

Additional Notes

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The Watery Eye

The Eye Unit Patient Information

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Introduction

This leaflet is for patients who suffer with watery eyes and aims to answer some common questions.

Why do eyes water?

In order for eyes to stay healthy, they must keep moist. A gland in the upper outer corner of the eye makes tears (the lacrimal gland). The tears wet the eye and at the inner corner they drain away into tubes in the upper and lower eyelids (canaliculi). These tubes join and empty into the lacrimal sac, beside the nose. The sac drains into the nose through another larger tube (nasolacrimal duct). This is why you have to blow your nose to clear the extra tears which have drained into your nose when you cry. If the 'plumbing' is blocked or narrowed anywhere, the tears cannot drain, but spill over the eyelids onto your face. The medical term for a watery eye is 'epiphora'.

How can a watery eye be treated?

If no blockage is found in the tear drainage system, the watering eye may be due to another problem such as increased tear production from irritated eyes. In this case, the treatment may be difficult and your surgeon will discuss possible options with you.

When should I contact the department?

If you have a lot of bleeding from the wound or nose
If you have any pain, redness or discharge of the eye or wound.

If you get continuous dripping of clear fluid from the nose.

If you have any problems with your vision.

If you have problems with the tube at the corner of your eye.

Acute Referral Clinic Helpline:

0300 019 4181

Mon-Fri - 8am - 6pm

Sat - 8:30am - 6pm

Sun - 8:30am - 2pm

How does a DCR help?

A DCR will make an eye less watery in 70-90% of patients. Your symptoms may not go away immediately as blood clots may block the new route for tear drainage for the first few days after surgery. Even if the surgery works there may be a little eye watering in cold weather outdoors or in a strong wind.

What can I expect after surgery?

A dressing will be applied for 24 hours. Make sure the wound is kept clean and dry. There should be very little discharge from the wound and if necessary, you may clean it gently using cooled, boiled water and clean gauze or tissues. Use a separate gauze or tissue for each wipe to the area.

You will be prescribed an antibiotic eye ointment, which you should apply to the wound as directed, normally twice a day for seven days.

You may get some bleeding from the nose after surgery, but usually this does not last long. To help prevent nose bleeds, sit upright, and sleep with two pillows the night after surgery. Avoid hot drinks, sneezing and coughing for 48 hours and don't blow your nose for seven days.

If you have had an external DCR, the stitches are normally removed after one week. You will also be given eye drops and a nasal spray to be used as instructed. Treatment normally lasts six weeks. You may use Sterimar spray or NeilMed Sinus Rinse more often to help clear the nasal passages if you wish.

If appropriate the tubes are removed painlessly through the nose in the clinic after 1-3 months.

What are the risks of DCR?

Unfortunately the surgery does not help in about 10-30% of patients and another operation may be needed.

Bleeding may occur from the nose, but this normally settles quickly.

Your wound may become infected or break open and your tubes may become displaced and irritate your eye. For external surgery, the scar is noticeable in about 3% of patients.

Very rarely, a fracture may spread from the bones at the side of your nose up to the bone around your brain and cause a leak of fluid. If you notice a constant running nose with clear fluid following surgery, it is important to contact the department.

What should I do before surgery?

Please tell us if you are taking anticoagulants (such as Aspirin, Warfarin, Clopidogrel). You may be asked to adjust your dose or stop taking anticoagulants depending on the reason you need to take them.

How do I carry out a cool compress to reduce swelling?

If your eye lid becomes very swollen a cool compress will help relieve the swelling. Wash your hands, then boil about 100 mls of water, and put it into a clean jug. Once it is cool, put it in the fridge and leave it to further cool for about an hour. Use this to moisten a clean face cloth or sterile gauze and press this gently over the wound for about ten to fifteen minutes. This process can be repeated if needed. Alternatively, a cooled gel pad may be used.

Wound massage

You can lessen the risk of scarring and improve the look of a wound by massaging the area with antibiotic or lubricating ointment (e.g. Vaseline). With clean hands, put a small quantity of ointment on your finger and massage gently along the length of the wound (or as instructed) 2-3 times a day. For best results, continue for 3 months or until the wound is smooth and any distortions have resolved.

If there is narrowing of the opening into the tubes on your eyelid, a simple operation to make them bigger is usually all that is needed, and this is carried out as a minor operation.

Another common problem is looseness of the lower eyelids due to ageing, which impairs the tear pumping mechanism. If this is the case, tightening the lower lid can improve symptoms in around 80% of patients.

If there is blockage further down, in the nasolacrimal duct, you may need a larger operation (DCR) to stop your eye watering.

What is a DCR?

The operation called a dacryocystorhinostomy (DCR) creates a new pathway for the tears to drain into your nose. Bone is removed next to your tear sac and the tear sac is opened out into the nasal cavity. A tiny plastic tube may also be inserted into the tear drainage holes in your upper and lower lids and tied inside your nose.

The operation is carried out either through your nose (endonasal) or through the skin on the side of your nose (external). Your surgeon will recommend which approach is best for you.