



Information about

Nasolacrimal Duct Obstruction (NLDO) - Blocked Tear Ducts



This leaflet will give you more information about blocked tear ducts in babies.

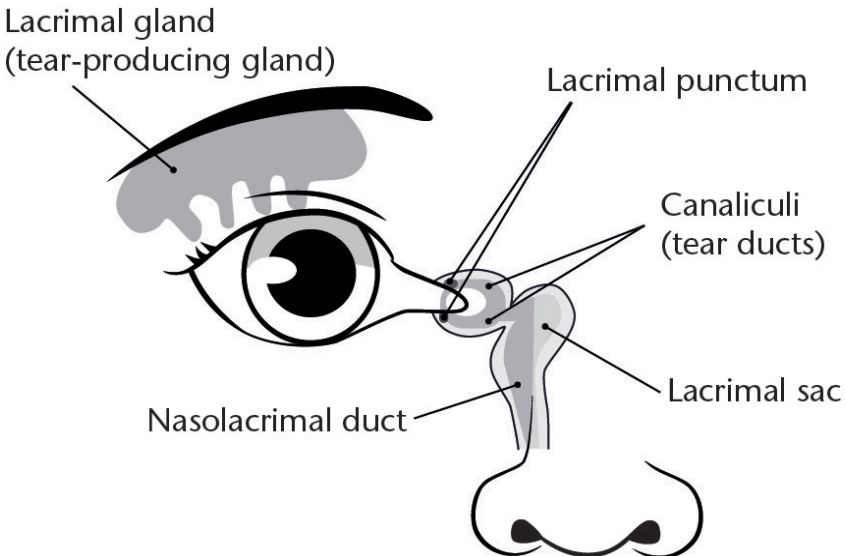
What are Tear ducts?

The tear duct is called the nasolacrimal duct. It is a tiny tube that carries tears from the eye into the nose.

The Normal Drainage of Tears

The tears get collected from the inner corner of the upper and lower lids through small opening (punctum) and then runs through narrow tubes (canaliculus) under the skin to open up into a sac (lacrimal sac) located against the side of the nose; from there it flows down through another tube (nasolacrimal duct) to open into the inside of the nose. Part of this naso lacrimal duct runs inside the nasal bone, but ultimately comes out into the nasal cavity.

The nasolacrimal duct develops while a baby is growing in the womb, but may not be completely open before birth.



What happens if my child has a blocked tear duct?

Your baby may have a sticky discharge in the inner corner of their eye, stickiness of the lids in the mornings, tear-filled eyes that may stream or run down their cheek or in extreme cases a small red swelling in the inner corner of their eye.

Can we tell if it is a partial or full blockage?

Yes. In a partial blockage the eyes may well-up with tears but eventually clear. However, if it is a complete blockage the tears flow down the cheek most times.

Partial blockages, generally resolve over time but a cold or upper respiratory infections (e.g. chest infection) may make the symptoms worse.

What is the treatment for a blocked tear duct?

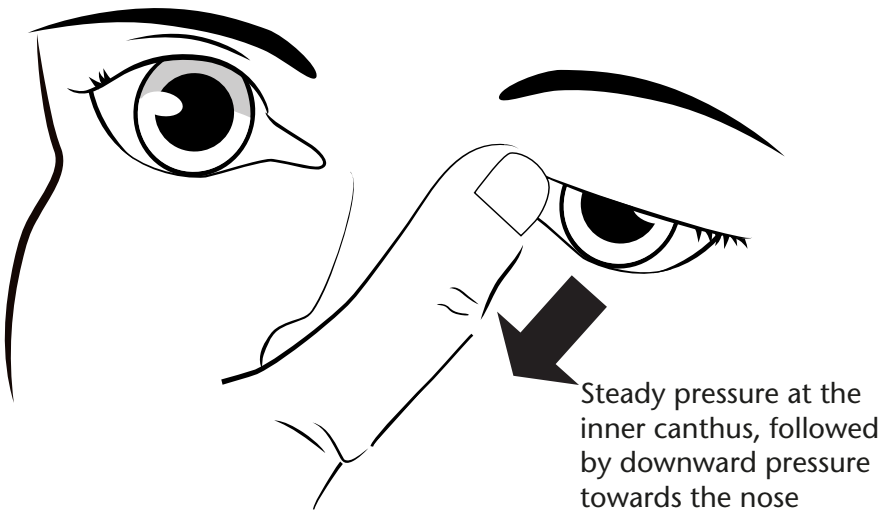
Most children grow out of the symptoms as they get older. However, if the symptoms continue beyond 30 months of age your child may need treatment. Treatment can be non-surgical or surgical

Non-surgical management:

- Regular cleaning the lids with a clean wet cotton towel or cotton pads each morning, or if necessary, before bed time, depending on the amount of stickiness present. You should use a different cleaning pads for each eyes and clean the eyes from the inner to outer corner.

- **Lacrimal sac massage:** This is the most beneficial non-surgical procedure that can help the symptoms. You place gentle pressure over the inner corner of the eye against the nose (the lacrimal sac), then run your fingers downwards along the length of the bony part of the nose. You should try to do this massage at least one to two times per day, preferably at bath time as the water provides enough moisture for the massage or when feeding as your child is more relaxed. There is no harm trying both sides, as most parents find both side massage easier to perform than just over one eye. Natural green mucus may come out of the eye when massaging. You can use a wet cotton towel or cotton pad to clear this.

Technique of sac massage



- There is usually no need for antibiotic eye drops, unless the white of the eye turns red which is a sign of an eye infection from blocked tear duct. You may see natural green mucus in the inner corner of the eye which you can wipe with a wet cotton towel or cotton pad to clear this.
- If there is no improvement with regular sac massage, we may consider surgical interventions.

Surgical Intervention: We may consider surgical intervention if the symptoms of watering remain bothersome and continue beyond 24 to 30 months of age. These procedures require children to be put to sleep by means of general anaesthetic.

Here is the brief outline of the surgical procedures that are in practice.

- **Probing of naso lacrimal:** This procedure involved passing a thin blunt metal probe into the tear duct to open it up. The success and failure of this procedure depends on the extent of blockage. We can clear small thin membrane like blockage during this procedure, however a complete blockage or tight narrowing of the duct will require a different procedure.
- **Dacryocystorhinostomy (DCR) with or without tubes:** this is a procedure where we create a new channel to connect the lacrimal sac to the nasal cavity to by-pass the blockage. The Ear Nose and Throat (ENT) specialist may place stents (small hollow tubes) to hold open the new route as it heals. If tubes are placed, your child will need another procedure to remove the tubes.

If your child needs surgery we will discuss this in more detail with you at the clinic appointment.

Notes

Notes

Thanks to Emily Robertson Year 4 – Medical Student for their help in producing this leaflet.

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