BLUE FIN VISION®

PATIENT INFORMATION

Three-Snip Punctoplasty

Surgery to enlarge a narrowed tear drainage opening

To achieve the immeasurable, you must measure everything.

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> **How to use this leaflet**
>
> This leaflet is written to be read before your appointment, so that you arrive already familiar with the several possible causes of a watering eye, and why establishing which one applies to you matters more than the operation itself.
>
> It forms part of your informed consent alongside the assessment and discussion you will have with your consultant surgeon and the consent form you sign.

About This Leaflet

Three-snip punctoplasty is a small eyelid procedure used to enlarge a narrowed punctum, the tiny opening through which tears normally drain from the eye into the tear drainage system.

It is used when punctal stenosis contributes to persistent watering.

> **The decision that matters**
> Watering has many possible causes. The crucial question is therefore not simply whether the punctum looks small, but whether narrowing at that point is genuinely responsible for your symptoms. Opening the punctum will not cure watering that is coming from somewhere else, and a technically successful operation on the wrong cause leaves the patient exactly as wet as before.

Your named Blue Fin Vision® consultant ophthalmic surgeon establishes the cause, discusses whether surgery is appropriate, obtains your consent and remains responsible for your care. The General Medical Council requires that the person performing your treatment is the person who obtains your consent.[1]

Why Is My Eye Watering?

Tears are produced continuously and spread across the eye with every blink. They normally drain through tiny openings called puncta near the inner corner of the upper and lower eyelids, then pass through the canaliculi and the lacrimal sac and ultimately into the nose.

Watering can result from any of the following, or from a combination of them.

- Excessive tear production, from dry eye or irritation of the ocular surface. This is a common and frequently missed cause: a dry eye can water.
- Malposition of the eyelid, so that the punctum is not in contact with the tear film.
- Poor or incomplete blinking.
- Narrowing of the punctum itself.
- Obstruction further down the tear drainage system.

Each of these has a different treatment, and only one of them is addressed by punctoplasty.

What Is Punctal Stenosis?

Punctal stenosis means that the normal tear drainage opening has become abnormally narrow. It can occur with age, chronic inflammation, eyelid disease, previous infection, certain medications, or scarring.[2]

When the opening is sufficiently narrow, tears cannot enter the drainage system efficiently and overflow onto the cheek.

Do I Need Treatment?

Treatment is considered when all of the following apply.

- Watering is persistent and troublesome to you.
- Examination confirms significant narrowing of the punctum.
- The eyelid position is suitable.
- Your consultant believes punctal stenosis is an important contributor to your symptoms.

> **If the main cause is elsewhere**
> If the principal cause is dry eye, eyelid malposition or obstruction further down the drainage system, punctoplasty alone is unlikely to help, and we will say so rather than proceeding with a small operation that will not solve your problem. An assessment that ends in a recommendation not to operate is a successful assessment.

Your Alternatives

Observation

Reasonable if symptoms are mild. Watering that is intermittent, or troublesome only in cold or windy conditions, may not justify surgery.

Treating the ocular surface

Treatment of dry eye, blepharitis or eyelid inflammation can reduce reflex tearing, and is often the first step. Where this is the main driver, it can resolve the problem entirely.

Other tear drainage procedures

Where obstruction lies beyond the punctum, in the canaliculus or the lacrimal sac, a different and larger operation is required. Punctoplasty will not address it.

What Three-Snip Punctoplasty Does

The punctum is gently dilated. Three small cuts are then made in the tissue immediately surrounding the narrowed opening, creating a wider entrance to the drainage system while preserving the deeper tear drainage pathway.[3]

No skin incision is normally required, and there is normally no visible external scar.

The objective is to improve the access of tears into the existing drainage system. It does not create a new drainage route, and it does not alter anything below the punctum.

Your Assessment

Your consultant assesses the following.

- The position and size of the punctum.
- Eyelid position and laxity.
- The ocular surface, and whether dry eye is causing reflex tearing.
- Whether the drainage pathway appears patent beyond the punctum.
- Whether one or both eyes are affected.

Where necessary, further assessment of the tear drainage system may be recommended before surgery, so that an obstruction further down is not missed.

On The Day

The procedure is normally performed under local anaesthetic as a short outpatient procedure. You go home the same day.

- The eyelid is numbed.
- The punctum is dilated.
- Three small snips enlarge the narrowed opening.
- The drainage opening is checked, and the system may be irrigated to confirm it is patent.

Arrange your journey home. Please tell us in advance about anticoagulant or antiplatelet medication.

After Your Surgery

Mild irritation, watering, redness and a small amount of blood-stained tearing can occur initially. Use any postoperative medication exactly as instructed, and do not rub the inner corner of the eyelid.

Your recovery

Recovery is generally quick and most patients are comfortable within a few days. There are no significant restrictions on normal activity, although you should avoid swimming until the eyelid is comfortable and any drops have been completed.

> **Judge the result later, not immediately**
> Watering can be temporarily worse in the first days because of swelling at the operated site. The benefit should be judged once postoperative swelling has settled, usually after several weeks, rather than in the first week.

How Well Does It Work?

