

Blocked tear duct (Nasolacrimal duct obstruction)

Tears are produced to lubricate the surface of the eye and drain through small openings in the inner corner of the upper and lower eyelids. The tears then flow down the tear duct and into the nose.

If the tear duct is blocked the tears will not drain properly and will spill over onto the cheek. The mucus produced by the tear sac also will not drain. The result is a watery and sticky eye.

What causes blocked tear ducts?

Most commonly it's caused by failure of a membrane at the end of the tear duct to open normally (at the time of birth).

Blocked tear ducts most commonly open within the first 12 months of life.

Other causes may be: narrow tear duct system, infection, or tight or absent (rare) canaliculus (beginning of the tear duct system).

What are the signs and symptoms of a blocked tear duct?

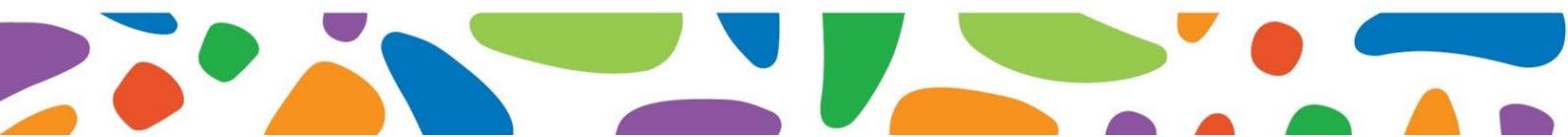
- Watery eyes
- Eyelids may be red and swollen
- Sticky yellowish-green discharge – caused by a failure of normal tear sac mucus to properly flush down the blocked tear duct. Generally, this does not mean infection and is not conjunctivitis
- The severity of the signs above may be worse under certain conditions such as when your child has a cold, or when outdoors in a windy or cold environment (this may cause eyes to water more)
- If a child has a cold they may have increased watery eyes or discharge (this may or may not be related to a blocked tear duct)

How is a blocked tear duct treated?

Approximately 90% of babies with a blocked tear duct will spontaneously resolve during the first 12 months of life.

If a blocked tear duct does not improve on its own, a probing procedure of the tear duct may be required. This procedure is performed under general anaesthetic by an ophthalmologist.

Probing treatment has a high success rate. If this fails a second procedure may be undertaken with a temporary stent being placed in the tear ducts.



Other methods to clear blocked tear blocks are described below and can be explained further by your ophthalmologist.

Nasolacrimal duct massage

Regular cleaning of the eyelids along with massage of the tear duct is recommended to prevent secondary infection and encourage the tear duct to open up. To do this:

1. Wash your hands
2. With the tip of your index finger, apply moderate pressure where the upper and lower lids join (next to the nose), you will feel a ridge and gently press against it then slide your finger down about 1-2cm maintaining pressure. Repeat this several times during the day e.g. 4-5 times.
3. If discharge or mucous appears, wipe away with a clean tissue and wash hands thoroughly when finished.



Eye cleaning

1. Boil some water and allow it to cool. When it is lukewarm; soak a clean washcloth with the water and apply to the eyelid(s).
2. Gently wipe over closed eyelid(s), removing any yellow discharge.

Antibiotic eye drops

If cleaning the eye with the above method is not successful in reducing discharge, a short course of an antibiotic eye drop or ointment called Chlorsig (also known as chloramphenicol) may be required. The ophthalmologist will advise if these drops are necessary. It's usually prescribed as a preventative measure.

Signs of infection

Rarely the tear duct can become infected (dacryocystitis). If this occurs you will notice a firm, red, painful lump at the side of the nose. This may be associated with more yellow-green discharge. If this occurs, you should contact your GP or ophthalmologist urgently as your child will require antibiotics to treat the infection.



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