

Watery eyes

Information for parents from the 3V2 Eye Clinic

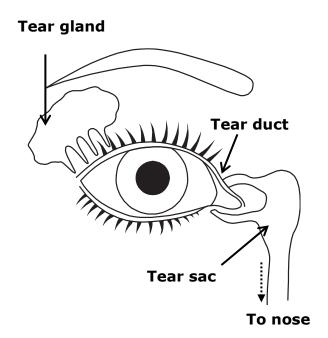
Some babies and young children have watery eyes. This is normal as their tear passages are not yet open.

Most of the time, it gets better on its own. A little massage can help.

Why are my child's eyes watering and goopy?

This may be because your child's tear passages are not yet fully open. This is common in babies and young children.

Tears are made in a gland above the eye. They flow over the front of the eye and drain into tear ducts in the eyelids, near the nose. Then, they flow into a tear sac, which drains into the nose.



When babies are born, their tear ducts are not fully open. The tears cannot drain away. They stay around the eyes and in the tear sac, causing watery eyes.

Does this need treatment?

Watery eyes usually get better with time. The tear duct will open up as your child gets older. Most children do not need treatment.

If the discharge from the eyes is sticky and builds up on the lashes, just wipe it away.

Can this cause problems?

Children with watery eyes may develop eye infections now and again. Your doctor will prescribe antibiotics to treat these infections.

The infections should start to clear as the tear ducts open.

What can I do to help?

We can teach you how to massage the tear duct. Massaging moves the tears from the tear sac into the nose, helping to open up the tear duct.

This should be done for a few minutes, two or three times a day. The best time to do this may be in the bath, when your child is relaxed and playing.

What if massaging doesn't work?

If massaging has not worked or the eye gets infected often, the doctor may recommend probing the tear passages.

A thin metal probe is gently passed through the opening of the tear duct, into the tear sac and down into the nose. This stretches and opens the tear passages.

We will give you more information about probing if this is recommended for your child.

If you have questions or concerns please call the Eye Clinic at 905-521-2100, ext 72400.

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