Lacrimal bypass tube

(Lester Jones tube)

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Qu: What is a Lester Jones tube?

Made of pyrex glass, this tube measures about 1 cm long by 3.5 - 4mm wide and is used as a simple conduit between the tear film in the inner corner of the eye and the nasal space.

Although requiring yearly cleaning in clinic, and periodic repositioning in many individuals, a Lester Jones tube (LJT) can be highly effective where other lacrimal interventions have failed. An LJT is typically inserted *after* a DCR – although rarely the two procedures are combined.

Qu: When is a Lester Jones tube used?

In patients in whom previous lacrimal drainage surgeries (DCR) have not been successful (this more likely in those with prior canalicular disease), a LJT can be placed to reduce watering from the eye.

Qu: How is this tube inserted?

Since a DCR will already have been performed, a LJT can be placed under a brief general anaesthetic by creating a track between the inner corner of the eyelids and the nasal passage, and passing the tube over a guide wire to lie in this track. Since a DCR will already have been performed, no further bone or soft tissue removal is required, and no visible skin incisions are necessary.

For a LJT to reduce watering, the orientation of the tube, and selection of the optimum length, are essential. Some authors have advocated fixing the tube and/or not performing a prior DCR, but the tube should be able to move freely with blinking and this approach is not advocated.

Occasionally, where there is significant nasal congestion, there may be insufficient nasal space to place a tube. A decongestant spray, such as Flixonase, may be required to improve the nasal space before a tube can be placed.

Qu: How long is the procedure and when can I return to work?

The procedure itself takes between 20 – 40 minutes, and patients generally return home the same day. Administrative work can be recommenced within a day or two, with full return to work a day later.

Qu: What maintenance is required?

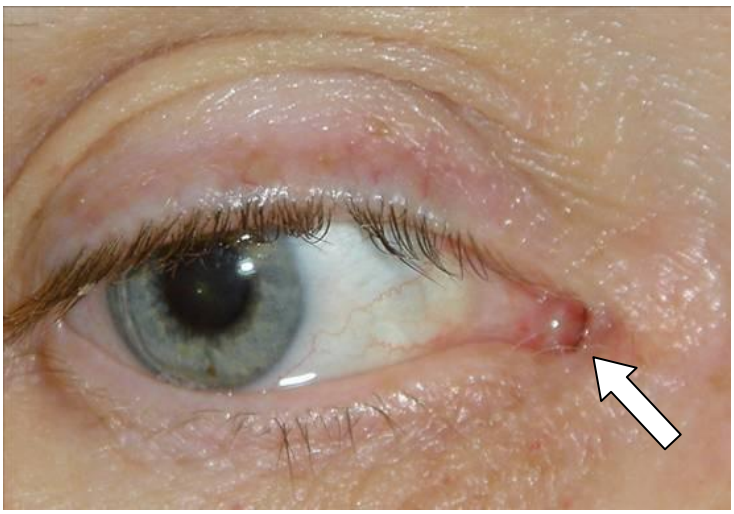
Regular 'sniffing' of saline drops through the tube – several times daily – helps to keep it clear of mucus and debris. When sneezing, a finger should be placed over the end of the tube to reduce the chance of it becoming displaced.

Qu: How often will I need to come to clinic?

Although not fixed, with placement of the first tube, a fine suture is placed around the tube neck and removed in clinic after a week or two. With any subsequent tube placement, clinic review is necessary 6 weeks after surgery. Thereafter, review is necessary every 8 – 9 months. At these visits, the tube will be cleaned, and periodically it will be removed in clinic to allow more thorough removal of debris and calcium plaque.

Qu: What happens if the tube falls out?

If the tube does fall out at any time, it is perfectly safe to attempt to replace it into the fine track into the nose. Otherwise it should be brought without delay to an A + E department (with ophthalmic facilities) for it to be replaced. If this cannot be achieved as an outpatient, then a new tube will need to be inserted routinely under general anaesthetic.



Glass drainage tube in position (arrow)