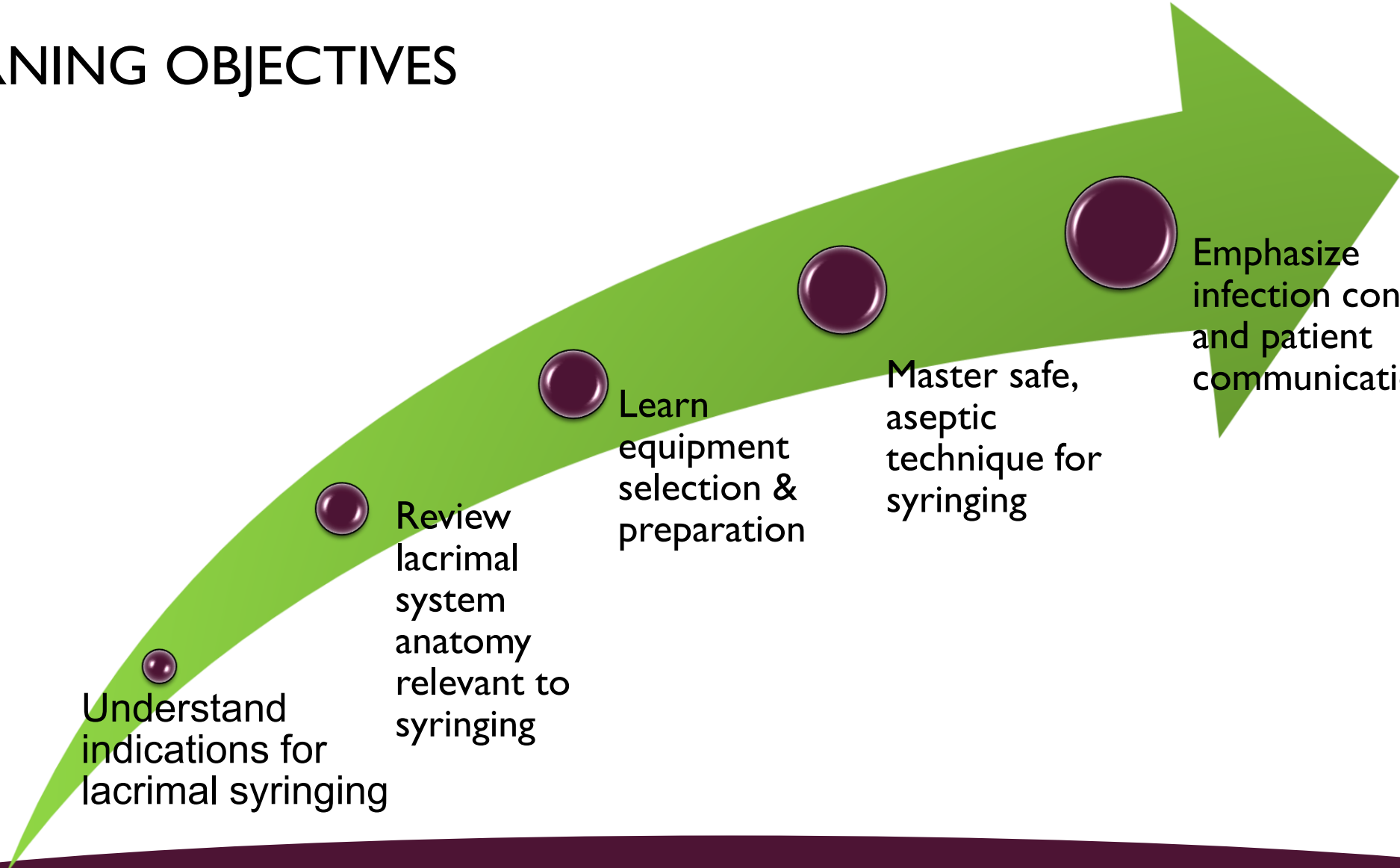
Lacrimal Syringing

LACRIMAL SYRINGING: TECHNIQUE & BEST PRACTICES

A step-by-step guide for
ophthalmic clinicians



LEARNING OBJECTIVES



Understand
indications for
lacrimal syringing

Review
lacrimal
system
anatomy
relevant to
syringing

Learn
equipment
selection &
preparation

Master safe,
aseptic
technique for
syringing

Emphasize
infection control
and patient
communication

CLINICAL INDICATIONS

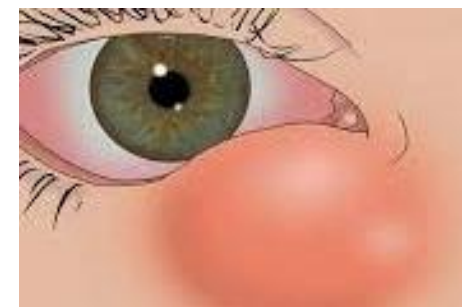
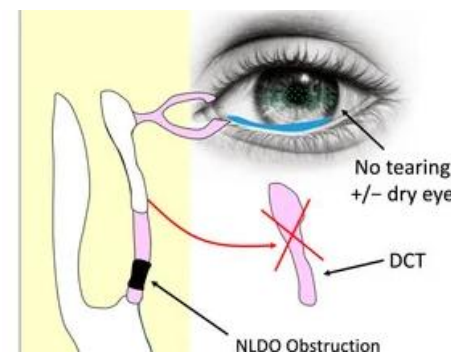
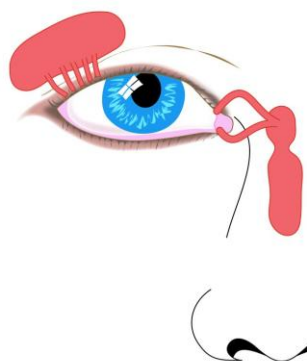
Epiphora (watering eyes) to assess patency

Pre-surgical assessment (e.g. cataract, blepharoplasty)

