

# Having a Lester Jones tube inserted to treat a watery eye

Department of Ophthalmology

Information for Patients

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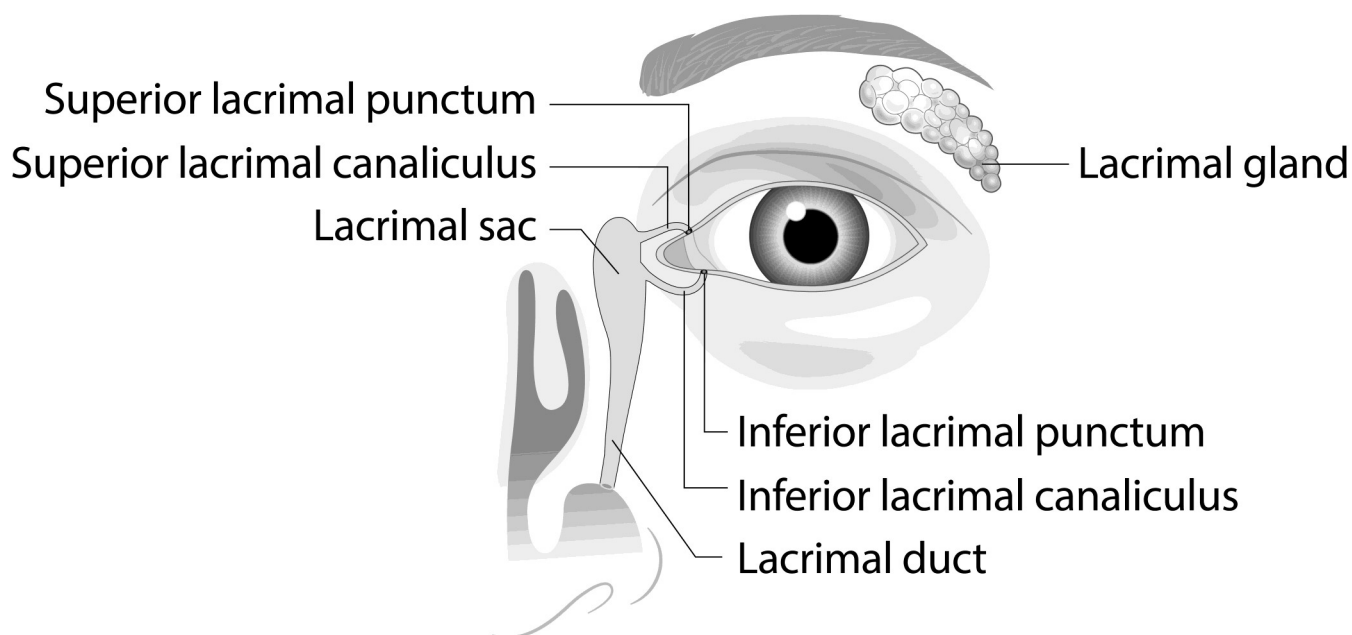
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## Introduction

Tears are produced by the lacrimal gland and pass over the surface of the eye towards the nose via two small openings, one in the upper and one in the lower eyelid. These lead into narrow horizontal passages called canaliculi which pass towards the nose where they join and enter a larger section called the lacrimal sac.

### Diagram of tear drainage system (lacrimal system):



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## What is a Lester Jones tube? (LJT)

Blockage of the tear drainage system can happen in any part of the lacrimal system. Blockage of the canaliculi from trauma, eye infections, previous scarring due to its surgery or surgery near to the area, as well as absence or loss of the canaliculi can cause a constant watery eye.

A Lester Jones tube can be inserted to stop watering of the eye caused by a blockage in the canaliculi, however people with a narrow nose may not be able to have a Lester Jones tube fitted. Different treatments are used for blockages in other parts of the tear drainage system.

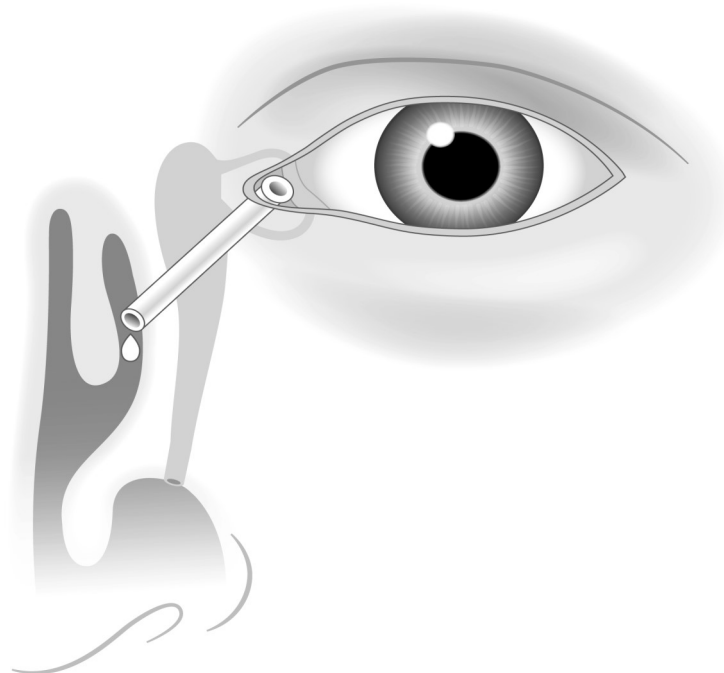
The blockage in the tear drainage system can be bypassed by the placement of a permanent strong glass (pyrex) tube known as a Lester Jones tube (LJT).

