



EPIPHORA – Watering eyes

What is Epiphora?

Excessive tearing or the problem of tears overflowing down the cheek is called Epiphora or watering eye. This can have many different causes and the treatment will depend on the cause. Occasionally, a special form of X-ray examination of the tear drainage pathway or a test utilizing a tracer is required to assist in the assessment.

What causes Epiphora?

- Abnormalities in the lacrimal drainage system such as scarring due to injury, recurrent infection, the ageing process and surgery is required to improve the condition.
- Sometimes a dry eye can lead to excessive tears when glands in the eyelids do not function properly. This causes the tear film to evaporate quickly, leaving the sensitive cornea exposed. The tear glands then produce an excessive volume of tears. This often leads to confusion with patients failing to understand why they have been prescribed artificial tears to improve their symptoms!
- A blockage at the lower end of the nasolacrimal duct is the most common cause of a tear drainage outflow problem.

Why Face & Eye?

- Our specialized ophthalmic/oculoplastic surgeons' particular area of expertise is in operating on the delicate skin around the eyes.
- Our experts can also provide a comprehensive assessment of any underlying medical problems during your discussion of the available treatment options.

What happens at surgery?

Watering eye surgery can be performed under local anaesthesia. "Twilight anaesthesia" which is local anaesthesia with intravenous sedation given by an anaesthetist, is also available.

Dacryocystorhinostomy (DCR)

A DCR is performed where there is an obstruction in the tear drainage system by making a small incision on the side of the nose – an external DCR, or through the nose with the use of an endoscope (a surgical telescope) – an endoscopic DCR. The success rate of both approaches in our hands is better than 95%. During the surgery a fine silicone tube (a stent) is put in place to maintain an opening in the tear drainage system. This is removed later. If this surgery is not totally successful the symptoms may be resolved by the use of a Lester Jones tube.



Conjunctivo-dacryocystorhinostomy (CDCR) + Lester Jones tube

The CDCR operation is performed for patients who have a complete blockage of the tear duct, often following trauma. The operation is very similar to a DCR but instead of a removable silicone stent, a tiny pyrex tube is placed between the inner corner of the eye and the nose which is almost invisible. Unlike a stent, this remains in place indefinitely. This surgery is most often performed endoscopically avoiding the need for an external incision and a scar.

Side effects

Complications in the hands of a trained and experienced oculoplastic surgeon are very rare and all precautions are taken to minimise any risks. An oculoplastic surgeon undertakes watering eye surgery routinely and is trained to prevent and to manage any problems.

The main risks of this type of surgery are bleeding, and infection, but such problems are very rare.

After DCR or CDCR surgery

- You may have some minor intermittent nose bleeding which will take 3-4 days to settle. Avoid any activity which can provoke a nose bleed e.g. lifting heavy weights or straining.
- You may have difficulty wearing your glasses for a short period after surgery (external DCR only).
- You may experience nasal stuffiness but this will gradually improve. Avoid blowing your nose or rubbing your eye.
- Antibiotic ointment should be applied to the site as directed.
- The sutures are usually dissolvable but can be removed after 3-4 weeks.
- The silicone stent may come out as a loop in the inner corner of the eye, this can be taped it to the side of the nose – this is not an emergency so call us in normal working hours but **DO NOT CUT IT OR PULL IT.**