Brief Report on a New Nasolacrimal Massage Technique

Manoj Kurian Philip
American Mission Hospital, Manama, Bahrain

*Corresponding author: Manoj Kurian Philip, American Mission Hospital, Manama, Bahrain, E-mail: manojkphilip939@gmail.com

Received date: October 09, 2019; Accepted date: October 24, 2019; Published date: October 31, 2019

Copyright: © 2019 Philip MK. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

About the Study

Normally in cases of Nasolacrimal duct obstruction the treatment given is the Crigler’s Massage Technique [1-4]. Which is too well known to bear repetition here, however, based on the last 20 years of experience in paediatric ophthalmology, I would like to present an alternative to this technique which I had been following and instructing the parents of patients with NLD block with 100% success rate in a week time with Minimal effort.

The Kurian’s Nasolacrimal Massage Technique

In this technique, we will need two persons to jointly perform the massage, preferably both the parents of the child/baby. One holds the child on the lap facing the other person/parent. The technique of massage is a direct compression of the right nasolacrimal sac with the right thumb and the left nasolacrimal sac with the left thumb, lasting for 2-3 seconds at a time. This needs to be done only once at a time. The goal of the manoeuvre is to occlude and compress the lacrimal sac to transmit the increased hydraulic pressure to the valve of Hasner and open obstruction at the distal end of the nasolacrimal duct [5].

One of the parent/adult giving the message should firmly hold the child's head with the hands kept on both sides of the head and give one single downward and inward compression on the lacrimal sac area with the thumb. It needs to be ensured that enough pressure is adequately transferred to the lacrimal sac area with each compression. To understand if the pressure given was adequate, we may have to see if the child is crying when the pressure is applied. If the child does not cry, it could mean that the pressure was not adequate. As seen in the anatomy picture below, the lacrimal sac tip is seen only below the medial palpebral ligament and there is only space for the thumb to press on the sac and any pressure or massage over the frontal process of the maxilla may not have the desired effect (Figure 1).

The process of applying the technique may be repeated around 4 times a day one of which, could be when giving bath for the child (the massage can be given by the mother/one who gives the bath, as is traditionally done in some cultures, particularly in India, as a means to elongate the child's nose. (Generally in such cultures a long nose is taken a sign of beauty).

Even if in the process the child cries a bit, there is no cause for alarm or worry as the massage/exerting of pressure is for 5 seconds or less and the child will soon stop crying for this reason.

References