

# The Watery Eye

Often patients present to their primary health care practitioners with what might seem like a minor problem, but one which causes major distress. Epiphora (watery eye) is the classic eye example of this.

Obvious watering of the eye is simply due to the mis-match between the production of tears and their drainage. So diagnosis of the cause is easy, right? Well, not necessarily, but here are some of the more obvious signs to consider in making a diagnosis.

Reflex tears occur in response to stimulation of the lacrimal gland, to wash away, irritation to the ocular surface. Tears when chopping onions are a response to the acids in the onion dissolving in the tear fluids and irritating the eye. Often a small misdirected eye lash, rubbing against the lower cornea or conjunctiva (especially if a previously epilated lash has re-grown) will cause tears, with the patient being unaware of the cause.

Foreign bodies tend to be removed quickly by tears, but an embedded foreign body will not. Everting and double-everting of the lids is the only way to completely eliminate a foreign body as the cause. Concretions erupting through the palpebral conjunctiva, or other lid

pathology, can also cause tears via irritation.

Paradoxically, dry eye (eg Sjögren's syndrome) can cause epiphora. The constant irritation of the dry conjunctiva causes increased reflex tears. Optometrists are trained to consider this when evaluating both dry eye and epiphora.

Poor quality tear fluid can also cause discomfort and reflex watering – low mucous or lipid layers mean that aqueous tears are produced but do not stay on the eye long enough to wet the surface correctly. Blepharitis is a common cause of epiphora and often responds well to non-pharmacological intervention.

Viral infection is a classic cause of a red watery eye; usually bilateral and often following a viral infection of the upper respiratory tract. After three patients present with pink, watery eyes due to viral conjunctivitis in a day or two, it is very tempting to diagnose the fourth person with similar symptoms as having the same cause. An optometrist with access to diagnostic stains and a slit-lamp biomicroscope can confirm or eliminate the usual signs of viral infection and help provide a definitive diagnosis.

*"Your local optometrist is able to work with you to manage your patients"*

So diagnosis of the cause is easy, right?

Maybe, and then again maybe not.....

Poor tear drainage might be the problem rather than tear production. Poor drainage of tears has some obvious causes that include ectropion and blepharitis. The lacrimal duct can be narrowed due to the swollen lid tissue. Occasionally the duct itself is blocked due to an obstruction or an infection. Many optometrists are trained to syringe the tear ducts, which is a useful first step to eliminate any foreign body blocking the duct before referring the patient for surgery.

Naturally, a patient can present with two or more causes for watery eye. The insult of a cold wind, a small amount of ectropion and a low-grade viral infection together can produce a slight watery eye which is much worse on a cold day on the golf course. Your local optometrist is able to work with you to manage your patients to solve this “minor” problem which produces “major” annoyance.

### You can order an eye test for your patient

- Recent change in vision
- Sore and/or red eye
- Meibomian cysts
- Watery eye
- Headaches
- Glaucoma
- Cataract
- Other.....?

“Optometry referral forms” are available from NZ Association of Optometrists  
Visit our website at: [www.nzao.co.nz](http://www.nzao.co.nz)  
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