

WATERY EYE

Watery eye is when there is an excessive amount of water within the eye.



WATERY EYE (EPIPHORA)

Watery eye, or epiphora, refers to an unusually high volume of tears within the eye, in the eyelashes or streaming down the cheeks.

- Acute epiphora generally occurs in relation to an irritant, such as an allergy, foreign body, or damage to the eye, and mostly clears up quickly.
- Chronic epiphora, however, is often more serious and may need more intervention.

Epiphora has two main causes:

- tear overproduction
- reduced tear drainage.

1. TEAR OVERPRODUCTION

Tears are a natural response to anything that irritates the eye, such as a foreign body or a scratch to the surface. The watering is a protective mechanism to help clear debris away from the eye.

The most common cause of overproduction of tears is **blepharitis**. This condition occurs when there is inflammation in the eyelid glands and, in some cases, accumulation of debris on the edge of the eyelid, resulting in irritation. This can be treated with a regular eyelid hygiene routine. It may also require courses of topical or oral antibiotics.



Dry eye can also provoke over-production of tears, as the eye attempts to counteract the dryness by producing excess tears.

DIAGNOSIS

Watery eye has a wide variety of potential underlying causes. Therefore, it is essential that you are diagnosed by a qualified ophthalmologist. Because of this variety of causes, it is essential that you give your ophthalmologist an in-depth overview of your health history. This includes recent or long-term illnesses, medications and reactions to medications, glaucoma, previous injuries to your face, unusual bleeding or bruising.

2. REDUCED TEAR DRAINAGE

Normally, tears are drained from the eye by narrow passages (canaliculi) that begin in the inner corner of the eyelids. These passages drain into a tear sac in the inner corner of the eye (lacrimal sac) and pass down into the nose via the nasolacrimal duct.

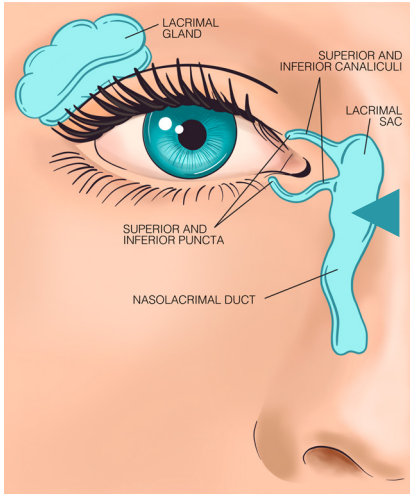
Watery eye is very common for infants, with around 30% of babies developing it. This is usually because of a membrane at the lower end of the nasolacrimal duct, which will open on its own by the age of 12 months in 90% of cases. Other causes include the underdevelopment of the nasolacrimal duct, which is also common in babies and should resolve by itself. If symptoms persist past the infant's first birthday, treatment is generally needed.

In adults, watering results from a gradual narrowing of the upper end of the nasolacrimal duct, generally because of chronic inflammation. Other causes may be scars or infections which are blocking the drainage of tears, or deformities of the eyelid. Sometimes it is because the opening on the lid (punctum) has become tight.

OBSTRUCTION TO TEAR DRAINAGE

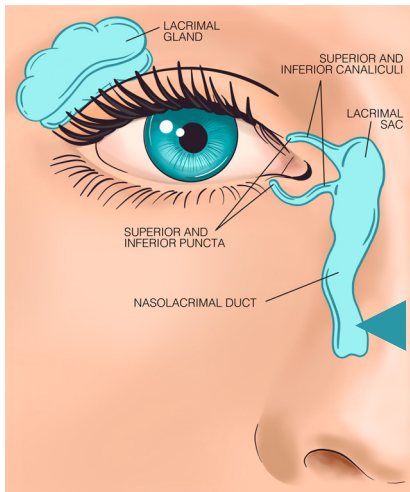
ADULTS

Watering results from a gradual narrowing, or blockage of the **upper end** of the nasolacrimal duct.



CHILDREN

The lacrimal drainage system may not be fully developed. Epiphora occurs in a membrane at the **lower end** of the nasolacrimal duct.



NON-SURGICAL TREATMENT

Treatment of watery eye will differ according to the diagnosis of the underlying cause. For allergies or infections, antihistamines and antibiotics respectively may be recommended.

For some infections, a combination of warm compresses and massage may be recommended. However, for more serious infections, surgical treatment may be required.

SURGICAL TREATMENT

For infants over 12 months, watery eye can be cured in 95% of cases by passing a probe along the passageways. A brief general anaesthetic is used for this. This is also occasionally used for younger infants if they have particularly troublesome symptoms.

For adults, syringing the tear ducts can determine if there is a blockage. For more severe cases, surgery is needed. This usually entails creating a new drainage pathway, enabling the blockage to be avoided. This is generally performed under general anaesthesia with sedation. Roughly 90% of patients regain normal tear drainage and production post-surgery. Sometimes a simpler procedure enlarging the punctum (the opening on the eye lid) is all that is required.



8 St Marks Rd, Remuera



Oasis Surgical & Dry Eye Clinic,
2 MacMurray Rd, Remuera



3 Fred Thomas Dr, Takapuna



Ormiston Medical Clinic, 211 Ormiston Rd



Phone 09 529 2480 or 0800 25 53 93

Email: admin@aucklandeye.co.nz

www.aucklandeye.co.nz

