

Ophthalmology department

Drainage operation (lacrimal bypass) using a Lester Jones tube

Information for patients, relatives and carers

Introduction

This leaflet has been designed to give you information about Lester Jones tube and answer some of the questions that you or those who care for you may have. It is not meant to replace the discussion between you and your medical team but aims to help you understand more about what is discussed. If you have any questions about the information below, please contact us.

What is a Lester Jones tube?

A Lester Jones tube is made from highly polished pyrex. The tube measures about 1cm long by 3.5 to 4mm wide. It is used as a channel between the tear film in the inner corner of the eye and the nasal space.

This is an effective treatment for patients who have had treatments for their eye drainage condition, which for one reason or another have not worked.

After the tube is fitted patients will need a yearly review at the clinic and sometimes to have the Lester Jones tube re-positioned.

When is a Lester Jones tube used?

A Lester Jones tube is typically used in patients who have had lacrimal drainage operations (DCR) that were not successful. This is more likely in those patients who have already had a disease of the tear ducts called canalicular disease.

How we insert the tube

The Lester Jones tube can be placed while you are asleep under a general anaesthetic, or awake, using a local anaesthetic injection to freeze the corner of the eye.

A track is created between the inner corner of the eyelids and the nasal passage. The tube is passed over a guide wire to ensure it lies within this track.



An endoscope is used to look up the nose during this procedure. All instruments are placed inside the nose so that no visible skin incisions are necessary.

Occasionally, there is not enough space inside the nose to place a tube. This is due to the cartilage in the middle of the nose being over to one side (septal deviation) and therefore, the cartilage may need to be moved to the middle before the tube is fitted (septoplasty).

How does the procedure take?

The procedure takes between 30 to 45 minutes. Patients are usually able to go home on the same day.

When you can return to work

Administrative work can be started again within a day or two, with a full return to work within a week. However, if your work is more strenuous it is wise to take a few more days off to ensure you have fully recovered.

Blood thinners

The decision on when to stop the blood thinners will be discussed when you require surgery.

This discussion might require the input from the doctor looking after your blood thinners, like your GP or haematologist. Further instructions will be provided by the eye doctor the exact time that is required to stop the medication.

Please also avoid the following for up to two weeks before your operation as these ingredients can thin the blood:

- ginger
- garlic
- ginseng
- ginkgo biloba
- turmeric
- green tea

Care after the operation

You will need to sniff saline or tear supplement drops through the tube several times a day. This action will help to keep the tube clear of mucus and debris. If you feel the need to sneeze, please place two fingers over the tube in the inner corner of the eyelids to minimise the chance of it becoming displaced.

Clinic follow-ups

A fine stitch (suture) is usually placed around the neck of the tube and removed in the clinic

after a week or two.

Follow up reviews in the clinic take place every 12 months to check the tube is clean and has not moved into the wrong position.

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. You will be shown how to do this.

If you cannot do this, you must go to an emergency department that has ophthalmic facilities for it to be replaced. If this cannot be done, a new tube will need to be inserted as before, under local or general anaesthetic.

Who you can contact for more information

If you have questions before your appointment, please contact the pre-assessment nurse on **020 3312 9729/ 9730** at Western Eye Hospital or **020 3311 0137** at Charing Cross Hospital between 09.00 and 17.00, Monday to Friday.

If your eye becomes red or painful, or your vision gets worse, please contact:

Western Eye Hospital emergency department:
020 3312 3245

Western Eye Hospital eye clinic:
020 3312 3236

Alex Cross ward at the Western Eye Hospital:
020 3312 3227

Charing Cross Hospital eye clinic:
020 3311 0137 or 020 3311 1126

Charing Cross Hospital –Riverside Daycare unit:
020 3311 1460

If you have not received a post-surgery appointment, please contact **020 3312 3275 option 2**

How do I make a comment about my visit?

We aim to provide the best possible service and staff will be happy to answer any of the questions you may have. If you have any **suggestions** or **comments** about your visit, please either speak to a member of staff or contact the patient advice and liaison service (**PALS**) on **020 3313 0088** (Charing Cross, Hammersmith and Queen Charlotte's & Chelsea hospitals), or **020 3312 7777** (St Mary's and Western Eye hospitals). You can also email PALS at

imperial.pals@nhs.net The PALS team will listen to your concerns, suggestions or queries and is often able to help solve problems on your behalf.
Alternatively, you may wish to complain by contacting our complaints department:

Complaints department, fourth floor, Salton House, St Mary's Hospital, Praed Street
London W2 1NY
Email: ICHC-tr.Complaints@nhs.net
Telephone: **020 3312 1337 / 1349**

Alternative formats

This leaflet can be provided on request in large print or easy read, as a sound recording, in Braille or in alternative languages. Please email the communications team:
imperial.communications@nhs.net

Wi-fi

Wi-fi is available at our Trust. For more information visit our website: www.imperial.nhs.uk

Department of ophthalmology
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