This is a rigid tube that is about 10 to 24mm in length and 3 to 5mm in diameter.

Once in place it connects the inner corner of the eye with the inside of the nose, meaning tears from the eye will now flow down the tube and into the nose. The opening of the LJT (the flange) will be just visible in the inner corner of your eyelids.

A Lester Jones tube will remain in place for the rest of your life and will need some daily maintenance to make sure it continues to work properly.

**It is a life long commitment.**



## **What type of anaesthetic will I need for surgery?**

A general anaesthetic is usually needed, although a few people may be able to have the surgery done under a local anaesthetic.

## **How long will I be in hospital?**

You will normally be able to go home the same day after having a Lester Jones tube inserted. However, depending on individual circumstances or if there are any complications, an overnight stay is sometimes needed.

## **How will I feel after surgery and what are the risks?**

You will feel some discomfort which is usually minimal and can be controlled with simple pain relief medication. A little light bleeding from the nose is usual for 24 hours. Dissolving stitches hold the tube in position while healing takes place; there may be brief mild irritation when they fall out after several weeks.

There are some risks when you have general anaesthesia, however serious complications (e.g. risk to life) are extremely rare. Risk to your eyesight due to proximity to the eye during surgery is also rare. The main risks immediately after this type of surgery are serious bleeding and infection. Such problems are rare and every possible precaution is taken to avoid them.

## **How successful are Lester Jones tubes?**

Most patients have no problems with their LJT after surgery but some patients need a second simple procedure to adjust the tube. A few patients may need multiple procedures over the years to keep the LJT working effectively.

A well-positioned LJT is very effective at draining tears. They prevent watering from the eye in 93.5% of cases (10 year study at Leicester's Hospitals).

## **Are there risks of any long-term complications?**

The chance of a tube related complication is 55% (10 year study at Leicester's Hospitals). Out of this, 75% were related to displacement of the tube and the other 25% were blocked tubes that couldn't be cleared in clinic.

Other complications seen with LJT include:

- **Obstruction of the tube** – blockage due to tissue growing over the tube or due to the tube moving out of place towards the nose. Further surgery is needed when this happens.
- **Persistent watering from the eye** – if the tube is not blocked, persistent watering may mean the tube is not in the correct position.
- **Discomfort** – occasionally irritation in the inner corner of the eye occurs, but major discomfort is not common.

## How long after the operation will I be able to return to work?

Your return to work will depend largely on how you feel and the type of work you do. Most individuals return to work after 1 week.

## Aftercare following your operation

You will have an immediate follow-up appointment within 2 weeks after surgery. You will then have regular check-ups in clinic every 6 to 12 months, where a camera examination through your nose (nasal endoscopy) and flushing of the LJT with salt water will be performed, to make sure it is in the correct position and working properly.

The LJT will need care and life long maintenance to keep it working properly. You should follow the advice below:

- During the recovery period straight after surgery, avoid heavy duties such as gardening or going to the gym.
- Always try to place a finger over the inner corner of your eye when sneezing or blowing your nose to prevent the tube from moving out of position.
- Use simple artificial tear drops in the operated eye (e.g. hypromellose eye drops, available over-the-counter in supermarkets and pharmacies). Close the opposite side nostril and sniff the drops through the tube. This daily exercise will help prevent the tube from blocking.
- Some people may be advised to rinse (douche) the nose with a solution to prevent the build up of internal mucus. You will be given instructions for this if needed.

- If the LJT comes out contact the Oculoplastic Team as soon as possible.
- You may always feel air passing through the tube which can be a cold sensation; it might be a little unsettling at first. Very rarely you may hear a sound similar to breathing.
- If the tube gets blocked by a build up of mucus due to not being looked after properly, a watery eye will persist.

## What if I don't want the LJT or cannot have the LJT?

If your watery eye is due to blockage in the first part of the tear drainage system, the only other treatment is to try and reduce tear production with injections into the tear gland every 3 months. A separate leaflet is available for this.

Not having any treatment for a persistent watery eye from blocked canaliculi is not harmful to vision and does not carry an increased risk of eye infections.

## How to contact us

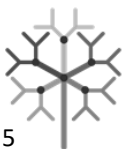
If you have any concerns before or after your procedure, for advice please call:

- Oculoplastic Specialist Nurse: 0116 204 7971  
Monday to Friday - 8am to 5pm
- Eye Casualty Department: 0116 258 6273  
Monday to Friday - 8.30am to 4.30pm  
Saturday, Sunday and Bank Holidays - 8.30am to 12.30pm

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