Post-traumatic or post-operative assessment of lacrimal drainage

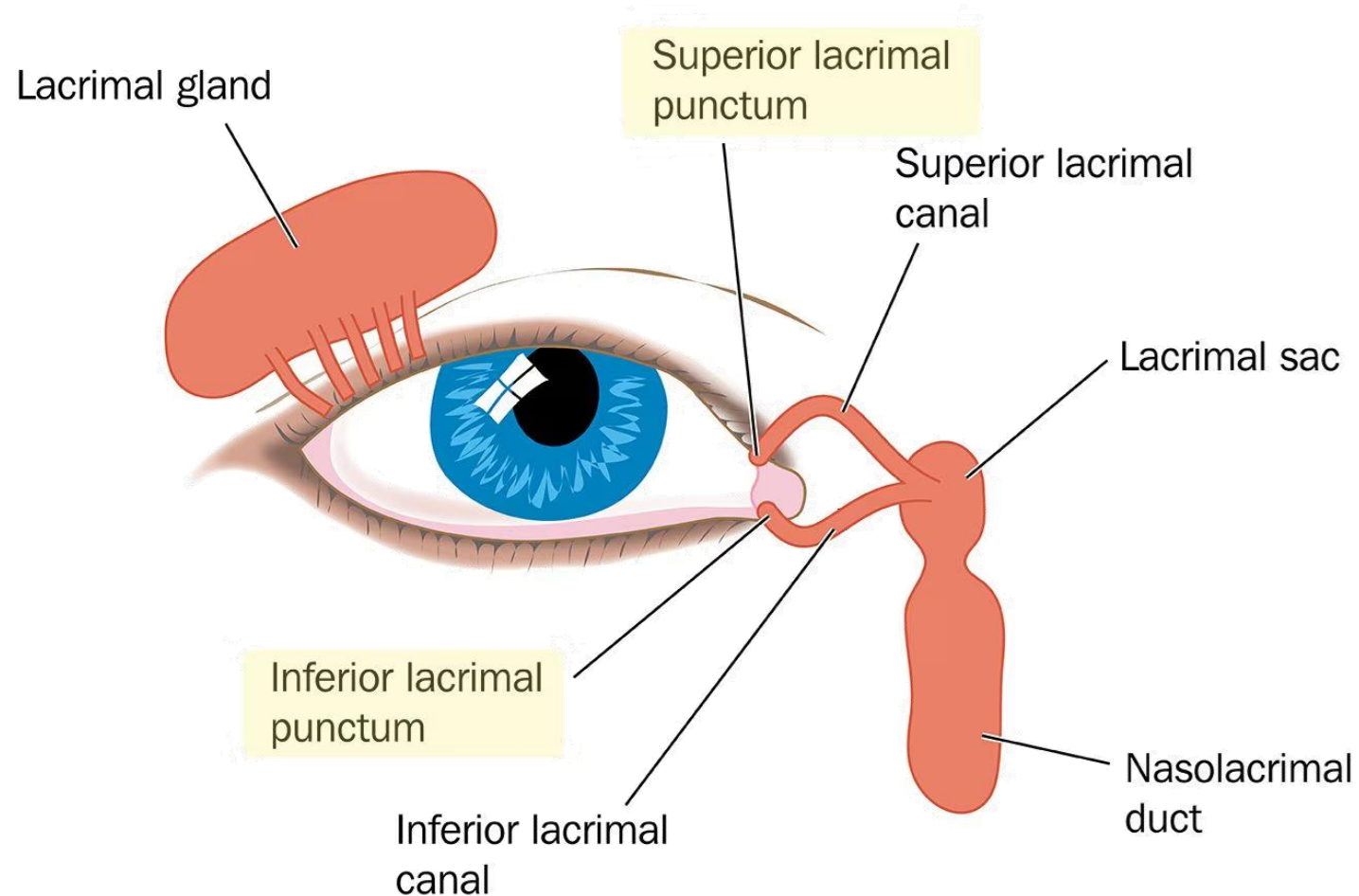
Suspected obstruction or dacryocystitis (with caution)

Contraindications: acute infection, trauma, allergy to topical agents



ANATOMY OVERVIEW

2 mm vertical
8 mm horizontal
canaliculus path



EQUIPMENT REQUIRED

The 10 Essentials

1. A torch (held by an assistant) or preferably a well-powered lamp
2. Magnification (e.g., loupes)
