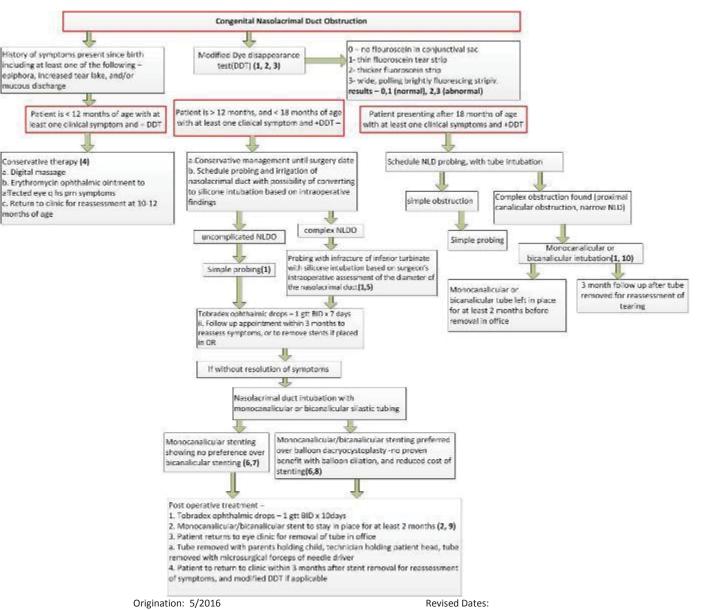


CE #: 806



This clinical guideline is a collaborative care plan and is not intended to construed or to serve as a standard of medical care. Rather, it is intended as a guideline to promote coordination and communication with respect to patient care and may be modified to meet individual care needs. For additional information please contact the Department of Clinical Effectiveness & Quality at 412/692-7645. ©Children's Hospital of Pittsburgh of UPMC, 2014



References

 Katowitz JA, Welsh MG. Timing of initial probing and irrigation in congenital nasolacrimal duct obstruction. Ophthalmology 1987; 94: 698-705.

 Kominek, P, et al. Does the Length of Intubation Affect the Success of Treatment for Congenital Nasolacrimal Duct Obstruction? Ophthal Plast Reconstr Surg 2010; 26 (2): 103-105.

 MacEwen CJ, Young JD. The flouroscein disappearance test (FDT): An evaluation of its use in infants. J Pediatr Ophthalmol Strabismus 1991; 28: 302-5.

4. Nelson LR, Calhoun JH, Menduk H. Medical Management of Congenital Nasolacrimal Duct Obstruction. *Ophthalmology* 1985 Sept 92 (9) 1187-90.

 Attarzadeh Ab., et al. Inferior turbinate fracture and congenital nasolacrimal duct obstruction. European Journal of Ophthalmology 2006 16(4) 520-524.

6. Goldstein s, et al. Comparison of Monocanalicular Stenting and Balloon Dacryoplasty in Secondary Treatment of Congenital Nasolacrimal Duct Obstruction After Failed Primary Probing. Ophthalmic Plastic and Reconstructive Surgery 2004 20(50) 352-357.

7. Fayet, B, et al. Bicanalicular versus monocanalicular silicone intubation for nasolacrimal duct impotency in children. Orbit 1993; 12 (3): 149-156.

 Pediatric Eye Disease Investigator Group. Balloon Catheter Dilation and Nasolacrimal Duct Intubation for Treatment of Nasolacrimal Duct Obstruction After Failed Probing. Arch Ophthalmol. 2009; 127 (5): 633-639.

 Welsh MG, Katowitz JA. Timing of Silastic Tubing Removal After Intubation for Congenital Nasolacrimal Duct Obstruction. Ophthalmic Plastic and Reconstructive Surgery 1989; 5 (1): 43-48.

 Kushner, B. The Management of Nasolacrimal Duct Obstruction in Children Between 18 Months and 4 Years Old. JAAPOS 1998; 2: 57-60)

11. Chen, Po-liang, Hsiao, Chih-Hsien. Balloon Dacryocystoplasty as the Primary Treatment in Older Children with Congenital Nasolacrimal Duct Obstruction. JAAPOS 2005; 9:546-549.

 Pediatric Eye Disease Investigator Group. Primary treatment of nasolacrimal duct obstruction with balloon catheter dilation in children younger than 4 years of age. JAAPOS 2008 12 (5) 445-450.

 Pediatric Eye Disease Investigator Group. Primary treatment of nasolacrimal duct obstruction with nasolacrimal duct intubation in children younger than 4 years of age. JAAPOS 2008; 12(5) 445-450.

14. Kassif Y, et al. The course of epiphora after failure of silicone intubation for congenital nasolacrimal duct obstruction. Graefe's Arch Clin Exp Ophthalmol 2005; 243: 758-

CE #: 806

Origination: 5/2016

Revised Dates:

This clinical guideline is a collaborative care plan and is not intended to construed or to serve as a standard of medical care. Rather, it is intended as a guideline to promote coordination and communication with respect to patient care and may be modified to meet individual care needs. For additional information please contact the Department of Clinical Effectiveness & Quality at 412/692-7645. ©Children's Hospital of Pittsburgh of UPMC, 2014