

Epiphora in children

Information for parents and carers



This leaflet explains a condition called Epiphora and how it may be treated in children under 1 year old.

What is Epiphora?

Epiphora is a term used to describe watery eyes. It can occur in one or both eyes and can affect each eye to the same amount, or it can be worse in one eye.

What causes Epiphora?

Epiphora can be caused by many different factors. In children and babies, the most common cause is an obstruction in the normal tear drainage system. Normally tears drain away from the eyes, into the nose, down the nasolacrimal duct but 20% of children will have some defect in their tear drainage system within the first year of life. This will cause the tears to spill over and run down their face instead of draining away.

It can also be caused by:

- Irritation to the eye, for example caused by eyelashes that point inwards or following a scratch to the front of the eye
- Allergic eye disease (hay fever)
- Infection such as conjunctivitis or keratitis
- Rarely, an absence of the nasolacrimal duct
- In very rare cases, glaucoma

How is it diagnosed?

During your appointment, the clinician will assess your child's tear drainage system by using some orange eye drops (fluorescein dye) which glow when exposed to ultraviolet light. If the dye can be seen to glow in the nostril, that tear duct is allowing some tears to drain. If no glowing can be seen in the nostril after 10 minutes, that shows the duct on that side is completely blocked. This blockage is called Congenital Nasal Lacrimal Duct Obstruction (CNLDO).

How is it treated?

It is very common for CNLDO to clear up on its own as your baby grows. 75% of cases resolve without any treatment within 3 months and 96% of cases resolve within a year.

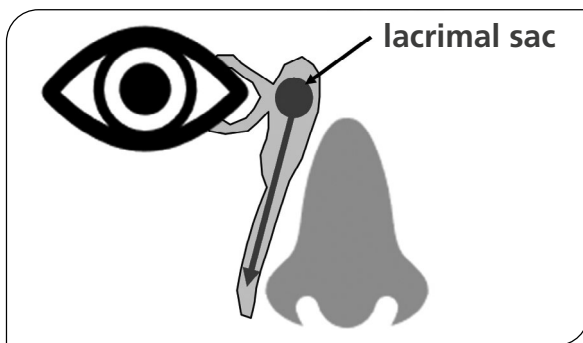
This means your clinician is unlikely to recommend any treatment until your baby is at least 12 months old. In the meantime, your baby will be reviewed by an Orthoptic Advanced Clinical Practitioner in clinic in about three months to make sure their vision is developing as it should, and there is no infection that needs to be treated.

Your clinician may recommend lacrimal drainage massage for you to do at home to help clear your baby's tear canal. This is described below.

Lacrimal drainage massage

Start by washing your hands.

1. Use your clean little finger to find the lacrimal sac on the inner corner of your baby's eye by their nose bridge. It feels like a small lump, you can find your own to see what it feels like. The image below shows where you will feel the lacrimal sac.



2. Using firm pressure, drag your finger down from the lacrimal sac along the side of the nose. Repeat this movement 10 times for each eye that is affected. This should be done at every nappy change.

Surgical treatment

If the epiphora does not resolve on its own after one year, your clinician may recommend a surgical procedure called 'probing' to clear the blockage from the tear duct.

This is done under general anaesthetic and your clinician will explain the procedure fully to you before putting your child on the waiting list.

Further resources

NHS website on Epiphora:

www.nhs.uk/conditions/watering-eyes

Video showing lacrimal massage:

www.youtube.com/watch?v=aPXIJgZSDbA

How to contact us

If you have any questions, please speak to the Orthoptist/Clinician at your next visit. If you are concerned and would like an answer sooner, please telephone the **Orthoptic Department:**

Phone: **01865 234 567** and listen to the option for **Orthoptics**
Monday–Friday, 8.30am–4.30pm

Epiphora references

References

- ¹ Sevel, D., (1981). Development and Congenital Abnormalities of the Nasolacrimal Apparatus. *Journal of Pediatric Ophthalmology and Strabismus*. 18(5), 13-19.
- ² MacEwen, C. and Young, J., (1991). Epiphora during the first year of life. *Eye*. 5(5), 596-600.
- ³ MacEwan, C. and Young, J., (1991). The Fluorescein Disappearance Test (FDT): An Evaluation of Its Use in Infants. *Journal of Pediatric Ophthalmology & Strabismus*. 28(6), 302-305.
- ⁴ Young, J., MacEwen, C. and Ogston, S., (1996). Congenital nasolacrimal duct obstruction in the second year of life: A multicentre trial of management. *Eye*. 10(4), 485-491.
- ⁵ MacEwen, C., (2001). Value of nasal endoscopy and probing in the diagnosis and management of children with congenital epiphora. *British Journal of Ophthalmology*. 85(3), 314-318.

Further information

If you would like an interpreter, please speak to the department where you are being seen.

Please also tell them if you would like this information in another format, such as:

- Easy Read
- large print
- braille
- audio
- electronic
- another language.

We have tried to make the information in this leaflet meet your needs. If it does not meet your individual needs or situation, please speak to your healthcare team. They are happy to help.

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