

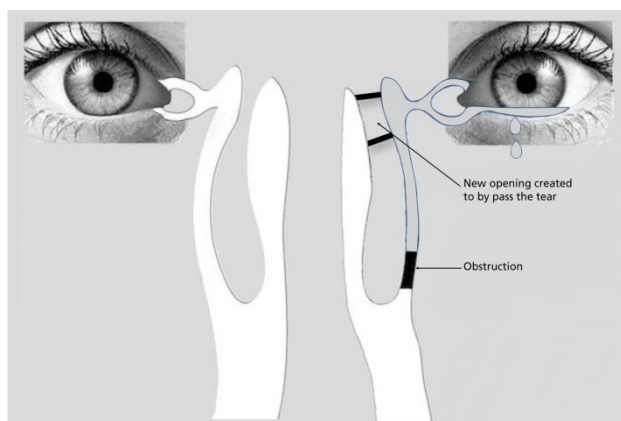
Information for Patients Having a Dacryocystorhinostomy (DCR)

Why do I need a dacryocystorhinostomy (DCR)?

Tears are produced continuously, and when you blink they drain into two small holes in the inner corner of your upper and lower eyelids, passing into a duct and then down the nose.

A DCR operation is performed when the tear drainage system between the eye and the nose is blocked, preventing tears draining away. If the eyes are not draining properly, this can cause watering eyes, a sticky discharge and repeated infections.

What is a DCR?



Normal Tear Duct System

Blocked Tear Duct System

A DCR is a procedure to treat a tear duct that has been completely or nearly completely blocked. A new passage is created between the eye and the nose so that the tears can drain away into the nose. A fine plastic tube is inserted into the new tear passage to keep it open during healing. This is not usually noticeable and is removed about 6-8 weeks later in the Eye Clinic. The success rate of DCR is about 85-95%.

The procedure can be done in two different ways. Both are performed under general anaesthetic (meaning that you are put to sleep) and can take up to one hour. Your surgeon will discuss with you which kind of procedure is the right one for you.

- **External procedure (through your skin):**

A small cut is made in the flat surface of your nose near the affected tear sac area. A small hole is made in the bone. The tear sac is opened and directly connected to the lining of your nose. The skin is closed with 3-4 stitches, which need to be removed 6-7 days later at your GP surgery.

- **Endonasal procedure (through the inside of your nose):**

A hole is made in the bone of your nose via your nostril. No cut is made in your skin.

What are the main risks of having a DCR?

- **Bleeding:** After the operation you might experience some blood-stained ooze from your nose. This usually stops after a few hours. If there is bleeding, apply an ice pack

to the bridge of your nose and wipe away any bleeding with a tissue. If it persists then please contact the Eye Department on the telephone number provided.

- **Infection:** This is a rare but possible complication. When you leave the hospital, you will be given drops to use during the daytime to prevent infection.
- **Movement of tubes:** If you can see more of the tubes, then please let us know on the telephone number provided. **Never pull the tube out as it is tied inside.**
- **Recurrence of symptoms:** This occurs in up to 15% of cases.

What will happen?

- Before the surgery takes place you will be asked to attend a pre-operative assessment appointment. The nurse will discuss the operation with you.
- You may need to have a routine blood test and an ECG of your heart.
- If you are on blood pressure treatment, you should take it as normal.
- If you are taking blood-thinning tablets you will need to stop them for a few days before the operation and the nurse will give you an advice leaflet about this.
Do not stop your medication without speaking to your GP first.
- If you feel you have excess nasal hairs please trim these before your admission
- You will be admitted to hospital on the day of surgery and usually you will be able to go home later that day but occasionally some patients do need to stay overnight.
- If you are having an external procedure (through the skin), your eye will be padded for a day.
- You should expect some swelling and bruising, which may last up to 2 weeks.
- Complete healing may take up to 6 weeks.
- Almost everyone will have some bleeding from the nose, but this is usually very mild.
- Pain following the operation is usually mild. You may take paracetamol, but you should avoid aspirin, ibuprofen and similar medication as these can cause bleeding.
- You may be given antibiotic tablets and some eye drops to take home and use.

Instructions following surgery

- You should clean the eye using cotton wool moistened with cooled, boiled water. Always wash your hands first.
- You may take a bath or shower, but try to keep the wound dry if possible. If the wound gets wet, gently dab it dry with a clean paper tissue.
- You should avoid swimming, hot tubs, spas and whirlpools for 10 days after surgery.
- Do not blow your nose for 5 days after surgery to reduce the risk of infection and swelling.
- Only light activity is recommended for the first 2 days after surgery.
- You may return to a normal exercise routine 5 days after surgery.
- The tubes are likely to remain in place for at least 6 weeks. It is **tied together inside the nose** cannot be pulled out. If the tubes move from their original position then please let us know on the telephone number provided.
- It is normal to have minor spotting or to have small blood clots come out of the nose for the first few days after surgery. It should settle. If you get persistent heavy bleeding then please contact:

Eye Casualty Service: 01603 287787

Monday-Friday 08:30-17:00 and Saturday 08:30-12:00

**At all other times please ring 01603 286286 and ask the switchboard to contact the
OPHTHALMIC (EYE) DOCTOR ON CALL**

