PROBING of the LACRIMAL CANALICULI **CPT Code** 68840 **Operative Report Patient Name** Date CLINICAL INDICATIONS Chief Complaint Identification and/or follow-up of the following: **DIAGNOSIS CODE PROCEDURE** ☐ Epiphora ☐ Right Eye ☐ Disorders of the conjunctiva □ Left Eye ☐ Stenosis of the lacrimal passages ☐ Inflammation of the lacrimal passages NON-INVASIVE TESTING for EPIPHORA **NON-OBSTRUCTIVE CAUSES for EPIPHORA** Jones Dye Test Dye Disappearance **Eyelid Malposition Excluded Diseases** Left Eye Right Eye Right Eye Left Eye Right Eye Left Eye ☐ Blepharitis ☐ Positive ☐ Normal Yes □ Ocular Allergy □ Negative □ □ Abnormal □ No  $\Box$ ☐ Dry Eye Syndrome **TECHNIQUE** The patient was brought into the examination room and placed in an upright position behind the biomicroscope. One drop of proparacaine 0.5% ophthalmic solution was placed onto the surface of the eye followed by one drop of topical antibiotic solution. The lower punctum was examined microscopically. A lacrimal probe was inserted into the punctum and the orifice was gradually dilated using probes of increasing size. ☐ Irrigation - A lacrimal cannula was attached to a syring filled with sterile saline solution. The cannula was inserted vertically into the puntum to a depth of 2 mm, then rotated horizontally towards the nose. The saline was discharged into the canaliculus and the cannula was withdrawn from the punctum. ☐ **Probing** - A malleable wire probe was passed through the punctum and into the canaliculus until the medial wall of the lacrimal sac was reached or a "soft stop" was felt. PATENT NASOLACRIMAL SYSTEM NASOLACRIMAL OBSTRUCTION Right Eye Left Eye **Right Eye** Left Eye No resistance to irrigation / probing Lower Canaliculus Light resistance to irrigation / probing Common Canaliculus Moderate resistance to irrigation / probing Lacrimal Sac Nasolacrimal Duct Heavy resistance to irrigation / probing П 

DISCHARGE

The patient tolerated the procedure well and was discharged in good condition.

Instructions were given to call the office if there was any pain or discomfort after the procedure.

Doctor's Signature \_\_\_\_\_