3. Normal saline
4. A sterile 2 ml syringe
5. A sterile Nettleship dilator
6. A sterile lacrimal cannula
7. Local anaesthetic eye drops
8. Clean cotton wool or gauze swabs
9. A towel
10. Gloves

Source: National Library of Medicine



PATIENT PREPARATION



Explain procedure to reduce anxiety

Check history: allergies, recent infections

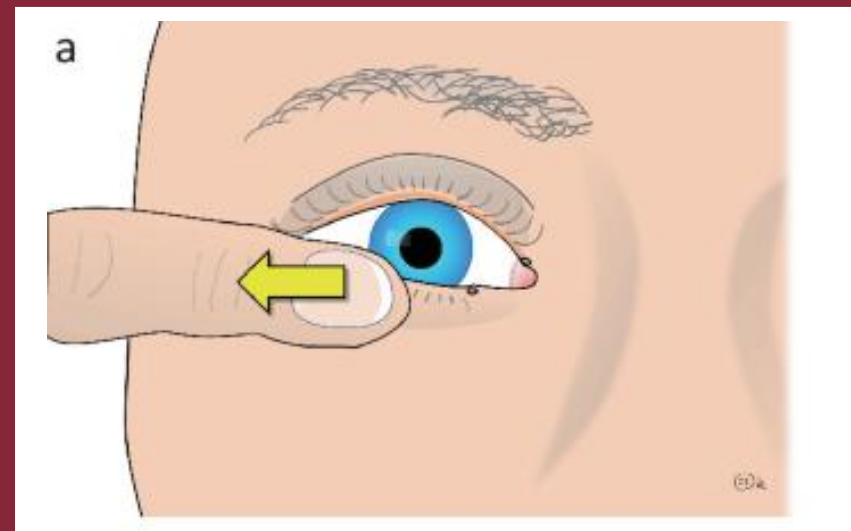
Position patient seated or reclined with head slightly tilted back

