

BLOCKED TEAR DUCT

Abnormal or overflow tearing is a common condition in infants and babies. In fact, approximately one-third of all newborns have excessive tears and mucous. It is also common for babies' eyelashes to stick together after sleep, a situation that can cause the eye(s) to become chronically infected.

How do tears drain from the eye?

Tears are necessary to lubricate the eyes. They drain from each eye through two small openings called the upper and lower punctum, located along the upper and lower eyelids near the nose. They then flow through the canaliculus into the lacrimal sac located under the skin on each side of the nose.

From the sac, the tears are pumped by the blinking action of the lids into the tear duct. These ducts go through the side bones of the nose and empty the

tears into the back of the nose. That's why your nose may run when you cry.

What causes overflow tearing?

Overflow tearing in children is usually caused by the presence of a persistent membrane that blocks the lower end of the tear duct near the nose. Normally this membrane stretches or pops open at or before birth. In many infants, however, it remains closed, clogging the tear drainage system. The blockage may open spontaneously in a few months as the infant grows.

How is overflow tearing created?

Massaging the tear sac once a day occasionally helps to open the sac. To apply pressure, place a finger under the inner corner of the infant's eye next to the nose, and roll the finger over the bony ridge while pressing down and in against the bony side of the nose. This expresses mucous and tears from the sac. Most tear blockage in infants disappears by three months of age.

If the tearing persists, it may be necessary for the ophthalmologist to open the tear ducts by passing a probe

through the tear duct.

How is probing of the tear ducts performed?

A thin, blunt metal wire is gently passed through the tear drainage system to open the obstruction. Fluid is then irrigated through the system into the nose to ensure that the pathway is open. Infants experience no pain after the probing but some blood staining of the tears or nasal secretion is common and a discharge from the eye may be present for several days. Antibiotics may be prescribed. Obstruction can recur and additional procedures may be required.

Probing is successful in ninety percent of cases. Other treatments are possible for babies where probing is unsuccessful.

What complications can occur?

As with any surgical procedure, there is the possibility of infection or bleeding. Scarring can re-obstruct the opening, requiring additional surgery. Chronic obstruction can lead to infections of the tear sac at any age.