Overflow Tearing in Infants

What is overflow tearing in infants?

Overflow tearing is a common condition where an infant's tears do not drain from the eye properly. Instead, they build up in the eye and spill over the eyelid onto the cheek. Also there can be a lot of mucus in their eye.

When tears do not drain properly from the nose, it may look like the child has an infection called conjunctivitis (sometimes called "pink eye"). This is due to the mucus and discharge. Rarely, the eyes can become red due to the overflow tearing.

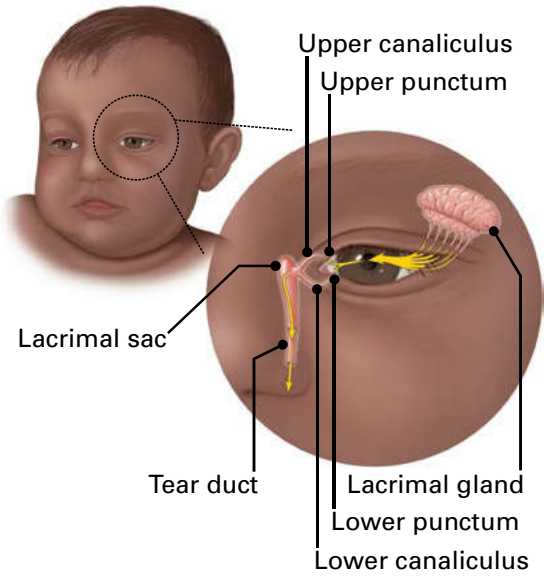
Overflow tearing causes

Overflow tearing in infants usually happens because a tear duct (tiny tube) that carries tears from the eye to the nose is blocked. A membrane (piece of tissue) at the end of the tear duct should open before birth. If it stays closed, tears cannot drain properly through the duct into the back of the nose and throat. Instead, they flow out of the eye onto the face.

In rare cases, a baby can be born with glaucoma (increased pressure in the eye). One symptom of this eye problem is a lot of tearing.

Sometimes, a baby can tear a lot from being exposed to wind or smoke. Allergies can also cause a lot of tearing.

If you notice a lot of tearing, talk with your baby's pediatrician or ophthalmologist.



The eye's tear drainage system.

How tears drain from the eye

Tears are important for keeping your eyes moist. As new tears are made, old ones drain out of the eye through two small holes called the **upper** and **lower puncta**. These tiny holes are at the corner of your upper and lower eyelids near the nose.

The tears then move through a passage called the **canaliculus** and into the **lacrimal sac**. From the sac, tears drop down the tear duct (called **nasolacrimal duct**). The tear duct drains into the back of your nose and throat. That is why your nose runs when you cry.

Treating a blocked tear duct

Your baby's blocked tear duct may open on its own during their first year of life.

Use warm water with or without baby shampoo to clean your baby's eyelids and lashes. Do this in the morning and throughout the day as needed.

The doctor might prescribe an antibiotic eye drop or ointment if it is needed.

The ophthalmologist may recommend that you massage your baby's face near the blocked tear duct. Putting gentle pressure over the area called the lacrimal sac should help open the membrane at the bottom of the tear duct.

To do this, place your index finger (pointer finger) where the inner corner of the eye meets the nose. Then, using steady and firm pressure, move your finger from the corner of the eye down the side of the nose until you reach the bottom of the nose. Do ten of these massage movements in the morning and ten in the evening, perhaps during diaper changes.

If the tear duct does not open by the time your child turns 1 year old, or if it is causing many infections, the ophthalmologist may recommend surgery to open the membrane. Here is what to expect.

- Tear duct surgery is usually done in an outpatient surgery center. Your baby will be given a local or general anesthesia.
- The ophthalmologist inserts a very slender probe through the baby's tear drainage system. This probe will pop open the membrane blocking the tear duct. Then the surgeon flushes the tear drainage system with fluid to make sure it is open.
- After surgery, you may notice that there is a little blood in your baby's tears. They could also have a nosebleed. Call your baby's pediatrician or ophthalmologist right away if you notice a lot of bleeding.
- The doctor may prescribe antibiotic eye drops or ointment for your baby's eye after surgery.

As with any surgery, there are risks to tear duct surgery. Risks include infection or bleeding. Or your baby's tear duct could get blocked again. If so, your baby may need a second surgery. Your ophthalmologist will discuss the benefits and risks of surgery with you.

Summary

Some newborn babies have too many tears and too much mucus coming from their eyes. This is called overflow tearing. It is caused when the tiny tube that is supposed to carry tears from the eye to the nose is blocked and not draining properly.

An ophthalmologist may recommend you massage the baby's tear sac to help open the blocked tear duct. If this does not work, surgery may be needed. The ophthalmologist will use a slender probe to open the duct.

If you have any questions about your child's eyes or vision, speak with an ophthalmologist. He or she is committed to protecting your child's sight.

Get more information about children's eye health from EyeSmart—provided by the American Academy of Ophthalmology—at **aao.org/childrens-eyes-link**.

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