



Blocked Tear Duct (Nasolacrimal Duct Obstruction)

About 6% of all infants are born with a tear duct blockage in one or both eyes. In most cases, the blockage will get better by itself by the time the baby is a year old.

Our eyes make tears all the time, forming a thin film over the eye even when we're not crying. The tears drain into tiny holes in the corners of the eyelids, and travel through a little tunnel called the "tear duct" (or nasolacrimal duct) into the nose. This is why our noses run when we cry! If the duct is blocked, tears have nowhere to drain, so they well up on the surface of the eye, and may spill out onto the lashes and cheek. This is the first sign that a baby may have a blocked tear duct. There may be bacteria in the tears which also have nowhere to drain. If they grow in the blocked duct there may be a pus-like (yellow or green) discharge from the corner of the eye and crusts on the lashes.

If your pediatrician diagnoses a blocked tear duct in your baby, there are two parts to treatment (s)he will recommend:

- Massaging the area of the tear duct 3-4 times/day over several months may help to open the tear duct. Your doctor or nurse practitioner can demonstrate this for you. Timing this after a feeding when the baby is relaxed and comfortable makes it easier. Wash your hands first, and place your finger between the inner corner of the eye and the bridge of the nose and stroke gently downwards. Repeat this motion a few times, 3-4 times daily.
- When there is yellow or green discharge and crusting, your provider will prescribe antibiotic drops or ointment to be used three times a day after massage, for just a few days. If there is no drainage, or just a little clear or white mucus, you don't need the drops.

If pus-like drainage persists after a few days of antibiotic drops, or if the eyelids or tear duct area are red, swollen, or painful, contact your pediatrician.

Be patient! Remember 80-90% of blocked tear ducts will open up by the baby's first birthday.

If the tear duct hasn't opened by 12 months, or if more serious or frequent infections are occurring, your pediatrician will refer you to an ophthalmologist, or eye doctor. The eye doctor may recommend "probing" of the duct. This is a short outpatient surgical procedure, lasting just a few minutes. In order to have a painless procedure, the baby needs to be still, so a brief general anesthesia is used. There are no scars or stitches afterward, and usually no discomfort after the surgery.

Adapted from "EyeMDLink.com" and "pedseye.com"