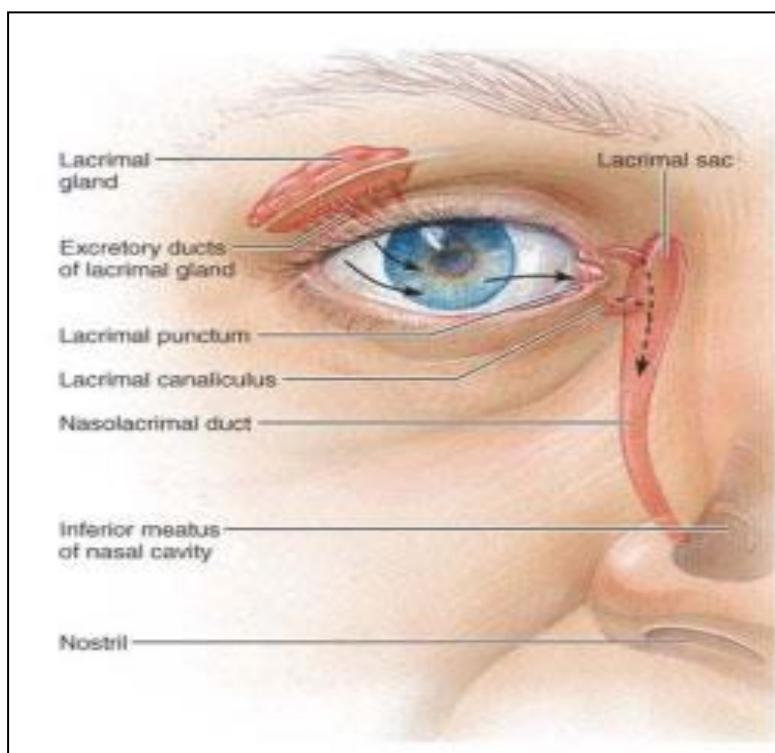


Patient Information Factsheet - Dacryocystorhinostomy (DCR)

What is a dacryocystorhinostomy?

This is an operation that is carried out to help tear drainage. Tears are produced in the lacrimal gland under the skin above the eye. The tears flow over the surface of the eye and drain away through the puncta, which are tiny holes on the upper and lower eyelids near the nose. From here the tears drain into the little channels known as 'canaliculi' and into the lacrimal sac. They then flow down the naso-lacrimal duct into the nose.



What symptoms may I experience?

You may experience:

- Watery eyes
- Sticky discharge in the inner corner of your eye
- A recurrent swelling at the inner corner of your eye

How is the condition diagnosed?

You attend an eye clinic appointment and have a variety of tests completed (for example, vision testing) prior to seeing an ophthalmologist (eye surgeon). If the ophthalmologist wants confirmation of whether or not your passages are blocked, then a simple test is requested to the ophthalmology nursing staff who will undertake the test. This procedure involves gently squeezing a small amount of salty water into the passages to see if the fluid will pass through to the back of the nose. Local anaesthetic drops are used so that the procedure is not uncomfortable.

At times it may also be necessary to perform an X-ray procedure called a dacryocystogram (DCG) to establish how narrow or blocked the passages are. This is completed in the X-ray Department at the Lister Hospital.

The DCG is similar to the procedure above, except a special opaque dye is used to help outline exactly where the blockage is.

Following DCG you will return to an outpatient's appointment for your consultation to confirm the diagnosis.

Who needs DCR surgery?

A DCR is worthwhile if the watering you experience is bad enough to really interfere with activities of daily living. It may also be recommended by your doctor if you have had an infection in the tear sac (acute Dacrocystitis) as a result of a blocked tear duct, in order to prevent repeated attacks of a red, painful swelling at the corner of the eye.

There are two ways of doing the surgery. Not everyone is suitable for both types of approach and the surgeon will discuss with you which is the suitable option.

Option 1 – Externally, through the skin

A small incision or cut is made by the surgeon on the skin over the tear sac on the side of the nose that is affected. A hole is then made through the bone. The lacrimal sac is then joined directly onto the lining inside the nose and so bypassing any blockage. In some cases a very fine plastic tube may be inserted into the tear duct. This tube can be left in place for six to eight weeks while healing takes place and is then removed. The cut in the skin is closed with three to five stitches, which will be removed seven days later at your GP surgery. You may experience some pain after surgery therefore, please use pain relief as required.

Option 2 – Endoscopically, from within the nose

To perform a DCR with the aid of endoscopes (endoscopes are tiny cameras) which allow surgeons to see in confined spaces and perform appropriate surgery. Endoscopic DCRs allow the surgery to be performed from within the nose, therefore avoiding the need for incision externally.

The blockage is bypassed in the same way as described above. Tubes will be left inside the nose until the surgery has healed and will be removed six to eight weeks later at an eye clinic appointment.

However, there is a chance that during the procedure the surgeon may have to revert to the traditional external approach, as the anatomy of the nose may not allow an endoscopic approach.

You may experience some pain after surgery therefore, please use pain relief as required.

What type of anaesthetic is used?

The operation may be done under local anaesthetic where you remain awake but have an injection to numb the operated area or under general anaesthetic where you are completely asleep. We will discuss the best choice of anaesthetic with you before the operation. If you are elderly, have heart or chest problems or are overweight, local anaesthetic may be the safest option.

What can I expect after surgery?

Bruising is common with the external DCR but not with the endoscopic approach. Swelling and bruising may be worse the first day after surgery and the discolouration may run down your face from your cheeks to your chin. Both are normal and will fade.

- You may experience a slight nasal discharge for two to three weeks, which is expected.
- Do not blow your nose or pick off any crusts.
- Avoid strenuous lifting and contact sports.
- If you have any pain take paracetamol rather than aspirin as aspirin promotes bleeding.
- You can expect to be off work for one to two weeks depending on the type of work you do.
- Do not have hot drinks or hot food for 48hrs after surgery because these increase the flow of blood to the nose and can cause a nosebleed.
- Try not to bend over much for the first two days following surgery.

Bleeding

- You may bleed from the nose in the days following surgery. Usually this is minimal and takes place within the first 24hrs.
- In rare cases it can be severe and take place any time in the first week after surgery.
- If you have a nose bleed stay calm, sit down and gently apply pressure to the nose with a clean tissue or cloth. The bleeding will normally stop after a few minutes.
- **If it persists and is severe, go to a local hospital emergency department where it can be assessed and treated.**

Scarring

There is a visible scar on the skin with an external DCR. This generally fades and is virtually invisible after a few months. There is no visible scar after endoscopic surgery.

Infection

This is rare after DCR surgery. Antibiotics are usually given during surgery and may be prescribed to take at home for one week. If an infection develops there is generally pain, redness and swelling in the operated area and there may be a pus discharge.

If you have any concerns or require any further information please contact the Urgent Eye Clinic.

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