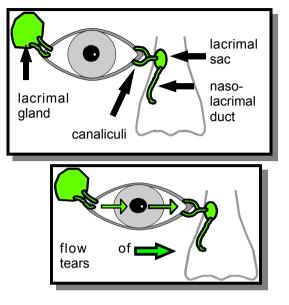
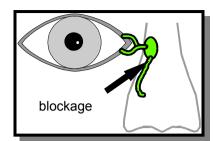
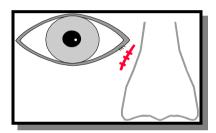
The tear drainage system



Tears are made in a gland under the skin above the eye. They flow over the front surface of the eye, and drain into tiny tear ducts in the eyelids, near the nose (under the skin). Then they flow into a tear 'sac', and from there they pass through a wide channel, the 'naso-lacrimal duct' into the inside of the nose. If the tear passages near the nose block off, you may notice

- a watery eye
- infections of the tear sac (called 'acute dacrocystitis')





Blocked tear ducts in adults

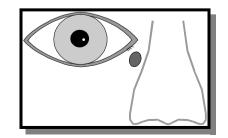
The tear duct apparatus may block at any point along the tear passage, but the commonest place for a blockage is just below the tear sac. The cause of this blockage is not usually known. The treatment that the doctor will recommend depends on how much discomfort there is.

DCR operation (dacrocystorhinostomy)

If you are young or middle aged, and your eyes water and are uncomfortable much of the time, an operation can be helpful. This generally requires a general anaesthetic and an overnight stay in hospital. This is a 'DCR' operation, which translates into 'making a channel from the tear sac into the nose'. A cut on the skin is made over the tear sac. The surgeon finds

the tear sac, and then connects it to the inside of the nose. A small hole is made in the bone between the tear sac and the nose. The scar fades and is usually invisible after six months. If you are older (e.g. 70 years old) this operation is not generally recommended unless you have developed infections of the tear sac, as described overleaf.

New types of surgery, such as placing tubes in the tear apparatus, or using a laser from inside the nose, are available in some units.

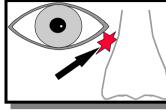


No operation

If the watery eye is not really bothersome, you may prefer to manage as you are without having an operation. You may notice a small lump under the skin: the swollen tear sac. Unless there is an infection, there is no great discomfort.

.

Infection of the tear sac



This is called 'acute dacrocystitis'. This begins as a blocked tear duct and watery eye. The tears then get trapped in the

tear sac, and stagnate. The stale tears may then become prone to infections.

If you develop an infection in the tear sac, it is rather like an abscess under the skin. You need to:

- **1. Bathe the 'abscess'** with a hot flannel four times a day.
- 2. See your GP for antibiotics (such as co-amoxyclav if you are not allergic to penicillin).
- 3. If the abscess is rather **severe** you need to attend an Eye Emergency Department: sometimes the abscess needs draining.

Usually an operation is necessary after you have had acute dacrocystitis (the same operation as for a blocked tear duct: 'DCR'). The operation is carried out when the infection has been treated.

Other common causes of watery eyes

- A blockage at the entrance to the tear duct may develop. The entrance can be widened with a very small operation performed in the outpatient department.
- A saggy or 'lax' lower eyelid may develop. This can be corrected with a small operation in the outpatient department.
- Less common causes of blocked tear ducts include conditions inside the nose, such as polyps.

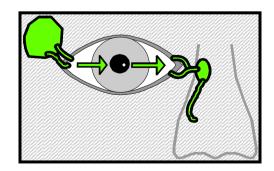
Too many tears: There are some conditions that can cause your eye make too many tears.

- Dry eyes : Surprisingly, if your eyes are 'dry' you may notice watery eyes. Because the tears are too thin and do not spread evenly across the eye dry patches may develop on the surface of the eye. The dry patches make the eye feel sore and then your eyes start to water. The solution is to use an artificial tear that lubricates the eye better.
- In-growing eyelashes or anything that irritates the eye. Ingrowing lashes need to be removed, although they may grow in again. Grit or sand under the eyelid cause too many tears.

Watery Eyes (adults)

An explanation of the common causes of watery eyes in adults, and related problems

- blocked tear ducts
- infections of the tear sac
- lax lower eyelids
- too many tears





This leaflet is designed to be photocopied in black and white. Print out page one and two in colour. For outpatient use is easier to photocopy than print out double sided copies. Photocopy page one, and two, as 'double sided'. The leaflet can then be folded as shown and is easy to display. Make sure one of the pages is not upside down...this may require experimenting how pages feed into the photo copier.

