NHS Somerset

PATHWAY FOR THE MANAGEMENT OF WATERY EYES

Patient presents with watery eyes

↓

Symptoms present > 6 months

AND

- Vision significantly affected

OR

- Associated with muco-purulent discharge or other sign of infection

OR

- Causing chronic inflammation of periocular skin

AND

Patient fit/willing/able to consider surgery

↓

Meets above criteria?

YES → **Refer to Ophthalmology**

NO → Watchful waiting in primary care; review if symptoms persist beyond 6 months

PLEASE NOTE:
These guidelines are suggested best practice. However the guidance does not override the individual responsibility of healthcare professionals to make decisions appropriate to the circumstances of the individual patient, in consultation with the patient and/or carer.

NOTE:
Chronic watering is usually due to lower lid laxity/malposition and/or nasolacrimal narrowing/obstruction, for which surgery is required.

NOTE:
Syringing of the tear drainage channels should be regarded as diagnostic – it is **not** a treatment and will generally not resolve watering.

NOTE:
For children born with watery eyes, do not refer until one year old as the vast majority will resolve spontaneously by that age.

JUNE 2011