

tearing in adults

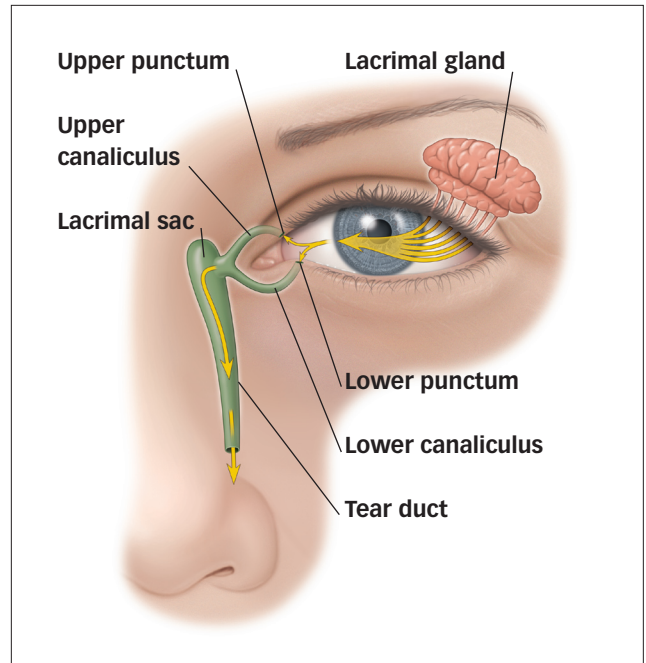
The lacrimal gland and other small glands located inside the eyelid and on the white part of the eye constantly produce tears to keep the eye moist, lubricated and healthy.

HOW DO TEARS DRAIN FROM THE EYE?

Tears are produced by glands around the eye and are washed across the eye toward the nose. They drain from the eye through two small openings called the upper and lower **puncta**, which are located at the inside corner of the upper and lower eyelids near the nose. The tears then move through a passage called the **canaliculus** and into the **lacrimal sac**. From the sac, the tears then drop down the tear duct, called the **nasolacrimal** duct, and drain into the back of the nose and throat. That is why your nose runs when you cry.

EXCESSIVE TEARING MAY OCCUR FROM THE FOLLOWING:

- injury, birth defects, infection or other blockage of the lacrimal (tear) drainage system;
- eyelid or eyelash disorders;
- infection in the eye;
- wind, smoke, fumes or other environmental irritants;
- glaucoma;
- certain medications;
- allergic reaction;
- eyestrain;
- dry eyes;
- foreign material in the eye;
- scratch on the eye.



The eye's tear drainage system

HOW IS THE CAUSE OF EXCESSIVE TEARING DETERMINED?

A thorough eye examination by an ophthalmologist (Eye M.D.) is necessary to determine the cause of excessive tearing. Your ophthalmologist may also:

- irrigate your tear drainage system with fluid to make sure the pathway is open;
- measure tear production;
- measure eye pressure;
- illuminate the tear drain with a fluorescent dye test;
- perform computerized tomography (CT) scanning.



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HOW IS EXCESSIVE TEARING TREATED?

Once your ophthalmologist determines the cause, treatment may include one or more of the following:

- surgical opening of the blocked drainage system;
- surgery to repair an injured drainage system;
- removal of an inturned eyelash or foreign body in the eye;

- adding a new opening from the lacrimal sac into the nose, a procedure known as dacryocystorhinostomy (DCR);
- use of lubricating eyedrops or ointment;
- insertion of an artificial tear duct implant.

Your ophthalmologist will discuss the most appropriate form of treatment with you.

COMPLIMENTS OF YOUR OPHTHALMOLOGIST:

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