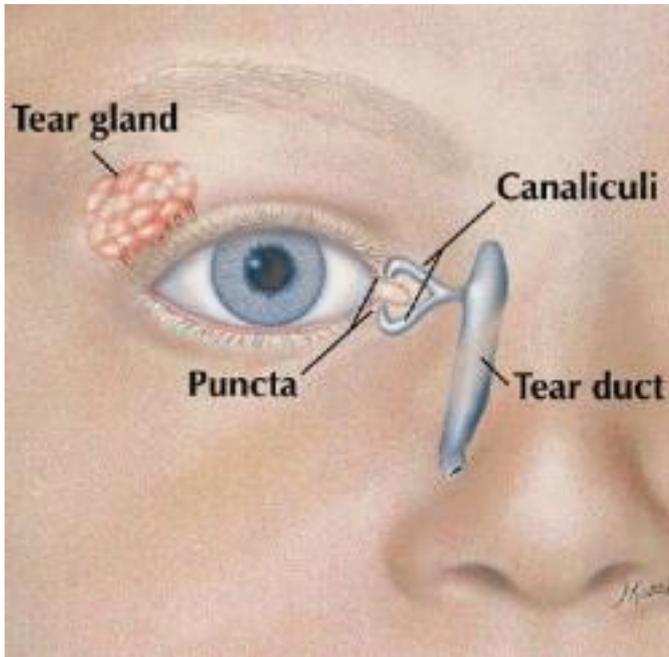


**Sticky and / or Watery Eyes in Babies**

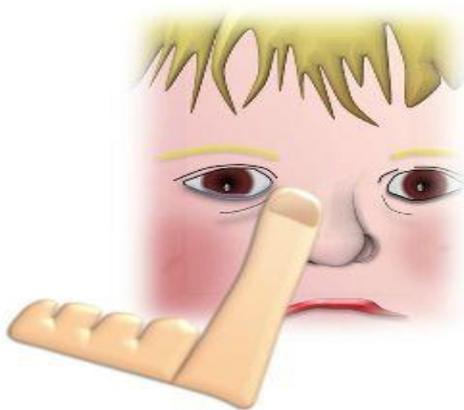


The commonest cause of a baby having a sticky or watery eye is a blocked tear duct. **1 in 5 babies are born with this problem. In 90% it clears up by itself within the first year of life.**

The tear duct drains tears from the inner corner of the upper and lower eyelids, into a duct which passes into the nose. When the lower end of the duct has not opened, this causes blockage of the tear duct. The tears spill over the eyelids and run down the cheek. The debris within the tears gathers within the eye as sticky discharge.

The watering and discharge can be severe and unsightly. However, antibiotics and eye drops are not required unless the eye itself is red or the eyelids are red / swollen. If this is the case, your GP can prescribe a course of antibiotic eye drops. Swabbing the discharge is rarely helpful as bacteria which naturally exist around our eyes will be detected on the swab.

To encourage natural opening of the tear duct, parental massage of the inner corner of the baby's eyelids is recommended. This should be done several times daily long term and can most easily be performed before wakening. See picture below:



**Massaging a Blocked Tear duct.**

Using one finger, press on the point where the upper and lower eyelids join at the inner corner of the eye, beside the bridge of the nose.

From there, sweep with reasonably firm pressure downwards.

Sometimes you will express mucus or discharge though the ducts into the tear film. Massage can also be done whilst the child sleeps.

**It is the best outcome by far, if the problem resolves without the need for surgery.**

**Surgery for this problem is rarely performed before the age of 12 months.**

A small percentage of children will have continued significant sticky / watery eyes beyond 12 – 18 months of age. When symptoms remain troublesome, a surgical procedure can be carried out in hospital with the child under a general anaesthetic, with the aim of relieving the blockage of the tear duct.

### **Tear Duct Probing – Before the Procedure:**

A small percentage of children will have continued significant sticky / watery eyes due to a blocked tear duct beyond 12 – 18 months of age. When symptoms remain troublesome, a surgical procedure can be carried out in hospital with the child under a general anaesthetic, with the aim of relieving the blockage of the tear duct.

Should your child be put on the waiting list for the procedure, you will receive an appointment for a pre-assessment. At the pre-assessment, you will be advised of the nature, risks and benefits of tear duct probing. This is also your opportunity to ask any questions.

**If you do not attend the pre-assessment appointment, and do not let us know in advance, we cannot proceed to surgery for your child and your child's name will be removed from the waiting list .**

If at any stage, your child's symptoms of watering and stickiness significantly improve - you should contact the waiting list office to cancel the procedure. There is no need for a procedure under a general anaesthetic for a young child unless symptoms are troublesome. If you attend with your child for the procedure and symptoms are felt not to warrant surgery, it is at the discretion of the surgeon to cancel the procedure.

### **Tear Duct Probing: The Procedure**

- This procedure is done under a general anaesthetic; i.e. the child is "asleep" during the surgery.
- The procedure is short, approximately 15 minutes, but with anaesthetic time added on, your child will be away from you for around 45 minutes.
- There is no surgery performed on the eye.
- No sharp instruments are involved.
- A blunt probe is passed down through the tear duct to try to overcome any blockage and some fluid is flushed through.
- The majority of children recover very quickly after the procedure.

### **Tear Duct Probing: After The Procedure**

- The eyelids may be puffy, the eye may be red.
- There can be blood or blood stained discharge from the inner corner of the eye or the nostril(s).
- The procedure is effective for 2/3 of patients but 1/3 will have persistent watering or stickiness.
- It takes time to assess whether the symptoms have resolved. You will be given a telephone number to ring 4 weeks after the procedure if your child is still having watering eye(s). If this is the case, we will see you again at clinic to discuss further options.
- Please do not be concerned if there is still some watering / stickiness in the early days after the procedure.
- You will have antibiotic drops to instil to your child's eye for a few days after the procedure. The risk of infection after a tear duct probing is very low.
- Your child can go back to playgroup / nursery the next day as long as you feel they are back to their usual self.