

Patient information

Tear drainage surgery (DCR - dacryocystorhinostomy)

DCR operations are done to relieve a watery, sticky eye caused by a blockage between the tear sac at the corner of the eye and the tear duct into the nose. The aim of surgery is to make a new passage from the tear sac into the nose. This bypasses the blockage and allows the tears to drain normally again.

DCR surgery is worth undertaking if the watering is bad enough to interfere with your daily life. It is also recommended if you have had an attack of acute dacryocystitis (infection in the tear sac) as a result of a blocked tear duct; otherwise you may have repeated attacks of a red, painful swelling at the corner of the eye.

The surgery can be performed in two ways:

- Externally – through the skin
- Endoscopically – from within the nostril

External DCR

A small cut (1-2 cm) is made on the side of the nose, approximately where a pair of glasses rests. A piece of bone between the tear sac and the nose is removed to

make a new channel for the tears. A soft silicone tube or cord may be used to keep the tear passage open during healing. This tube is not usually noticeable and is removed in clinic about 12 weeks after the operation.

The operation takes about 1-1.5 hours, so is NOT a minor procedure.

The success rate for this operation is 85-90%. Success means that the watering stops completely, or only happens in very windy weather. Surgery stops you having a watery eye that needs wiping all the time. For cure of infection (acute dacryocystitis) the success rate is over 95% - you will no longer have a painful swelling at the corner of your eye and need frequent courses of antibiotics.

Endonasal DCR

This is performed together with an Ear, Nose and Throat specialist. The tear sac is approached from inside the nose using an endoscope. This instrument allows the surgeon to see inside the nose and make an opening between the tear sac and the lining of the nose, without using stitches. There is no cut in the skin for this operation and the operation is usually quicker. Silicone tubing is often used at the time of surgery to keep the tear passage open during healing.

Which surgery will I have?

There is no scar with endonasal DCR, but the scar from external DCR is often invisible after a few months. External DCR is better if the tiny tear ducts in the eyelids (canaliculi) are blocked, as well as the bigger duct in the nose. Endonasal surgery may be better if you have sinus or other nasal problems – these may be dealt with at the same time as the tear duct operation. Your surgeon will recommend the best type of surgery for you.

What type of anaesthetic is used?

The operation will be done under general anaesthetic. Most patients stay in hospital overnight but some can go home the same day.

After the operation

You may have some bleeding from your nose after the operation. Usually, this is only a trickle and more serious bleeding is rare. If there is bleeding at the end of surgery, the surgeon may pack the nostril and the pack is removed the next day.

If you have a nosebleed after you have left hospital, pinch the soft part of the nose for at least 10 minutes and place an ice pack on the bridge of the nose. If the bleeding continues, please go to A&E. You should not blow your nose hard for two weeks after the operation as this may cause bleeding.

After external DCR you will have a dressing on the side of your nose which will be removed next day. You may find it difficult to wear your glasses until the dressing is removed. There will be stitches in the cut on the side of your nose that will absorb away by themselves.

After both types of DCR you will be given drops to put in your eyes/nose. You should take it easy for the first week after the operation and remain off work until your first clinic visit at one week. Rarely the operation site can become inflamed. If your nose or eye becomes painful, you should telephone the Eye Clinic to see if antibiotic tablets are necessary

If you have a 'tube' put in at the time of the operation, you should be careful not to touch the inner corner of your eye or blow your nose hard until it has been removed

or it may dislodge. If you do dislodge it by accident, please contact the Eye Clinic (see numbers below). It is often possible to reposition the tube. Ideally, the tube should stay in for three months and will be removed at your second clinic visit.

The watering of your eye often stops before the second visit to clinic but sometimes only after the tube has been removed. Usually no further clinic visits are necessary.

You may notice when you squeeze or blow your nose, a puff of air comes out of the tear passage at the corner of your eye - this is normal. If it bothers you, close your eyes tightly and/or place a finger over the corner of your eye when you sneeze or blow

EYE DEPARTMENT

Telephone 01284 713815 / 01284 712636

Monday-Thursday 9:00am-5:00pm

Friday 9:00am-1:00pm

At the weekend and out of hours:

Telephone 01284 713000 and ask to speak
to the 'on call' ophthalmic doctor.

If you would like any information regarding access to the West Suffolk Hospital and its facilities please visit the website for AccessAble (the new name for DisabledGo)

<https://www.accessable.co.uk/organisations/west-suffolk-nhs-foundation-trust>



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