Three-snip punctoplasty can substantially improve watering where punctal stenosis is genuinely responsible, and it is a well established procedure for that indication.[3]

It cannot guarantee a completely dry eye, because tear overflow often has more than one cause and the others are unaffected by this operation.

> **An open punctum is not the same as a working system**
>
> A technically successful punctoplasty proves that the entrance is open. It does not prove that the rest of the drainage system works, and if watering persists the next question is what else is contributing rather than whether the snips were adequate.

Risks and Side Effects

This is minor surgery with a good safety record, but it is not risk free.

- Bleeding, discomfort and inflammation, which are usually brief.
- Infection, which is uncommon.
- Scarring, and re-narrowing of the punctum over time, which is the most common reason for the benefit to fade.
- An opening that becomes larger than intended, which can occasionally cause its own symptoms.
- Persistent watering, and the need for further treatment.

If The Watering Continues

If watering persists after surgery, that is information rather than failure. Your consultant will reassess whether the punctum has remained open, whether the drainage system beyond it is patent, and whether dry eye, eyelid position or blink quality are contributing.

Depending on the findings, the next step may be treatment of the ocular surface, correction of eyelid position, a further tear drainage procedure, or acceptance that some watering will remain. Having a punctoplasty does not prevent any of these options.

Warning Signs

Contact Blue Fin Vision® promptly if you develop any of the following.

- Severe or increasing pain, rather than settling discomfort.
- Rapidly worsening swelling or redness at the inner corner of the eyelid.
- Discharge from the eye, or persistent bleeding.
- A significant deterioration in vision.

Mild irritation and watering are expected in the first days and should be settling rather than worsening. Swelling and redness that spread towards the nose or the cheek can indicate infection of the tear sac and should be assessed the same day.

Costs

Where treatment is medically indicated, private medical insurance commonly provides cover subject to your policy terms and prior authorisation.

Item	Fee
Consultation and diagnostic assessment	£325
Three-snip punctoplasty	See current published price

Current pricing is maintained online and may change, so please refer to **our published price list**. You will receive a written quotation before proceeding, confirming whether one or both eyes are included.

Questions Worth Asking

You are entitled to clear answers to these questions, from us or from any provider you are considering.

- Why is my eye watering, and how confident are you of the cause?
- Have you checked whether dry eye or my eyelid position is contributing?
- Is the rest of my tear drainage system open?
- How much improvement can I realistically expect?
- Could the opening narrow again, and what happens if it does?
- What happens if I still water afterwards?

> **Taking your time**
> Watering is troublesome but rarely urgent. There is time to establish the cause properly before deciding on surgery, and that sequence matters more here than in almost any other minor eyelid procedure. Blue Fin Vision® does not use time-limited pricing or pressure of any kind.

Where We Operate

Blue Fin Vision® works across the sites below. Governance, protocols and treatment pathways do not vary by postcode. Availability of minor eyelid surgery varies by site, and we will confirm where your procedure is performed when your appointment is arranged.

Site	Address
The Harley Street Eye Centre	22A Harley Street, London W1G 9BP
Weymouth Street Hospital	42-46 Weymouth Street, London W1G 6NP
Phoenix Hospital Chelmsford	Essex Healthcare Park, West Hanningfield Road, Chelmsford CM2 8HN
One Hatfield Hospital	3 Hatfield Avenue, Hatfield, Hertfordshire AL10 9UA
Chase Lodge Hospital	Page Street, Mill Hill, London NW7 2ED
London Eye Diagnostic Centre	25 Harley Street, London W1G 9QW. Insured patients
Abbey Wood Hospital	The Cottage, Bostall Hill, Abbey Wood, London SE2 0GD. Blue Fin Vision® services starting soon

Further information about our structure of care is published at **bluefinvision.com/advantage**.

Your Surgical Team

Blue Fin Vision® is a consultant-led practice. Your assessment and your treatment are performed by a named Blue Fin Vision® consultant ophthalmic surgeon, who confirms the diagnosis, discusses whether treatment is appropriate, obtains your consent and remains responsible for your care. This document is authored and clinically governed by our Medical Director.

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Mr Mfazo Hove is a Consultant Ophthalmic Surgeon with experience spanning more than 57 000 procedures. He completed 6.5 years of specialist training at Moorfields Eye Hospital and served as a consultant at the Western Eye Hospital, Imperial College Healthcare NHS Trust, from 2017 to 2022. He has published six consecutive years of outcome data through the National Ophthalmology Database, with a posterior capsule rupture rate in cataract and lens surgery of approximately 0.2 per cent.

Document control

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References

References are numbered in the order in which they first appear in the text. Full author lists are given throughout.

1. General Medical Council. Decision making and consent. Manchester: General Medical Council; 2020.
2. Soiberman U, Kakizaki H, Selva D, Leibovitch I. Punctal stenosis: definition, diagnosis, and treatment. Clinical Ophthalmology. 2012;6:1011-1018.
3. Caesar RH, McNab AA. A brief history of punctoplasty: the three-snip revisited. Eye. 2005;19(1):16-18.

Contact Blue Fin Vision®

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