

Blocked Tear Duct

Many babies are born with blocked tear ducts. You may notice tears overflowing down your child's cheeks, or thicker material draining from the eye. Infections may occur in and around the blocked tear duct. A simple, nonsurgical treatment usually solves the problem.

What is blocked tear duct?

The tear ducts are tiny openings in the corner of the eye that let tears flow out of the eye. As many as 6% of babies are born with blocked tear ducts. Because tears can't flow normally, they build up and overflow out of the eye. Tears help keep the eyes free of bacteria and debris, so blocked tear ducts can lead to infections in and around the lacrimal glands (tear glands) and ducts. Inflammation (redness, irritation) of the area around the eye can also occur.

In many babies, blocked tear ducts eventually open up on their own, with no need for treatment. We may recommend frequent, gentle massage of the area to help the duct open up sooner. If the blockage doesn't clear by about age 12 months or if your child has frequent infections, a simple procedure can be done to unblock the tear duct.

What does it look like?

- You may see excessive tears coming from your child's eyes, even when he or she isn't crying. You may not notice the problem until your child is a few weeks old.
- You may notice thicker material, consisting of mucus or even pus, coming from your child's eyes—this may be a sign of minor infection.
- If the blockage is only partial, you may see overflow only when the eye is producing a lot of tears; for example, when your child is exposed to cold, wind, or sunlight. If the blockage is more complete, tears may leak out of your child's eye constantly.
- Tears and other discharge may make the skin around the eye red and irritated. This may be a sign of mild infection. If the infection gets more severe, the area around the inner corner of the eye may become swollen and tender. Other symptoms of more severe infection include fever and fussiness.

What causes blocked tear ducts?

Many infants are born with blocked tear ducts. They can also occur in older children (and adults), occasionally after an eye infection.

What are some possible complications of blocked tear ducts?

Blocked tear ducts increase the risk of infection. However, most of these infections are mild and easily treated.

What puts your child at risk of blocked tear ducts?


- In babies, blocked tear ducts are a common problem that is usually not preventable.

How are blocked tear ducts treated?

- We may recommend frequent, gentle *massage* to unblock the tear ducts. Gently massage the area around the blocked duct two or three times per day, as instructed by your doctor. Make sure to wash your hands before touching the area around your baby's eyes. After you're done, wash the area with warm water. Don't use soap because it could irritate the eyes.
- If the blockage doesn't clear up by age 12 months or if frequent infections are a problem, we may recommend a visit to an eye specialist (ophthalmologist). He or she may perform a simple procedure called *probing*.
 - The doctor gently inserts a tiny tube (called a catheter) into the blocked duct. This almost always opens up the blockage.
 - Babies are usually given anesthesia so that they will be asleep during the probing procedure. In older children, it can be done without anesthesia.
- If the eye is infected, your child will need antibiotic eyedrops. Treatment usually continues for 5 to 7 days, depending on how quickly the infection clears. For more severe infections, oral antibiotics may be recommended.

When should I call your office?

Call our office if:

- Your child still has symptoms of blocked tear ducts (overflowing tears) by age 12 months.
- Your child has thicker material (mucus or pus) draining from the eye.
- The area around the eye becomes red, tender, or swollen.  *These may be signs of more serious infection—call our office immediately.*

