

DCR surgery for blocked tear duct

Ophthalmology

Information for Patients

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Introduction

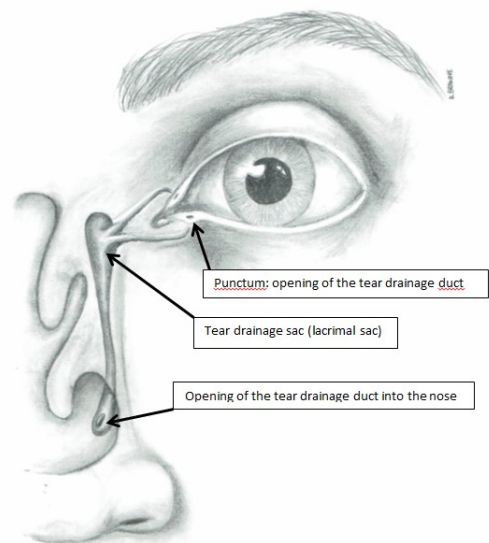
DCR stands for Dacryocystorhinostomy. This is an operation to form a new passage between your eye tear drainage system and the nose when part of the drainage system is blocked. You may get sticky or watery eyes or repeated infections when the normal tear drainage system is narrow or blocked.

Why is my tear drainage system not working?

In some people, the tear drainage system becomes blocked by repeated infections. It may be damaged by injury or surgery to the eyelids or nose. Often the cause of the blockage is unknown.

How does the tear drainage (lacrima) system normally work?

Tears are produced all the time from the lacrimal glands under the top eyelid. When you blink, tears are spread over the surface of the eye. These are then drawn into 2 small holes (punctum) in the inner corner of the top and bottom eyelids. These lead into small tubes that drain into the lacrimal sac.



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- The tears then flow down a narrow passage (the nasolacrimal duct) through the bone and into the back of the nose.
- Blockages are often in the nasolacrimal duct. A procedure known as a dacryocystorhinostomy (DCR) can prevent this.

What does DCR surgery involve?

Your tear drainage passages will be opened, bypassing the blockage so that the tears can drain into the nose. There are 2 ways of doing DCR surgery:

- external (through the skin on the outside of the nose) and
- a special camera is inserted into the nose to do the surgery (endoscopic endonasal).

These 2 types of surgery are not suitable for everyone. Your doctor will talk to you about the choices.

The operation can be done under local (awake) or general (asleep) anaesthetic. You may need 1 night in hospital, but most are done as day surgery.

External DCR (by the skin)

- The operation takes place through a small cut (about 1cm) in the skin on the side of your nose where a pair of glasses would rest.
- A hole is then made through the bone.
- The lacrimal sac is opened then joined to the inside of the nose, above the level of the blockage.
- Small tubes may be put inside the nose until it is healed. These are usually taken out after 6 to 10 weeks.
- You will have a few small dissolving stitches in the cut on the side of the nose which take around 3 to 4 weeks to dissolve and fall out.
- The chance of this operation improving your watering and stickiness when there is a complete blockage is around 90 to 95%.

Endoscopic DCR (by the nose)

- Endoscopic DCR is a similar procedure to external DCR, except there is no cut through the skin and no scar afterwards.
- Access is through your nostril, using a small thin camera (endoscope).
- The blockage is bypassed as described above.
- Tubes are threaded into the new system and removed after 6 to 10 weeks in

the same way as for external DCR.

- The advantage of this method is that there is no scar on your skin. Endoscopic DCR has a slightly lower chance of improving your symptoms (80 to 85%) because the hole in the bone is not as big.
- In some people the inside of nose is too narrow for this technique and external DCR is the only choice.

What are the main risks of this type of surgery?

- Bleeding from the nose
- Bruising of the eyelids
- Infection
- Scar contraction
- Watery eye symptoms coming back (recurrence)

What should I expect after surgery?

- You will have some blood stained ooze from your nose. This is normal and usually stops after a few hours. If there is a lot of bleeding, put an ice pack to the bridge of your nose. If the bleeding cannot be controlled, please contact the Eye Casualty on 0116 258 6273 or return to LRI main Emergency department.
- You will have some bruising and swelling around the eye and nose. Some people have a lot of bruising that can take a few weeks to settle. You will be given eye drops and a nasal spray after the operation to help the swelling to settle.
- If you have pain, take paracetamol or codeine.
- Please avoid aspirin or ibuprofen for 2 weeks as this could increase the risk of bleeding.
- You may still have a watery eye for a few weeks after surgery. This will be until the swelling settles and the tubes are taken out. The tubes do not always help with the drainage while in place. They are used to try and stop the new passageway closing over as healing takes place after the operation. You may notice an improvement in your watery eye symptoms within a few weeks of the surgery or only after the tubes are removed.
- You will usually be seen in clinic 2 to 3 weeks after the operation for a check up.

- You will then be seen after 1 to 2 months to have the tubes taken out.
- After this type of surgery, some people feel air flowing across the eye when they blow their nose. This is because there is now an open channel between the eyelids and the nose. This is not harmful but can be reduced by pressing your finger over the corner of the eye when you blow your nose if you want to.

Are there any restrictions after surgery?

- After your operation, have a quiet evening at home.
- You should not drive, operate machinery, drink alcohol or take sedative drugs for 24 hours.
- Hot food and drinks should be avoided for up to 72 hours after the operation. They can cause bleeding from the nose.
- Do not blow or pick your nose for 1 week after surgery.
- If you sneeze, try to sneeze through your mouth rather than your nose.
- Avoid any difficult activity or contact sports or swimming for 2 weeks.

Any questions?

If you have any questions before or after your surgery, you can talk to your doctor or the ocular plastics specialist team on 0116 204 7971.

For any urgent queries please contact Eye Casualty on 0116 258 6273.

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