

Information for patients

Dacryocystorhinostomy and related operations

This leaflet gives you information that will help you decide whether to have an operation called a dacryocystorhinostomy, known as DCR for short. You might want to discuss it with a relative or carer.

Before you have the operation, you will be asked to sign a consent form and so it is important that you understand this leaflet before you decide to have surgery. If you have any questions, you may wish to write them down so that you can ask one of the hospital staff.

The condition

Your surgeon has suggested that a DCR may be in your best interests. This is because there is either an anatomical or functional obstruction to tear drainage from your eye to your nose which is causing your eye to water / weep.

If the operation is not performed it is probable that the watering will stay the same. However, it may get worse or occasionally better, but this is not usually the case.

Waiting and having the operation performed later, when you feel that “something must be done” does not usually affect either the ease of performing the surgery or the outcome.

The operation

The purpose of the operation is to re-establish an effective tear drainage pathway for tears to flow from the eye to the nose as they should normally.

An experienced eye surgeon will carry out the operation or may supervise a doctor in training who also performs operations.

The operation will usually be performed under general anaesthetic and you will be asleep for the operation. Occasionally there may be instances where it is not possible or it is inadvisable to perform the operation under general anaesthetic. Under such circumstances it may be possible for the operation to be performed under local anaesthesia. Your surgeon will explain this to you.

The operation normally takes between 45 - 60 minutes but may take longer depending upon what is found to be necessary at the time of surgery.

During the operation the surgeon will use an endoscope [special camera] to look up your nose. The operation will probably involve modifying the nasal linings and passages, and removing a little bone covering the tear sac.

The surgeon may also thread narrow tubes through the new drainage pathway to hold it open whilst it heals. When healing is complete these tubes will be removed. In some cases the operation will involve placing a tiny permanent glass tube from the corner of your eye to empty into the nose. If this is the case this will be explained to you before your operation.

At the end of the operation the surgeon may pack your nose with a gauze dressing.

After your operation

You will usually be allowed home on the day of your operation but occasionally an overnight stay in hospital may be suggested e.g. if you have other health issues or if the operation was performed late in the day. You will very likely have had your nose packed at the end of your surgery. The packing is absorbable and will slowly disappear as the nose heals

When you go home you may be asked to complete the course of antibiotic tablets that will have been started in hospital and to instil some antibiotic drops into your eye 3 times a day for 2 weeks.

It is likely that you will feel a little bruised and sore following the operation. If you need to take a pain reliever we would suggest that you use paracetamol.

You will normally be seen again in the outpatient department a few weeks later. If you had tubes placed at the time of surgery these will usually be removed in the clinic 6 – 12 weeks later in the clinic. Sometimes they may be left in place longer. Removing them is a simple procedure similar to the examinations of your nose that you will have already experienced.

In most cases, healing will be complete at about 6 weeks.

Whilst your operation is healing it is advisable to avoid strenuous exercise, exertion and hot baths. If your nose runs, you may dry it with a handkerchief but please do not blow it for the first 6 weeks. You should also do your best not to sneeze – if you feel you may sneeze open your mouth and try to sneeze through your mouth.

Certain symptoms could mean that you need to be seen again urgently. Please contact the hospital immediately if you have any of the following symptoms:

- Excessive pain
- Loss of vision
- Sudden or excessive swelling of the eyelids / orbit
- Increasing redness of the eye
- Headache
- A continuous watery drip from your nose

Benefits and risks of DCR surgery

As a result of the operation it is hoped that your watering eye will be cured. However, there are unfortunately no guarantees. The success rates for these types of operations depend upon the cause of the watering and site of any blockage. For a simple DCR the success rate is usually quoted as being between 80 - 90%. However, if the surgery is more complicated the success rate may fall to closer to 50%. Your surgeon will be able to give you some idea of the likelihood of success.

You should also be aware that there is a small risk of complications occurring either, during or after the operation.

Some possible complications during the operation

- Bleeding into the nose
- Bleeding into the orbit
- Fracture of the bone at the roof of the nose
- Loss of vision
- Technical failure – unable to complete the procedure
- Damage to other nasal structures
- Damage to other orbital structures

Some possible complications after the operation

- Bruising of the eyelids or nose
- Air refluxing from the corner of the eye
- Leak of fluid from around the base of the brain
- Nasal infection
- Orbital infection
- Loss of vision
- Watering eye – same or worse
- Double vision
- Allergy to the medication used

In a proportion of cases, further surgery may be needed.

We hope this information is sufficient to help you decide whether to go ahead with surgery.

Please use the space below to write down any further questions to ask the doctor or nurse when you come to the hospital for your appointment. Don't worry about asking questions. Our staff will be happy to answer them.