

Southern Ophthalmology

Blocked tear ducts in children

What causes blocked tear ducts in children?

Tears normally flow into the nose via the tear duct. Sometimes the lower end of the tear duct fails to open at birth. The tears then become stagnant and causes watery eye since birth.

Can it cause any harm?

- The lids could be stuck together and often there is yellow discharge around the inner corner of the eye. This is often mistaken as conjunctivitis. However, unlike conjunctivitis, the 'white' of the eye is not red and the discharge is not contagious
- Very rarely, the tear sac can be infected (dacryocystitis) due to the stagnant flow of tears in the tear duct. This presents as a red lump in the inner corner of the eye. The eyelids are often swollen and red. The child may also have a fever.

How is it treated?

- The top of the tear duct can be massaged to encourage opening of the blockage in the lower end of the tear duct. Use one finger to push firmly at the inner corner of the eye and move down towards the nose. Do a few strokes and repeat 3 to 4 times a day
- If there is any discharge, you can clean the eye with clean tissue dampened with cool boiled water or saline
- About 90% of children with congenital blocked tear ducts get better spontaneously without treatment by the age of 12 months
- If the eye is red, antibiotic drops may be needed
- If you suspect there is a tear sac infection (see above), you should contact Dr Harry Leung urgently. Your child may need to have intravenous antibiotics in the hospital. But remember this is very rare.
- If the blocked tear ducts persist after the age of one year, a surgical procedure may be needed to unblock the tear ducts under a short general anaesthetics

Probing of tear duct surgery

1. This is done under general anaesthetics as children won't stay still enough to have it done safely under local anaesthetics.
2. A small metal probe is carefully inserted into the tear duct to 'pop' open the membrane blockage in the lower end of the tear duct
3. There is no cutting involved and is not particularly painful
4. The procedure usually takes no more than 10-15 minutes
5. The success rate is usually high, about 80%

6. Sometimes due to unusually abnormal anatomy (e.g. blockage in the *upper* end of the tear duct), probing may not be possible. Further procedure may be required at a later stage
7. Antibiotic drop or cream is put into the eye. Eye pad is usually not required

Are there any risks of the probing surgery?

The risk of general anaesthetics is extremely low if your child is healthy. Your anaesthetist will advise you further regarding this. Please inform the anaesthetist if your child has any other medical conditions or is allergic to any medication

Probing surgery is generally straightforward and safe. Some minor bleeding in the nose or in the inner corner of the eye can occur after the operation. This usually stops by applying gentle pressure. The risk of damaging the tear duct due to the probing is extremely low, further procedures may be needed if this rare complication occurs.

However, even if the operation was a success, the tear duct can be blocked again due to normal healing of the body. In about 20% of cases, probing may need to be repeated, sometimes a plastic tube is placed in the tear duct for a few months to keep it open.

What happens after the surgery?

Your child will be able to go home on the same day when he/she has recovered from the general anaesthetics.

Your child can have a bath or shower but don't let any water into the eye for the first 3 days. Tilt the head back when shampooing the hair. You can clean the eye with clean tissue dampened with cool boiled water.

Start using the prescribed antibiotic drops three times a day for 5 days from the first night before bed. The follow-up appointment is usually 4 to 6 weeks after the surgery. If the eyelid becomes red, very swollen and painful, contact Dr Harry Leung

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