

This leaflet is intended to provide you with general information. It is not a substitute for advice from your ophthalmologist. You are encouraged to discuss the benefits and risks of treatment with your ophthalmologist. This is an abridged version of the RANZCO patient education pamphlet: Epiphora or Watery Eye – a guide for patients. The complete pamphlet is available from your ophthalmologist.

An abnormal overflow of tears from the eyes is called epiphora. Acute episodes usually result from an irritant to the eyes, such as a foreign body or an allergy. They usually clear up quickly with minor treatment. However, chronic epiphora is usually more complex, and the condition may require surgery.

Tears flow into the eye through tubes from the lacrimal glands. Tears drain away through openings called puncta, one on each of the upper and lower lids. From the puncta, the tears drain into tubes called lacrimal ducts or canaliculi, and then into the nasolacrimal duct that leads to the inside of the nose.

The most common causes of chronic epiphora are a blockage in the lacrimal drainage system or an over-production of tears. If a blockage is the cause, surgery may be recommended.

Your medical history

Your ophthalmologist needs to know your medical history to plan the best treatment for you. Tell your ophthalmologist about any health problems you have. Some may interfere with treatment, surgery, anaesthesia, recovery and medical treatment following recovery.

A decision to have surgery

As you make the decision whether to have surgery, make sure that you understand the risks, benefits and limitations of surgery. If you do not have treatment, your symptoms and condition may continue to worsen.

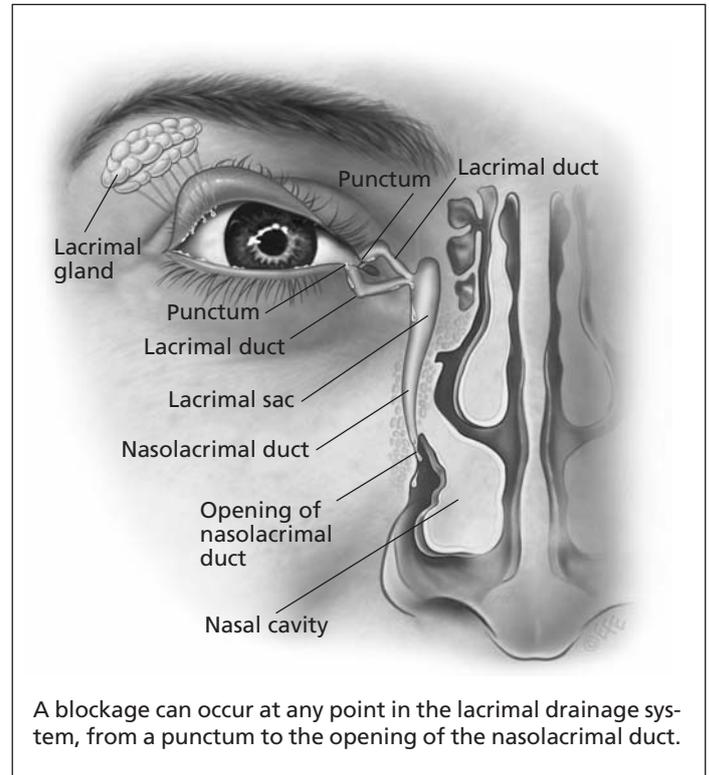
Only you can decide if surgery is right for you. If you have any questions, ask your ophthalmologist.

Anaesthesia

Epiphora surgery may be performed under local or general anaesthesia.

Diagnosis and surgical treatment

To locate the blockage in the lacrimal drainage system, your ophthalmologist may suggest one or more tests. Treatment may be performed at the same time.



- Dye test – drops of a special dye are put into the watery eye to check if the tears drain or overflow.
- Syringing and probing – a narrow probe is inserted into a lacrimal duct. If the probe enters the lacrimal sac without resistance, the blockage is probably further down the drainage system.
- X-ray examination – to help locate the blockage. This involves an injection of dye into a punctum.
- DCR procedure – if the blockage is in the nasolacrimal duct, your ophthalmologist may suggest a surgical procedure called a DCR (dacryocystorhinostomy). A DCR bypasses the blockage by creating a new passage between the lacrimal sac and the inside of the nose.
- Lester Jones tube – your ophthalmologist may suggest an operation to implant an artificial lacrimal duct, called a Lester Jones (or Jones) tube, so tears can drain properly.

Possible risks and complications

Epiphora surgery is safe and effective, but does have risks of complications. These are more fully outlined in the complete RANZCO patient education pamphlet and should be discussed with your ophthalmologist.