University Hospitals
Coventry and Warwickshire
NHS Trust

Ophthalmology Department

The Watery Eye

Why do eyes water?

In order for the eye to remain healthy, it must remain moist. The lacrimal gland is a specialised gland located under the outer one-third of the upper eyelid that makes tears. Each time you blink, the eyelid spreads the tears over the surface of the eye and pumps excess tears into a "duct" that drains the tears into your nose. That is why your nose runs when you cry.

Excessive watering may happen due to excess tear production or due to obstruction in the draining channels. The latter is more common. Less commonly, the blinking or ‘pumping’ action of the lids may be faulty. Typically, the symptom of watering tends to be worse outdoors and often gets worse by cold and windy weather.

What can happen then?

If the tear duct gets blocked and results in swelling of the tear sac by the side of the nasal bridge, the stagnant tear may get infected giving rise to a painful abscess forming condition called ‘dacryocystitis’.

Sometimes the blockage may be closer to the eye lids. If the tearing causes severe symptoms, surgery can be carried out to create a new tear duct. This operation is called ‘dacryocystorhinostomy’ (DCR).

What does the surgery involve?

This operation is usually carried under general anaesthesia so you will be asleep. An alternative new tear passage is fashioned to drain your tears into the nose.

There are two approaches to DCR surgery. External DCR and Endonasal DCR often referred to as Endo DCR.

External DCR

The operation takes place through an incision (cut) on the side of your nose, where a pair of glasses would normally rest. Your doctor will often place small silicone tubes temporarily to keep the new tear duct open while healing happens and these are removed after (two - three) months in most cases. Surgical bypass of the obstruction by creating a new tear duct is necessary to eliminate the tearing and infection that can result from such a blockage. You will have skin stitches which are usually removed 10 to 14 days later.

Endonasal DCR

This procedure is done via the nose using special surgical equipment. This method is only suitable for certain patients and an examination of the inside of the nose may be necessary before a decision is made. Again, small silicone tubes will be placed temporarily to keep the tear passage from healing. This procedure does not require a skin incision (cut) or stitches.

Are there any risks or side effects?

- Postoperative nosebleed can sometimes occur, within the first 48-72 hours.
- Small risk of infection of the orbit or sinuses. You will routinely receive antibiotics to prevent this.
- Tenderness on the side of the nose that may last for a few months.
- Transient bruising around the eye.
- You may have a conspicuous scar.
- Risk of failure.

What are the benefits?

- Relief of symptoms (that is watering).
- Reduces the risk of recurrent infection.

Precautions after the surgery

- Avoid very hot drinks for the first 48 hours; you will need to cool any hot drinks down before drinking.
- Avoid blowing your nose for the first week after the operation.
- In case of a persistent nosebleed please attend the hospital's Accident and Emergency Department immediately or follow the advice you were given before your surgery.

Special situations

Occasionally, the 'tear duct' obstruction will be beyond repair. When this happens, it is necessary to surgically implant an artificial 'tear duct' behind the inner corner of the eyelids to drain the tears into the nose. The artificial 'tear duct' is made of Pyrex glass and is called a 'Lester Jones tube'.

Can this condition affect children?

Children are frequently born with an obstruction within the 'tear duct'. When this happens, tearing results. The stagnant tears within the 'tear duct' often become infected causing pus (heavy matter) to collect between the eyelids. Such obstructions usually resolve on its own within the first few months of life. If not, the oculoplastic surgeon can eliminate this problem with surgical techniques which may vary from simple 'no cutting or stitching' procedure to temporarily placing silicon tubes or even DCR surgery as carried out in the adults.

Further Information

If you require further information please contact the Nurse Specialist:

Sister Hazel Mercado 024 7696 6533

Alternatively, you can contact the Ophthalmology Secretaries on:

Mr Ahluwalia's secretary 024 7696 6506

Mrs Mehta's secretary 024 7696 6508

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Emergency eye appointments: New booking system

If you have an urgent eye problem, you can now book an on-the-day telephone consultation via the Eye Emergency Referral Service (EERS).

Scan the QR code or visit www.uhcw.nhs.uk and search Eye Emergency Referral Service. You can book a telephone consultation via this link.

You will be spoken to by an expert clinician who will give you specialist advice on the next steps to take.

Please provide a phone number which you can be contacted on for the consultation. Please also be aware that you will be phoned as close to the allotted time as possible, although at busy times unfortunately there may be a delay.

In the event that you feel you cannot wait to speak to someone or do not have online access then you may call 0247 696 4800.

This phone line is open 9am - 1pm; 1.30pm - 5pm (Monday - Friday, excluding bank holidays) and 9am - 12pm (Saturday).

Please only attend the Eye Outpatient department if you have had a telephone consultation in advance and have been advised to attend.

In the event of an eye emergency out of hours, please attend the Minor Injuries Unit/Emergency Department.