

The **tear duct (nasolacrimal duct)** is a passage that connects the eyelids to the nose and drains away tears.

Babies are sometimes born with a blocked tear duct, where a small membrane persists, closing off the drainage pathway. This is usually a mild condition and in 95% of babies will clear and resolve without treatment.

What should I expect if my baby has a blocked tear duct?

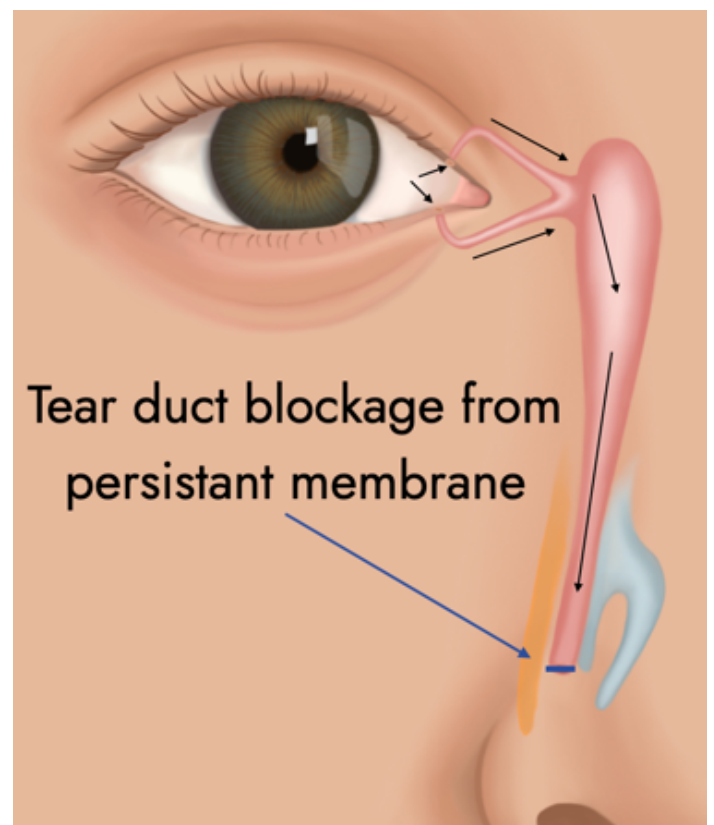
Blocked tear ducts often result in tearing onto the cheek and an intermittent build-up of mucous on the eyelids. Sometimes a mild buildup of bacteria causes discharge and redness to the white of the eye, which can be treated with antibiotics. The eyelid skin may become red and develop a rash because of constant wetness.

What treatment is required in blocked tear ducts in babies?

The vast majority of blocked tear ducts in babies will self resolve without treatment in the 1st year of life. The condition can be managed with cleaning of the eyelids and mild massage to the skin on the inner corner of the eyelids. Petroleum jelly can be used as a barrier to protect the eyelid skin if it becomes irritated. If the eye becomes red, antibiotic eye drops may be required. If the tear duct becomes infected with a tender red swelling to the skin, a very rare complication, the baby needs to be urgently seen and treated through the emergency room with systemic antibiotics.

Is surgery required in blocked tear ducts in babies?

If a blocked tear duct persists in a baby after one year of age, then treatment with probing under general anaesthetic can be considered. Your optometrist or family doctor will refer the baby to an ophthalmologist for surgery.



Babies born with nasolacrimal duct obstruction often have a membrane that persists in the nose, blocking the drainage of tears

What is involved with probing surgery for blocked tear ducts in babies?

Probing of the tear duct is a safe and quick procedure completed under general anaesthetic. A dilator is used to gently prepare the punctum, the opening to the tear duct, and then a small probing instrument is carefully passed through the tear duct system into the nose. In most babies the persistent membrane in the nose, on the lower end of the tear duct system, will be opened up by the probe. A second instrument is used in the nose to confirm the probe is passed through the entire tear duct system.

Your surgeon may decide to use a stent called a Crawford Tube to keep the tear duct system open after the procedure. The stent is carefully passed through the tear duct system and tied in the nose. Up to 12 weeks after the procedure, your surgeon will remove the stent in the office.



A nasolacrimal duct probe is passed through the inferior canalicular system

What are the risks of probing surgery for blocked tear ducts in babies?

Probing of the tear duct has few serious risks and it does not involve any cuts to the skin or sutures. It requires a general anaesthetic, which is usually safe and has rare but important associated risk.

Rare risks include the creation of a false passage, scarring, bleeding and infection.

In about 10% of children, the probing will not cure the problem and the tearing or discharge may persist.

What should I expect after the blocked tear duct probing procedure?

Children often feel mildly nauseous in the 24 hours after a general anaesthetic. It is normal to have blood-tinged tears or a mild nose bleed after the probing procedure. There should be minimal pain and the child can resume normal activities immediately afterwards. Your surgeon may prescribe an eye drop or ointment to help with healing.

If a stent was placed during the probing procedure, your child should avoid rubbing the eye. The stent will be removed in the weeks afterwards in the surgeon's office.

Sometimes the stent can come loose and a loop of the silicone tubing is visible in the tear duct system at the inner corner of the eyelid. If this happens, take some tape and secure it down to the nose. This is not an emergency and can wait a few days to be addressed. Call your surgeon and they will schedule for you to come in and have the stent removed in the office.



To learn more about blocked tear ducts in babies, scan this code or visit www.waterlooeeye.ca