

Ophthalmology

Children with sticky and watery eyes due to failure of tear drainage

Introduction

The most common cause of this problem is delayed development of the naso-lacrimal duct that connects the tear sac with the nose. In small babies this is a very common problem with up to 20% (1 in 5) having some of the symptoms. However, the great majority of these tear ducts begin to work normally at some point during the first year of life. In fact, only a very small number of children still have symptoms at 12 months of age.

The changes of an affected child recovering without treatment by 12 months.

Months of age	1	2	3	4	5	6	7	8	9	10	11
% of recovering	96	93	90	86	82	75	64	49	36	23	5

Treatment

Because this problem usually gets better by itself, no surgical treatment is recommended until 12 months of age. If your child is getting a lot of sticky discharge from his/her eye(s) during the day, you can help by massaging the tear sac: roll your little finger firmly just between the inside corner of the eye and the nose for a minute while your baby is breast or bottle feeding. This may release the discharge from within the tear sac and this can then be cleaned away. Crusty discharge on the lashes and lids can also be cleaned using a clean tissue soaked with cooled boiled water. Antibiotic drops and ointments are thought to make little difference, unless a definite conjunctivitis develops, with the white of the eye becoming red and inflamed. After 12 months of age, if the problem does persist, the chances of it clearing up without treatment are reduced and many parents will consider that it is time for something to be done, especially if the eye has been very sticky as well as watery.

Surgical treatment is the passage of a fine probe through the tear passages to break down any obstructions. This is done as a day case and involves a short general anaesthetic. Like all anaesthetics, this carries a very small risk of serious complications, but the procedure produces a rapid and complete cure in about 75% (3 in 4) cases. Even if it does

not produce a cure, the findings will indicate what further treatment is required. There are no scars or stitches.

Alternative

Waiting longer is an alternative, especially if the symptoms do not seem so severe, as some one year old children can still get better without treatment. About 60% (6 in 10) of all those who still have the problem on their first birthday are free of symptoms by the time they are two, and most of these settle by the time they are 18 months old.

The advantage of this option is that it may avoid an operation, but there is also a disadvantage. Of those children who are still not better at two, about 50% (1 in 2) will respond at once to a probing, and have therefore simply had their treatment delayed. However, there is no good evidence to suggest that delaying treatment reduces the success if a probing is in the end needed and some children even get better after their second birthday without treatment.

Your doctor will discuss these choices, and any special issues in relation to your own child, to help you decide on the treatment you want.

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Italian

若你需要本信息的繁體中文、大字體或音訊格式的版本，請要求索取。

Cantonese

तमने आ माळिती बीछ भाषाओमां, मोटा अक्षरोमां अथवा सांभली शकाय जेवा माध्यम (ओडीओ फॉर्मेट)मां जेठती छोय तो कृपा करीने पूछो.

Gujarati

تکایہ پرسیار بکہ نہ گہر نہ وزانیاریہت دہوی بہ زمانیکی تر . بہ پیتی گہورہ یانیش بہ شیوہی دہنگ

Kurdish

آگر آپ کو یہ معلومات دوسری زبانوں میں، بڑے الفاظ کی اشاعت میں یا آڈیو ٹیپ پروکاروں تو برائے مہربانی اس کیلئے درخواست کریں۔

Urdu



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Document history

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Contact number	01223 216577
Published	March 2007
Review date	March 2009
File name	Children_sticky_watery_eyes.doc
Version number	1
Ref	PIN 610