Probing for nasolacrimal duct obstruction using intranasal midazolam sedation as an alternative to general anesthesia.

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OBJECTIVE: To investigate the effectiveness of topical anesthesia with sedation using intranasal midazolam in patients with symptomatic congenital nasolacrimal duct obstruction undergoing probing. PATIENTS AND METHODS: In this prospective study, probing was performed with general anesthesia (30 cases) and with topical anesthesia using intranasal midazolam (0.3 mg/kg; 44 cases) in 74 patients who were divided into two groups, those 6 to 36 months old and those older than 36 months. The groups were compared after 12 to 48 months (mean, 18.2 months). RESULTS: For the patients 6 to 36 months old, the success rate was 80% in the group who received general anesthesia and 88.9% in the group who received topical anesthesia with intranasal midazolam; the difference between the two groups was not statistically significant (P > .05). For the patients older than 36 months, the success rate was 20% in the group who received general anesthesia and 25% in the group who received topical anesthesia with intranasal midazolam; there was no statistically significant difference between the two groups (P > .05). CONCLUSIONS: Probing with topical anesthesia in the office setting is usually recommended for patients younger than 8 months. Our results show that this is suitable for children until 4 years of age with the support of intranasal midazolam sedation. Probing under topical anesthesia with intranasal midazolam is cost-effective, safe, and comparable in efficacy to probing under general anesthesia but with less risk.

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