**STANDARD OPERATING PROCEDURE**

**EPIPHORA**

**1.HISTORY :**

* Following points pertaining to the presenting complaints will be obtained :
* Duration since watering
* Pain,redness,foreign body sensation
* H/O trauma
* H/O Blurring of vision

 **2. EXAMINATION :**

* VISUAL ACUITY
* SLIT LAMP EXAMINATION : Diffuse illumination would be used to rule out any cause of reflex lacrimation in the :
* Puncta- Eversion of lower punctum, Punctal stenosis
* Lacrimal sac area
* Lids –Ectropion, Entropion,Trichiasis
* Conjunctiva
* Cornea
* Sclera
* Anterior Chamber
* Iris
* Lens

**3.REGURGITATION TEST :**

* Would be performed in all the patients
* Steady pressure with index finger is applied over the lacrimal sac area above the medial palpebral ligament
* Reflux of mucopurulent discharge indicates chronic dacryocystitis

**4. LACRIMAL SYRINGING TEST :**

* Would be done after instillition of topical 4% xylocaine
* Free passage of saline into the nose rules out any mechanical obstruction
* Passage of saline with considerable force indicates partial obstruction
* In the presence of obstruction , either the fluid regurgitates through the same punctum ( indicating obstruction in the same punctum) or through the upper punctum ( indicating obstruction in NLD, lacrimal sac or the common canaliculus )

**5.JONES DYE TEST :**

* To distinguish functional disorders of the lacrimal passages from organic blockage
* **TEST 1 :**
* Drop of fluorescein is instilled in the conjunctival sac
* Flow of the dye into nose is detected by the anaesthetic soaked cotton bud in the inferior meatus
* If fluorescein is seen on the bud,passages are patent and the test is positive
* **TEST 2 :**
* Syringing is done
* If fluorescein is detected in nose,then test is positive
* Epiphora is then due to a functional problem

**6.MANAGEMENT :**

**A.CONSERVATIVE TREATMENT :**

* Repeated lacrimal syringing will be done in partial obstruction
* Congenital Naso Lacrimal Duct Obstruction : Conservative treatment with antibiotics and massage of the sac may relieve the block

**B.SURGICAL TREATMENT:**

1. **DACRYOCYSTORHINOSTOMY**
2. **DARYOCYSTECTOMY :**
* Would be performed only when DCR is contraindicated