



DR IAN HAY LTD **CONSULTING PAEDIATRICIANS**

CONTACT US AT:

Tel: 0207 390 8295, Fax: 0870 803 0695

Email: haycybersec@aol.com

www.drianhayltd.co.uk

PATIENT INFORMATION SHEET: BLOCKED TEAR DUCT IN INFANTS

Many babies have a watery discharge from one or both eyes for some time after birth. Some are caused by a blockage in one or both nasolacrimal (tear) ducts which run from small openings in the eye lids at the inner corner of the eye to the inside of the nose.

More than 90% of babies will spontaneously improve in the first few months as the tube (duct) matures and opens. Surgical *probing* is only considered if the duct still seems blocked at a year of age.

Occasionally the tears become sticky, but if the eyeball is clear around the iris then nothing needs to be done apart from wiping the sticky material with cotton wool dipped in warm, previously boiled and cooled water, whenever it is present.

If the watery tears persist it is often helpful to massage the tear duct up to 4 times a day by using gentle *massaging* pressure on the outside of the nose, just below the inner angle of the affected eye(s).

Infrequently, conjunctivitis may occur; the tears become thicker and yellow/green in colour and the eyeball becomes red and inflamed. Antibiotic eye ointment (better than drops) may need to be prescribed. You should also ask for medical advice if your baby seems to be in pain, won't open his/her eye and seems bothered by light.

If the watery eye problem is still present at a year, you should ask for a referral to a paediatric eye surgeon (ophthalmologist) to discuss whether your baby's duct needs probing to unblock it as it is rare for the duct to open spontaneously after a year.

Dr Raymond Brown