BUNBURY & BUSSELTON EYE SPECIALISTS

PATIENT INFO AND ADVICE

Childhood sticky/ watery eyes?

Abnormal or overflow eye tearing is a common condition in infants. It occurs when a membrane (a skin-like tissue) in the nose fails to open before birth, blocking part of the tear drainage system. If tears do not drain properly, they can collect inside the tear drainage system and spill over the eyelid onto the cheek.

How do tears drain from the eye?

Tears are produced to keep your eyes moist. As new tears are produced, old tears drain from the eye through two small holes called the **upper** and **lower puncta,** located at the corner of your upper and lower eyelids near the nose. The tears then move through a passage called the **canaliculus** and into the **lacrimal sac.** From the sac, the tears drop down the tear duct (called **nasolacrimal duct),** which drains into the back of your nose and throat.

In infants with tear duct obstruction, there is a membrane at the end (bottom) of the tear duct preventing tears from draining into the back of the nose and throat.

Are there other causes of tearing?

A very rare condition called **congenital glaucoma** can also cause excessive tearing. Tearing can also be caused by wind, smoke, allergies or other environmental irritants.

An eye examination by an ophthalmologist will identify the exact cause of the tearing.

How is overflow tearing treated?

1. Cleaning the eyelids with warm water, with or without baby shampoo;

2. Applying pressure (or massage) over the lacrimal sac;

3. Applying antibiotic eye drops or ointment to the eye once or twice daily to fight infection, if necessary.

The purpose of massage is to put pressure on the lacrimal sac to pop open the membrane at the bottom of the tear duct. This is most easily accomplished by placing your hands on each side of the baby's face with your index finger(s) between the inner corner of the eye and the side of the nose, pressing in and down over the lacrimal sac for a few seconds. This should be done several times a day, such as at each diaper change.

The blocked tear duct often spontaneously opens within six to 12 months after birth. If overflow tearing persists, it may be necessary for your ophthalmologist to open the obstruction surgically by passing a probe through the tear duct.

How is the tear duct probed?

A thin, metal probe is gently inserted through the tear drainage system to open the obstruction. The procedure is performed under general anesthesia. It causes little or no pain, but tears may be stained briefly with blood or a nosebleed may occur.

What are the risks of probing?

As with any surgical procedure, complications can occur, including:

1. Failure (approx 1 in 20)

2. Infections and bleeding rarely

Re-obstructions of the tear duct may require another probing or additional surgery.

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