

## Possible problems

Sometimes your baby may get a red eye, this is due to mild inflammation and no treatment is needed. This may develop into conjunctivitis (infection of the outer part of the eye) and the eye may look inflamed and red, and will show a green stringy discharge.

This is not serious but antibiotic eye drops are sometimes prescribed to help clear it up.

A watering eye in a baby can be due to other eye problems, but this is rare. With the typical problem where the blockage is due to a late-developing tear duct, the eyeball is usually white and the baby is well and not bothered by the watering eye. The following symptoms may indicate a different problem. If they occur, see a doctor:

- the eye becomes inflamed, angry or red
- your baby rubs the eye a lot or seems in pain
- your baby does not like to open their eye or light seems to hurt their eye
- the structure of an eye or eyelids does not seem right

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[www.patient.co.uk/health/tear-duct-blockage-in-babies](http://www.patient.co.uk/health/tear-duct-blockage-in-babies)

## Who do I contact if I need further advice?

Please contact the Orthoptic Department  
on **0300 019 4422** Monday to Friday, 8.30am - 5pm.

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# Babies with blocked tear ducts

## The Eye Unit

Information and advice for parents and carers

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In some newborn babies, one or both eyes can become watery and sticky, particularly after a sleep. This is common and usually goes without any treatment.

## Normal tear production

The eye produces a tear film which keeps the eye moist and prevents damage to the sensitive surface of the eye. The tear film also helps to remove debris from the eye and is made up of three layers - the main middle watery layer, the thin outer lipid (oily) layer, and the thin inner mucous layer.

The lacrimal glands are just above, and to the outer side, of each eye. These glands constantly make a small amount of watery fluid which drains on to the upper part of the eyes. When we blink, the eyelid spreads the tears over the front of the eye.

Tiny glands in the eyelids (meibomian glands) make a small amount of lipid (oily) liquid which covers the outer layer of the tear film. This layer helps to keep the tear surface smooth and to reduce evaporation of the watery tears.

The tears then drain down small channels (canaliculi) on the inner side of the eyelid into a tear sac. From here they flow down a channel called the tear duct (also called the nasolacrimal duct) into the nose.

## What causes the blocked tear duct in babies?

Eyes can become watery either because you make too many tears (for example crying), or because the tear duct is blocked. The usual cause of a watering eye in a newborn baby is a delay in the normal development and opening of the tear duct. Sometimes it is not quite developed fully at the time of birth and affects about one in five new-born babies. It can affect one or both eyes.

Other abnormalities of the eye or eyelids can cause a blockage of tears in babies, but this is rare.

## How does it get better?

Usually within a few weeks of birth the tear duct finishes developing and the problem goes. In some babies it can take several months. You will normally be advised just to wait and see if the problem goes. If the tear duct is still blocked by about 12 months of age, your doctor may refer your baby to an eye specialist. Sometimes referral to a specialist may be made sooner if the problem is particularly troublesome, or if a rare abnormality is suspected to be the cause.

## Is it serious?

No, not usually. Tear production in new-born babies may take a week to start, so you may not notice watery eyes at first. You may then notice one or both eyes becoming watery. The baby is usually not bothered. Sometimes after a sleep the affected eye looks sticky. You may have to wipe away some glue-like material. The eyeball looks healthy and white. After the problem seems to have gone, if the child has a cold, the watery eyes may return for the duration of the cold. This is because the newly opened tear duct may become swollen or blocked by mucus.

## What do I need to do?

Usually nothing, as it normally goes away without treatment. If sticky material develops then wipe it away with some moistened cotton wool. Ideally, moisten the cotton wool with sterile water (cool water that has previously been boiled). It will help if you massage the tear duct four to six times a day. Often a good time to do this is when your baby is feeding. On the lumpy area of skin, just below the inner corner of your baby's eye, press and release a few times using gentle pressure. This should get rid of any build-up of mucus and stop infection.

If your baby is referred to a specialist an option is for the specialist to perform a procedure where a very thin instrument is passed into the tear duct to open up the duct. The procedure is usually successful.