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A Technique for Removal of Nasal Silastic Tubing After Lacrimal Surgery

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To the Editor

Intubation of the upper and lower Lacrimal puncta and canaliculi and lacrimal sac is common after dacryocystorhinostomy. The Silastic tubing is usually tied together in the nasal cavity after this procedure.

The removal of Silastic tubing, at times, is difficult, especially if the Silastic tubing has migrated to the posterior nasal cavity. This is especially a problem if the surgeon does not have suction available and if the tubes are not tied to the nares. In these complicated cases, I place patients in a sitting position and then squirt eye irrigation solution into the superior posterior nasal cavity on the side of the Silastic tubing, warning the patient that they might taste this fluid. The patient is instructed not to inhale through the nostrils, just to breathe through the mouth. The patient compresses the side of the nose opposite to the side of the Silastic tubing and is told to blow the solution forcibly out of the Silastic side into tissue paper (Fig. 1). This maneuver usually will bring the Silastic tubing anteriorly and allow it to be grasped with a hemostat or nasal forceps while the nasal cavity is kept open with a nasal speculum. The tube between the upper and lower puncta is severed, and then the Silastic tubing is withdrawn from the nose.

If the tubing does not travel anteriorly enough to be seen, the technique is repeated. At times, application of 4% cocaine on a cotton tip applicator placed for several minutes into the posterior superior nasal cavity can enhance the success of this procedure.

I have used this technique on several hundred patients with success in all but 2 patients. Those unsuccessful patients were taken to a facility where suction was used to draw the tubes anteriorly.

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Fig. 1.
Patient compressing right nasal cavity and blowing eye irrigation solution out of left nasal cavity to bring Silastic tubing anteriorly.