Apply topical anesthetic drop to punctum area

Perform hand hygiene & don gloves

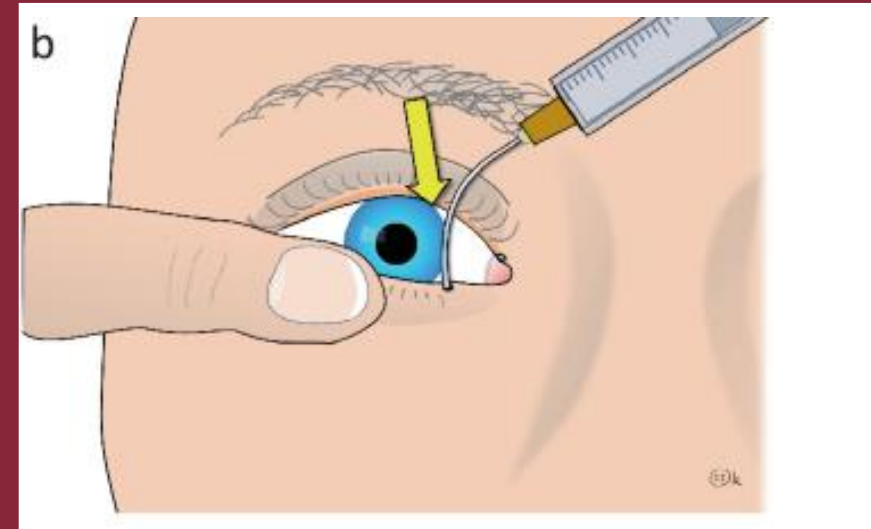
SYRINGING TECHNIQUE (STEP-BY-STEP)

- a) Retract lower eyelid to expose punctum
- b) Insert cannula vertically 2 mm into punctum
- c) Turn cannula horizontally towards nasal bridge
- d) Gently advance 6–8 mm into canaliculus
- e) Slowly instil 0.5–1 mL saline while observing for:
 - 1. Free flow into nose/throat → patent system
 - 2. Regurgitation from same or opposite punctum → obstruction or stenosis



