

Blocked Tear Ducts

Blocked Tear Ducts (also known as Nasolacrimal Duct Obstructions or NLDO) are a very common reason for persistent watery eyes and ocular discharge in infants.

What causes a blocked tear duct?

Blocked tear ducts are caused by incomplete development of the tear drainage system.

What are the signs of a blocked tear duct?

Your child may have history of chronic or intermittent tearing, and matting of the eyelashes. Mild redness of their eyelids may be present as well, from constant rubbing of their eyes.

Can they clear on their own?

Most cases resolve spontaneously by 6 months of age. If symptoms continue past 12 months of age, they are unlikely to resolve spontaneously.

When should I see a doctor?

If your child's blocked tear duct has not resolved by 6-7 months of age, it is recommended that you see an Ophthalmologist for further assessment and management.

How can it be treated?

Management typically does not require surgery. It generally consists of massage and observation. To massage the tear drainage structures, apply a moderate amount of pressure where the eye meets the nose (refer to diagram). Apply pressure in a downward direction for 2-3 seconds, 2-3 times per day. When massaging, ensure that fingernails are not sharp and good hygiene is maintained.

If your child has a large build of ocular discharge, antibiotic eye drops may be prescribed along with the massage.

If massage is unsuccessful, your child may require surgery.

What is the surgery?

The first option after massage fails is called 'syringe and probing'. This is where a small probe is inserted into the opening of the tear duct (called the punctum), until it unblocks the obstruction. If this fails, your child may need further surgery. This will be discussed by your ophthalmologist should it become necessary.



For more information

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