

Complex Lacrimal Disease



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Qu: Which patients are more ‘complex’?

Lacrimal symptoms vary from an awareness of excess tears in the eye, to flooding of the eye with tears, and / or mucus discharge from the inner corner of the eye. Many patients will respond to simple lubrication of the eye, whilst others may require intervention to restore the drainage of tears from the eyes.

However, in certain individuals, the causes of the watering may be more complex, and effective management requires a specialised knowledge and experience of the subject. Such complex reasons for watering may include the following patients:

- (a) Those who have undergone previous surgery for a watery eye, and in whom the symptoms have returned.
- (b) Those in whom there has been blockage to the fine canaliculi (tear out-flow channels) in the eyelids. The causes include:
 - a. Injuries to the eyelids
 - b. Previous surgery to the inner corner of the eyelids (the inner canthus)
 - c. Previous viral infections of the eyes,
 - d. Certain inflammatory diseases
 - e. A past history of systemic chemotherapy
 - f. Previous use of punctual plugs
 - g. Previous lacrimal interventions (probing, syringing, insertion of tubes, etc).

Qu: How is a patient with complex causes for watering managed?

The key to successful management of the watering eye in such complex scenarios requires:

- a. Sufficient understanding of the possible background causes
- b. The ability to interpret appropriate investigations
- c. A logical approach to management
- d. A wide practical experience of the appropriate surgery
- e. An understanding of the prognosis (likely outcome)
- f. Experience of managing complications as and when they arise.

Depending on the causes for tear production, and the level of lacrimal blockage, treatment may entail the following:

- a. Correction of eyelid malposition
- b. Management of conjunctival and / or ocular surface disease
- c. Punctal enlargement
- d. External dacryocystorhinostomy (DCR) with intubation
- e. DCR with removal of a membranous block
- f. DCR and canalicular revision (DCR and retro-canaliculostomy)
- g. Endonasal revision of previous surgery with intubation
- h. Placement of a glass lacrimal bypass tube (in cases where previous lacrimal surgery has been unsuccessful, and / or where the natural drainage channels are absent or injured)

Qu: In these situations, can a watery eye be cured?

A degree of watering is common in all healthy individuals from time to time. However, where there are different, and / or complex, causes for watering, the outcome of medical and surgical intervention depends on the severity of the underlying cause(s). With appropriate treatment, which in the most challenging cases may even require the placement of a glass lacrimal bypass tube (*see information leaflet*), the great majority of complex patients can expect significant relief of their symptoms.