

WATERY EYE (EPIPHORA)

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How do tears normally drain from the eye?

Tears are produced by the lacrimal glands of the eye, which are in the upper outer part of the eye socket. The tears lubricate and clean the surface of the eye.

The tears normally drain away from the front of the eye via 2 drainage holes in the corner of the eye next to the nose, one in the upper and one in the lower eyelid.

These holes enter a tear sac, which then leads into the nose itself through the bone of the nasal sidewall via the tear duct (or *nasolacrimal duct* to give it its proper name.)

Why is my eye watering ?

A watery eye may be due to a number of factors. In general, these may be divided into factors causing overproduction of tears or problems with drainage of the tears from the eye.

Overproduction is usually due to irritation of the eye by infection around the eyelid or eyelashes (termed *blepharitis*.)

Problems with tear drainage into the tiny openings of the tear duct in the eyelids may occur if there are problems with the position of your eyelid, or by blockage and narrowing of the tear duct openings themselves.

The other main cause of poor tear drainage is a blockage or narrowing in the tear duct itself. This usually causes constant watering and sometimes a sticky and mucky eye.

Alternatively however, there may be no obvious physical blockage in the tear duct but the tears do not drain through it in an effective way – this is termed a ‘functional’ blockage of the tear duct.

What may I notice if this happens ?

If the tears don’t drain properly, they start to overflow out of the eye itself onto the cheek. This may interfere with your vision, particularly when reading and driving, and is often worse outside (especially in cold and windy conditions) affecting activities such as golf or gardening.

Soreness of the lower eyelid and cheek skin may occur as a result of the constant irritation.

Stagnation of the tears may cause infections around the surface of the eye (i.e conjunctivitis or blepharitis.)

More deep seated infection of the tear sac itself may occur (i.e *dacrocystitis*.)

Problems may occur with wearing contact lenses and other aspects of general eye care.

What can be done to help this ?

Depending on the cause for the eye watering, there are a number of treatment options.

Lubricants and antibiotic eyedrops and ointments may be prescribed for you if you have an infection around the eyelids or eyelashes (*blepharitis*.)

If this doesn't work and the symptoms are starting to effect your daily life, patients with this problem are usually referred to an Ophthalmic Surgeon, as surgery may be the best way forwards once you have been carefully assessed by an appropriately specialised expert Consultant Oculoplastic Surgeon .

If the watering is due to an abnormal lower eyelid position this may need an operation to correct it. Alternatively, if the tear duct opening itself is narrowed this can also sometimes be stretched or 'snipped' to open it up and allow the tears to drain properly.

If there is a blockage in the tear duct, either physical or 'functional', the problem can be solved by an operation to bypass the tear duct and create a new drainage pathway into the nose directly from the tear sac itself – this operation is called a *Dacrocystorhinostomy* (or *DCR*)

Traditionally this is via an incision at the side of your nose next to your eye and the bone between the eye and the nose is removed to create a new passage into the nose. It does, however, create a permanent small scar on the nose and can be somewhat disruptive to the normal anatomy of the eyelid and eyeball muscle mechanism.

Is there an alternative ?

Together with my Consultant Oculoplastic Surgeon colleague Mr Joe Devereux, I have introduced a new operation in East Kent called Endoscopic DCR, which is only performed in a small percentage of Specialised Units around the country.

This creates a new passage from the eye to the nose as before, but this is done up the nostril using tiny cameras called endoscopes, along with tiny custom made instruments and drills to remove some of the bone between the eye and the nose and create a new tear passage.

There is therefore no external cut on the nose and no scar at all, and the normal anatomy of the eyelid and eyeball is left undisturbed.

The view we are able to get of the procedure up the nose is superior to that Mr Devereux has traditionally been able to achieve through the external route, and the results of this new operation have proved as successful, if not more successful, than the more traditional External DCR.

Can I have this treatment locally ?

Unfortunately due to current funding issues with the provision of such advanced and costly services in the NHS, we are unable to offer this service or new operation in our NHS practice at East Kent Hospitals University NHS Foundation Trust.

Mr Devereux and I are however able to offer you a comprehensive multidisciplinary service to assess and treat your watery eye at The BMI Chaucer Hospital and at The Spencer Wing, Margate.

Together, we can accurately and quickly diagnose what the likely cause of your watery eye is as part of a 'one-stop' service in outpatients.

This can be done by placing a small amount of dye into your eye and looking into the nose with an endoscope to see where the likely blockage is, before treatment tailored to the cause can be started straight away.

Rarely, a special x ray of your lacrimal system called a *Lacrimal Scintigram* may be required to help us fully diagnose your problem.

You can make an appointment to see us at The Chaucer Hospital at a time convenient for you through my secretary on 01227 825124 - *please emphasise to her that you have a problem with a watery eye, as she will ensure that both myself and Mr Devereux are present at the time of your outpatient appointment.*