

Endoscopic Dacryocysto- rhinostomy (DCR)

An information guide



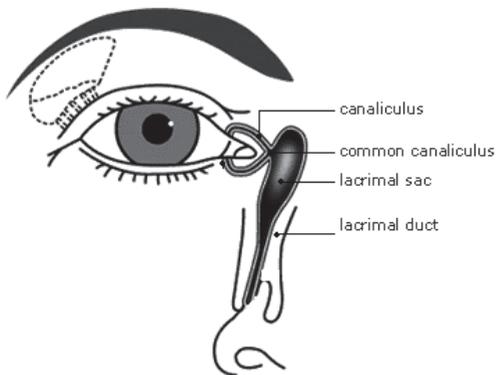
Endoscopic Dacryocystorhinostomy (DCR)

When the duct that usually carries the tears away from the eye into the nose becomes blocked, your eye may begin to water. If the blockage cannot be successfully removed by flushing an operation may be needed. This operation is known as a dacryocystorhinostomy (DCR).

What is an Endoscopic DCR?

DCR is an operation to alleviate a watery eye secondary to blockage of the tear duct system. Your doctor will have examined you to rule out other causes of a watery eye such as inflammation of the eye or lids and will have determined the likely site of the blockage. If the block is felt to be further down the system in the tear duct (lacrimal sac or duct), DCR is the treatment of choice.

The operation may be done externally through a small incision in the corner of your eye, OR internally (endoscopically) through the nose where there will be no external scars. Your doctor will discuss with you which approach is more appropriate in your case. This information leaflet relates to the endoscopic approach.



Do I have to have the operation?

If the blockage in your tear duct is having a significant impact on your quality of life then the operation would be beneficial, the alternative would be simply to learn to live with the symptom.

The success rate of the surgery is dependant on a number of factors, but it is typically successful in 80% of cases.

How is the operation done?

The operation is performed with you asleep under general anaesthetic and endoscopically through the nose with no external scars.

Having made an opening in the tear duct inside the nose by removing a small piece of bone, a small silicone tube (a stent) is passed in through your nose through the upper and lower tear ducts.

The tube will stay in this position for several weeks to keep the drainage pathways open and will be removed in the clinic at that time.

After the operation

Immediately after the operation your nose may feel slightly blocked and you may have a small nosebleed which commonly resolves spontaneously.

You may be asked to take some antibiotic eye drops for two weeks after the procedure and may also be given a nasal spray to use for a few weeks.

It is important that you **do not** blow your nose in the first week after surgery.

How long will I be off work?

You can expect to go home on the day of your surgery. You will need to rest at home for a week. You will be given instructions on when to return for your follow up visit and removal of stent.

Possible complications

Overall DCR is a safe procedure but as with all operations there are some possible complications. Your risk depends somewhat on any other medical problems you may have.

Some of these risks are very rare, but serious. Some are more common but less troublesome.

Firstly, you will have a general anaesthetic (you will be asleep for the operation). You will have a chance to discuss this with the anaesthetist (the doctor who will put you to sleep) before your surgery.

Common complications

- **Bleeding** - It is common for small amount of bleeding to come from the nose following the operation, which resolves itself. Major bleeding is extremely uncommon.
- **Discomfort/pain** - You may experience some pain or discomfort which is commonly controlled with simple analgesia.

Uncommon Complications

- **Stent Displacement** - The stent may slightly move and become irritant to your eye. If this occurs it would need repositioning. This can be done simply in the outpatient clinic or the ward.

Rare complications

Eye and visual complications

Although the procedure is performed close to your eye complications relating to your eye are extremely uncommon.

Rarely minor bleeding can occur into the eye socket and this is seen as bruising around the eye. This is usually minor and gets better without any special treatment. In that situation, it's important that you do not blow your nose.

More serious bleeding into the eye socket however is extremely rare. This can cause severe swelling of the eye and may cause double vision or in very rare cases loss of sight. If such a serious complication did occur, you may require further operations.

Spinal fluid leak

The nose and sinus system are close to the bone at the base of the brain. There is a small risk of damage to this thin bone with leakage of fluid from around the brain into the nose, or other related injuries.

Complications affecting this area are extremely rare. If this rare complication does happen you will have to stay in hospital longer and may require another operation to stop the leak and prevent the risk of spread of infection to the brain.

How often do complications happen?

In general, DCR is a very safe day-case procedure and major complications are very rare and have been reported in less than 1 in 1000 cases.

Notes:

If English is not your first language and you need help, please contact the Interpretation and Translation Service

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