

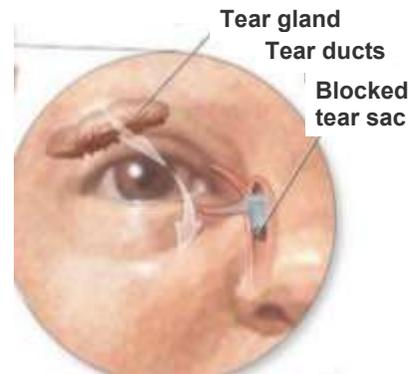
Tear Duct Obstruction

What is tear duct obstruction?

Tear ducts drain tears and mucus (discharge) from the eyes. When the ducts are blocked, it is called tear duct obstruction. This is very common in babies. It causes the eye to be wetter than normal. The discharge can collect on the lashes.

Will this harm the eyes?

Most often, the extra tears and mucus do not cause problems with your baby's vision. There is a chance your baby could get an infection in the eyelid or tear sac. If the infection is serious, your baby may need to be treated in the hospital. To help prevent an infection, wash the baby's eyelids with diluted "no more tears" shampoo on a warm washcloth.



How is it treated?

There are different ways to treat a tear duct obstruction.

1. **Wait for it to go away on its own.** Often before 6 months of age, the blockage opens up on its own as your baby grows. After 12 months of age, the tear duct will probably not open on its own.
2. **Put antibiotic drops in your baby's eyes.** This helps only for a short time. When the drops are stopped, the tearing and discharge will return.
3. **Probing.** This is an outpatient surgery that is done if the tearing does not resolve on its own. Your baby will be given medicine (anesthesia) to make them sleep for the procedure. This helps prevent pain. It also keeps your baby from moving around and damaging the tear duct. During the probing, a small wire is passed through the opening in the eyelid, into the tear sac and then into the nose. The blockage is opened up with the wire. Tear duct obstruction is most often found where the tear duct enters the nose. If your baby has this type of blockage, probing is 90% successful.

What are the risks of probing?

Common risks of surgery are bleeding, infection, scar tissue and injury. Infection is rare with probing. Some minor nose bleeding or a few bloody tears can occur. Scar tissue can further block the tear duct but this is also quite rare. The greatest risk in surgery is the anesthesia. An anesthesiologist will guide your baby through the surgery safely.

How do I know if the problem has cleared up?

- After probing, it may take 5 to 7 days for the swelling to go down. The discharge and tearing should improve greatly.
- Your baby's tear duct may still be smaller than normal. If your baby gets a cold, the lining of the nose can swell enough to block the tear duct again. This is temporary. Tearing and discharge may appear but will clear up when your baby is well again. Normally your baby's tear duct will grow out of this.
- If the tearing doesn't stop or if it returns after probing, other than with a common cold, more surgery may be needed. A silicone tube can be put in the drainage system. The tubing goes from the opening in the lower lid to the opening in the upper lid. It goes through the tear duct and to the nose and is left in place for several months, if possible. It can just be seen in the inner corner of the eye. This surgery takes longer to do than probing. Your child will be put to sleep for this procedure.
- If the problem has not cleared up after the silicone tubing has been put in, more extensive surgery may be needed. The chance of this happening is very small.

ALERT: Call your child's doctor, nurse, or clinic if you have any questions or concerns or if your child has special health care needs that were not covered by this information.

This teaching sheet is meant to help you care for your child. It does not take the place of medical care. Talk with your healthcare provider for diagnosis, treatment, and follow-up.