Ophthalmology

Sticky Eyes in Children



Image from: Clarity Eye Centre, https://www.clarityeye.net/congenital-nasolacrimal-duct-obstruction/ accessed 03/05/2021

Why does my child have watery eyes?

The most common cause of watery or sticky eyes in a young child is a blocked tear duct. Tears become sticky or can overflow down the child's face.

Some children may also develop recurrent red eyes, crusting of the eyelids, or a boggy swelling on the side of the nose. 20% of children with this have problems in both eyes.

The tear duct runs from the corner of the eye, through a bone on the side of the nose, and opens into the nose. In young children, this duct can be narrow, blocked, or covered with a thin membrane. These blockages can occur anywhere along the duct.

In 90% of children, this will resolve naturally by the age of 1 as the child's face grows and the duct enlarges.

What can be done about it?

Keep the skin clean and dry using cotton wool and clean water. If the skin becomes sore, apply Vaseline to cleaned, dry skin to protect it.

Regular massage twice a day over the lacrimal sac, on the side of the nose, can help squeeze out any excess tears. You should stroke downwards towards the nose, applying 10 strokes twice a day.

You should also clean any discharge from the corner of the eye or the eyelids. In children aged between 6 and 10 months, this alone will resolve their symptoms after 6 months 50% of the time.

Eye drops are not required, even if the discharge is mucky, unless the eye itself is very red. Episodes of red eye, however can be treated with antibiotic eye drops that you can obtain from your doctor.

If your child still has symptoms after their first birthday, we could consider a short procedure to help open up the tear duct. This is a day case procedure, so no stay in hospital is required, but a general anaesthetic, where the child is put asleep is necessary.

In this procedure, we pass a thin wire down the tear duct to try break any blockages. The wire is 1mm or less in thickness. This is successful over 75—90% of the time. An artificial tube can also sometimes be inserted to keep the tear duct open, or an expanding balloon can be used to widen the tear duct.

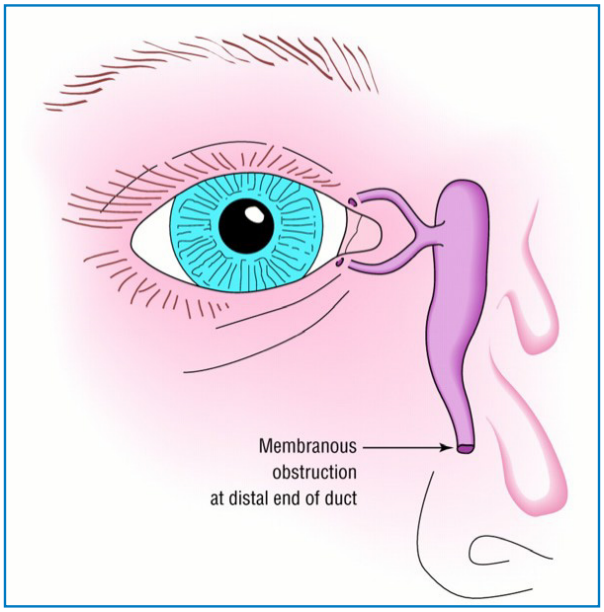


Image from: Dr Rupa Wong, https://drrupawong.com/whats-that-gunk-in-my-newborns-eye/, accessed 03/05/2021

Is there an alternative?

Many parents prefer to let nature take its course and wait for the duct to open as the child grows, which occurs frequently.

If your child's symptoms resolve while they are on the waiting list, please contact us.

What are the potential side effects of surgery?

Serious complications are very rare. We use drops to limit infection or inflammation of the tear duct after the operation. Some children have a nosebleed or blood stained tears but these settle quickly.

After the operation your child's symptoms may come back when they have a cold or a runny nose as the tear passageway becomes congested or blocked, but soon improves again as the child gets better.

If the symptoms do not settle despite the operation, we will review your child again in clinic to discuss further treatments. Occasionally children with persistent problems may need a second operation.

References

Avram E. Insights in the treatment of congenital nasolacrimal duct obstruction. Rom J Ophthalmol. 2017 Apr-Jun;61(2):101-106. doi: 10.22336/rjo.2017.19. PMID: 29450381; PMCID: PMC5710016

Karti O, Karahan E, Acan D, Kusbeci T. The natural process of congenital nasolacrimal duct obstruction and effect of lacrimal sac massage. Int Ophthalmol. 2016 Dec;36(6):845-849. doi: 10.1007/s10792-016-0208-5. Epub 2016 Mar 7. PMID: 26948127

Schnall BM. Pediatric nasolacrimal duct obstruction. Curr Opin Ophthalmol. 2013 Sep;24(5):421-4. doi: 10.1097/ICU.0b013e3283642e94. PMID: 23846190

Takahashi Y, Kakizaki H, Chan WO, Selva D. Management of congenital nasolacrimal duct obstruction. Acta Ophthalmol. 2010 Aug;88(5):506-13. doi: 10.1111/j.1755-3768.2009.01592.x. Epub 2009 Jul 21. PMID: 19681790

Vagge A, Ferro Desideri L, Nucci P, Serafino M, Giannaccare G, Lembo A, Traverso CE. Congenital Nasolacrimal Duct Obstruction (CNLDO): A Review. Diseases. 2018 Oct 22;6(4):96. doi: 10.3390/diseases6040096. PMID: 30360371; PMCID: PMC6313586

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If you would like this information in another format or language contact the above.

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Jeżeli są Państwo zainteresowani otrzymaniem tych informacji w innym formacie lub wersji językowej, prosimy skontaktować się z nami, korzystając z ww. danych kontaktowych

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