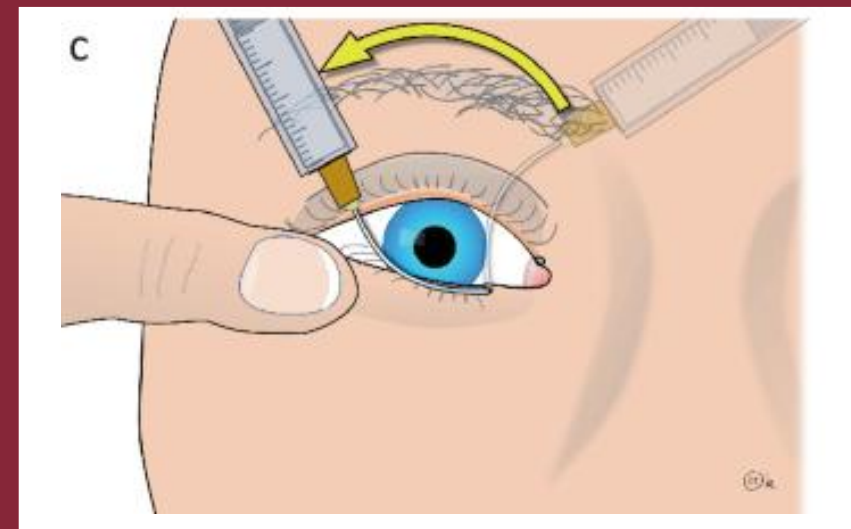
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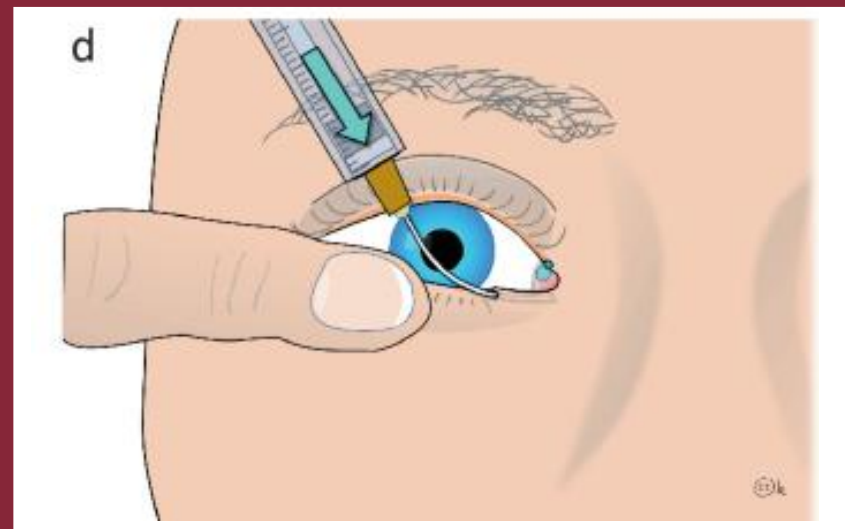
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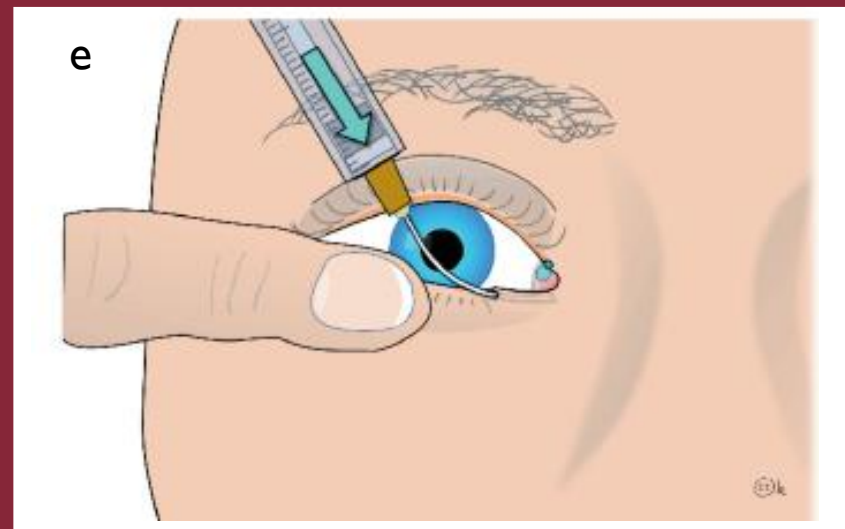
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INTERPRETATION & TROUBLESHOOTING

Free flow: system patent

Reflux through upper punctum: nasolacrimal duct obstruction

Reflux through same punctum: canalicular obstruction

No flow with pain/swelling: possible acute dacryocystitis
→ stop & refer

Make sure to document findings in patient record



COMPLICATIONS & SAFETY TIPS



Minor discomfort, epistaxis (rare)

Infection risk if non-sterile technique used

Avoid excessive pressure → risk of canalicular trauma

Always stop if patient reports sharp pain

Clean & disinfect equipment after use

SUMMARY & KEY TAKEAWAYS

Correct technique ensures accurate diagnosis of obstruction

Gentle handling preserves canalicular integrity

Clear communication with patients improves comfort and cooperation

Encourage supervised practice before independent syringing



SCAN ME



ALL RESOURCES WILL BE AVAILABLE ON LONDON OPHTHALMOLOGY NETWORK WEBSITE PLEASE SCAN QR CODE