

Dacryocystorhinostomy (DCR)

Ophthalmology

This leaflet is for patients who have blocked tear ducts and have been given details of available surgical procedures to overcome the problem.

How do tears normally drain?

Tears are continuously produced and each time you blink they are drained into two small holes in the inner corner of your eyelids. There is one of these holes in each of your upper and lower eye lids. These holes lead into small tubes which drain into a sac that lies between the corner of your eye and your nose and has a duct at the bottom that allows the tears to drain into the nose.

Why do the passages become blocked?

The passages are extremely narrow with very little spare capacity. As you get older these often become narrower especially if you have had nose or sinus disease at some point in the past.

What can be done to help?

There are two similar DCR procedures (External DCR and Endoscopic DCR), both have similar success rates and your consultant will be able to advise which approach will be best for you.

External DCR:

This procedure involves a 10 – 15mm incision in the side of your nose, where your glasses would normally rest. This should heal very quickly and is rarely visible when fully healed for most people. You will have sutures that will require removal within 7 days of the procedure. A piece of plastic tube is sometimes inserted in order to keep the drainage channel open. The tube will normally remain in place for 4 – 6 weeks and during this time you may feel the tubing inside the nose. You may also notice that your eye may still continue to water during this time.

Endoscopic DCR:

This is very similar to the External DCR, however, there is no cut through the skin and therefore no scar afterwards. Access is gained through your nose using a small thin camera called an endoscope. Again, tubes will sometimes be inserted to keep the drainage channel open and will normally remain in place for 4 – 6 weeks.

What type of anaesthetic will be used for this procedure?

Both procedures are normally carried out under general anaesthetic which means you will be asleep during the surgery.

The prevention of infection is a major priority in all healthcare and everyone has a part to play.

- Please decontaminate your hands frequently for 20 seconds using soap and water or alcohol gel if available
- If you have symptoms of diarrhoea and/or vomiting, cough or other respiratory symptoms, a temperature or any loss of taste or smell please do not visit the hospital or any other care facility and seek advice from 111
- Keep the environment clean and tidy
- Let's work together to keep infections out of our hospitals and care homes.

What are the risks and side effects:

Every operation has some risks. The risks of DCR procedures are:

- Bleeding – you may experience a minor nose bleed for 1 – 2 days
- Infection – conjunctivitis or a wound infection are possible
- Bruising and swelling
- Allergic reaction to antibiotics
- Failure of the operation – success cannot be guaranteed. There is a small risk that the operation may not be successful
- Failure to perform the operation via the nose. In this case the operation is done via an incision near the corner of the eye. There would be a scar in this instance.

What are the long term benefits to surgery?

- Reduction in watering of the eye
- Reduction in eye infections.

Are there any alternatives?

Unfortunately there are no alternatives to surgery available. If you do nothing, your eye will continue to be watery and there will be an increased risk of either chronic (longstanding) or acute (severe) infections.

What happens after surgery?

- You would normally be discharged the same day, however, sometimes it may be necessary for you to remain in hospital overnight
- You are advised not to drive or operate machinery, drink alcohol or take sedative drugs for 24 hours
- If you have had an external DCR it is advisable to keep your skin wound dry and uncovered
- You will be prescribed antibiotic eye drops and nasal spray and should use these as directed by your consultant
- You should be able to return to work after one week (this should be checked with your doctor)
- Your stitches will be removed 5 – 7 days after the operation
- Whilst pain after surgery is unusual, if you should experience pain you are advised to take paracetamol or codeine rather than aspirin or ibuprofen during the first two weeks after surgery as these may cause some bleeding
- It is quite normal to have a watery eye for some weeks after surgery until any swelling and inflammation settles
- You may experience some blood stained ooze from your nose after surgery. This normally stops after a few hours. However, if you do experience bleeding, apply an ice pack to the bridge of your nose (on the opposite side to your operated wound). Wipe away any bleeding with a paper tissue or kitchen towel. If bleeding is severe, or continues for more than half an hour you should attend the Emergency Department or contact staff via the telephone numbers at the end of this leaflet.

Is there anything I should avoid doing after the operation?

- Whilst you can continue a normal lifestyle, you are advised to avoid active sport such as swimming / squash etc
- It is recommended that hot food and drinks are avoided for up to 24 hours after the operation as they can trigger post-operative bleeding

- Whilst you may wipe your nose or sniff to clear it, you should not blow your nose for 7 – 10 days
- If you sneeze, you should try to keep your mouth open.

When should I contact the hospital?

Ophthalmology staff are here to help, we recommend that you contact staff if you experience any of the following, but staff are available for advice on the contact numbers at the end of this leaflet.

- If your tube becomes dislodged
- If you notice any increased redness, swelling or discharge around the stitches
- If your eye becomes very sore or sticky and discharging
- If you experience heavy bleeding.

Staff are contactable as follows:

Mary Jones Ward

01902 695801

Monday – Friday, 7:00am – 7:30pm

Eye Referral Unit

01902 695805

Monday – Friday, 8:00am – 5:00pm

Weekends, 8:00am – 5:00pm

Outside of these hours, please attend the main Emergency Department or contact NHS Direct on telephone number 111.

English

If you need information in another way like easy read or a different language please let us know.

If you need an interpreter or assistance please let us know.

Lithuanian

Jeigu norėtumėte, kad informacija jums būtų pateikta kitu būdu, pavyzdžiui, supaprastinta forma ar kita kalba, prašome mums apie tai pranešti.

Jeigu jums reikia vertėjo ar kitos pagalbos, prašome mums apie tai pranešti.

Polish

Jeżeli chcieliby Państwo otrzymać te informacje w innej postaci, na przykład w wersji łatwej do czytania lub w innym języku, prosimy powiedzieć nam o tym.

Prosimy poinformować nas również, jeżeli potrzebowaliby Państwo usługi tłumaczenia ustnego lub innej pomocy.

Punjabi

ਜੇ ਤੁਹਾਨੂੰ ਇਹ ਜਾਣਕਾਰੀ ਕਿਸੇ ਹੋਰ ਰੂਪ ਵਿਚ, ਜਿਵੇਂ ਪੜ੍ਹਨ ਵਿਚ ਅਸਾਨ ਰੂਪ ਜਾਂ ਕਿਸੇ ਦੂਜੀ ਭਾਸ਼ਾ ਵਿਚ, ਚਾਹੀਦੀ ਹੈ ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਸਾਨੂੰ ਦੱਸੋ।

ਜੇ ਤੁਹਾਨੂੰ ਦੁਭਾਸ਼ੀਏ ਦੀ ਜਾਂ ਸਹਾਇਤਾ ਦੀ ਲੋੜ ਹੈ ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਸਾਨੂੰ ਦੱਸੋ।

Romanian

Dacă aveți nevoie de informații în alt format, ca de exemplu caractere ușor de citit sau altă limbă, vă rugăm să ne informați.

Dacă aveți nevoie de un interpret sau de asistență, vă rugăm să ne informați.

Traditional Chinese

如果您需要以其他方式了解信息，如易读或其他语种，请告诉我们。

如果您需要口译人员或帮助，请告诉我们。