What is overflow tearing?
Overflow tearing, caused by a NLD (Nasal Lacrimal Duct) obstruction is a congenital stenosis of the nasal lacrimal drainage system. It is a common condition in infants and babies. Approximately one in three infants are born with an overabundance of tears and mucus. It is also quite common for babies’ eyelashes to stick together after sleep, a situation which can cause the eye(s) to become chronically infected.

Epiphora is another name for overflow tearing.

How do tears drain from the eye?
Tears drain from the eyes through two small openings called the upper and lower punctum, which are located along the upper and lower eyelids near the nose. They then flow through the canaliculus into the lacrimal sac located under the skin on the side of the nose. From the sac, the tears are pumped by blinking action of the lids into the tear ducts. These ducts go through the side bones of the nose and empty tears into the back of the nose. That’s why the nose runs when we cry.

What causes overflow tearing?
Overflow tearing is usually caused by the presence of a persistent membrane that blocks the lower end of the tear duct inside the nose. Normally, this membrane stretches or pops open at or before birth. In many infants, however, it is still closed at birth, clogging the tear drainage system. The blockage may open spontaneously in a few months as the infant grows. Approximately 85% of blocked tear ducts open spontaneously by the age of 6 months.

How is overflow tearing treated?
Initially, the physician may recommend antibiotic eye drops or ointment used once or twice daily, along with warm compresses and pressure or massage over the tear sac.

To apply pressure, place a finger under the inner corner of the infant’s eye next to the nose, and roll the finger over the bony ridge while pressing down and in against the bony side of the nose. This expresses mucus and tears from the sac. Following pressure on the sac, place an antibiotic in the eye. Most tear blockages in infants will disappear by six months of age. If the tearing persists, it may be necessary for the physician to open the tear ducts by probing and irrigation. Usually this procedure is done in the operating room under general anesthetic.

For more information, please contact our patient advisor by phone at 330-747-2733 or by email at info@eyecareassociates.com.

The intent of this handout is to educate users about eye care. Information found on www.eyecareassociates.com is not intended to replace medical advice. Questions about treatment information should be addressed by your physician.
How is probing on the tear duct performed?
The probing is performed by using a thin, blunt metal wire, which is gently passed through the tear drainage system into the nose to ensure that the pathway is open. Infants experience no pain after probing, but some blood staining of the tears or nasal secretion is common, and a discharge from the eye may be present for up to a week. Antibiotics may be prescribed. Obstructions can recur, and a repeated probing may be necessary.

If probing is not successful, plastic or silicone tubes can be placed in the drainage canal. This is a longer procedure than probing. Occasionally, further surgery is needed to bypass the blocked tear duct and create a new opening through the bone into the nose.

What complications can occur with treatment?
As with any surgical procedure, there is the possibility of infection or bleeding. Scarring can re-obstruct the opening, requiring additional surgery. Chronic obstruction can lead to infections of the tear sac at any age.