Patients who suffer watering of the eye frequently endure blurred vision, social embarrassment and recurrent ocular infections. While the problem may be due to hypersecretion from the lacrimal gland, more commonly than not, there is some form of ocular irritation. The clinician must exclude common forms of corneal irritation such as foreign bodies, trichiasis and allergy. In the absence of irritation, painless epiphora may be due to an obstruction of the outlet drainage pathway for tears. Infections can occur due to stasis of tears and accumulation in the tear duct system.

Tears initially flow from the lacrimal gland over the ocular surface to keep the cornea moist and lubricated. They enter the lacrimal punctum, located on both the upper and lower lids. These puncti, then drain tears along the canaliculus. Each canaliculus is approximately 8 to 10mm long and extends into the lacrimal sac, before being propelled into the nose via the nasolacrical duct in the lateral nasal wall.

Epiphora and recurrent ocular infections frequently occur in infants after birth, with up to 20 per cent of neonates affected. Within this group, more than 90 per cent of children suffering will improve spontaneously by 12 months of age. The remaining patients will often improve with lacrimal surgery by probing or intubation and rarely require dacryocystorhinostomy (DCR) intervention. In adults, females are affected more than males. Whether this is due to hormonal influences is unknown. While makeup has been implicated, solid proof of the association is yet to be found.

Nasolacrical duct obstruction

The simplest way to identify patients with nasolacrimal duct obstruction is to perform a fluorescein dye disappearance test. The corollary test is the presence of a high tear meniscus, sometimes with spillage of fluorescein-coloured tears outside the eyelids (Figure 1). A diluted drop of fluorescein is placed in the conjunctival cul-de-sac and after three minutes, the disappearance of this dye is noted. From the optometrist’s perspective, the best way to identify these patients is to have a cobalt blue light and to assess fluorescein disappearance or height of the

For most people suffering from watery eye, eliminating the embarrassment of ocular infections and blurry vision is becoming easier to achieve, thanks to the benefits of dacryocystorhinostomy (DCR). Dr. Raf Ghabrial
The nasolacrimal system is partially obstructed. This is usually short-lived, as the obstructive symptoms subside, and there is a restoration of the nasolacrimal system dynamics. Although some improvement occurs, the objective of evaluation is primarily diagnostic, but may result in treatment of the nasolacrimal system and this is frequently located at the nasolacrimal duct. If tears do not pass into the nasolacrimal system but the patient continues to suffer from watering, there is frequently found partial and/or functional nasolacrimal duct obstruction. Often patients in this situation will have intermittent symptoms, which is usually explained to patients as being ‘lazy’ tear ducts. This situation can often be confirmed by a lacrimal scintogram. In this situation, a radio-labelled tear drop is placed in the cul-de-sac and its passage is observed over twenty minutes. The test is performed by technicians and is a simple scan, usually performed in hospitals.

**Available Treatments**

The ophthalmologist will frequently perform a probe and syringe procedure in the rooms or outpatient department. This is primarily diagnostic, but may result in some improvement in symptomatology. This is usually short-lived, as the nasolacrimal system is partially obstructed. Simple dilation of the existing system by instruments or balloons has not proven to be successful over time. Initial reports of re-opening the blocked nasolacrimal system had promising outcomes. However, the current success rate of such procedures is approximately 60 per cent. Bypass procedures by way of dacryocystorhinostomy (DCR) appear to be much more successful and achieve a greater than 90 per cent success rate in many reports.

"... Bypass procedures by way of dacryocystorhinostomy (DCR) appear to be much more successful and achieve a greater than 90 per cent success rate in many reports."

Patients are frequently very grateful for a positive outcome from this procedure. It can transform their lives, by eliminating the embarrassment of watering as well as recurrent eye infections and blurring of vision.

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