



**York and Scarborough
Teaching Hospitals**
NHS Foundation Trust

Dacryocystorhinostomy (DCR)

Information for patients, relatives and carers

Department of Ophthalmology

① For more information, please contact:

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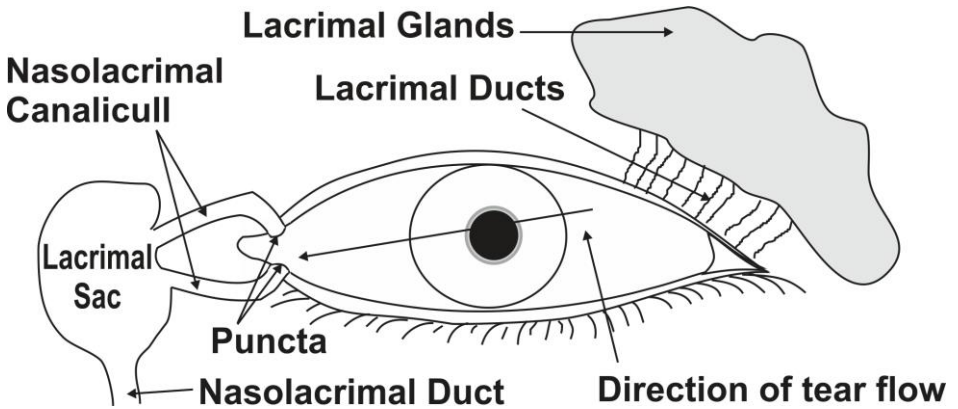
Why is my eye watering and why do I need a Dacryocystorhinostomy (DCR)?

Your eye is watering because part of the tear drainage system of your eye is blocked and therefore your tears are not draining away as they should. Your eye may also be sticky and occasionally an infection can occur causing the eyelids and the side of the nose to become swollen, red and tender.

DCR surgery is worthwhile if the watering is bad enough to really interfere with your life. It is also recommended if you have had an infection in the tear sac (acute dacryocystitis) as a result of the blocked tear duct. This is usually necessary to prevent recurrent episodes of infection.

What is the drainage system?

The normal drainage system lies under the skin. Tears drain away from the eye through tiny holes called puncta. These are found on the upper and lower eyelids near to your nose and from there into the canaliculi (little canals) and into the lacrimal (tear) sac. They then flow down the nasolacrimal duct down through to your nose.



How do I know I have a blockage?

Your eye will usually water both indoors and outdoors with the tears splashing down your face. Syringing of your tear ducts with saline (salty water) will have been performed in clinic to establish where the blockage is. You may also have had some scans that look at the tear drainage in more detail.

The operation

The operation is usually performed under general anaesthetic. We may give you another information leaflet about preparing for your surgery.

It may be necessary to stay in hospital overnight to recover from your general anaesthetic or if you have any bleeding, but the majority of patients feel able to go home the same day.

You will be told of your fasting instructions nearer the time.

If you take **Aspirin / Warfarin / Clopidogrel** or the newer blood thinning drugs such as **Rivaroxaban** or **Apixaban** it may be necessary for you to stop this medication prior to surgery. You will be given specific instructions relating to this following your consultation with your surgeon.

In Dacryocystorhinostomy (DCR) surgery, a new connection is made between the tear sac and the nose to bypass any blockage and allow your tears to drain into the nose again.

The surgery can be performed via an external approach **OR** up the nostril with a small telescope. The majority of patients can have their surgery performed using the telescope approach which avoids external cuts. Some patients will not have enough space in their nose to accommodate the telescope and if this is the case the surgery would be performed from the outside by making a small cut on the side of the nose. Your surgeon should be able to advise you about which approach would be most suitable for you in clinic. Both approaches have a good success rate and are accepted ways of performing the surgery.

A piece of bone between the tear sac and nose is removed allowing the tear sac to be opened into the nose thus forming a connection with the lining of the nose.

A soft silicone “tube“ is passed into the tear passage to keep it open during the healing process. This increases the chance of the new tear drainage passage remaining open long-term. The tube is transparent and forms a small loop in the inner corner of the eyelids. It is not usually noticeable and is removed in clinic about six to twelve weeks after the operation. This can usually be done simply by cutting the tube and blowing it out from the nose. This is not painful.

Occasionally it may be necessary to retrieve the tube with a small camera and some tweezers. This can still be done in the clinic following an anaesthetic nasal spray in the same way that your nose was examined prior to surgery.

The operation is performed only after you have been examined and you have had a chance to discuss the risks and benefits with the doctor in the outpatient clinic. The operation takes about 45 minutes per side so it is not a minor procedure.

The success rate for this operation is 85-90 percent. Success means that the watering is significantly less or only happens in very windy weather. Surgery will help you to enjoy your indoor and outdoor pursuits again and stops you needing to wipe your eye all the time. For cure of infection (acute dacryocystitis) the success rate is over 95 percent - you will no longer develop a painful swelling at the corner of your eye.

If your DCR surgery has been done externally (with a small cut on the side of your nose) you will have a dressing on your eye or side of your nose. You can remove this the following day. You may find it difficult to wear your spectacles until the dressing is removed. You will have stitches in the cut on the side of your nose, which will be removed one week after surgery. The stitches may also make spectacle wear a little uncomfortable for a short time.

If your DCR has been done using a telescope then no stitches or dressings are required but a small self-dissolving pack is placed in the nose. This will fragment and dissolve over the coming weeks and we have found it reduces nose bleeding.

After surgery, you will be given eye drops to use in the eye four times a day and a nasal spray. You should be careful not to explore the inner corner of your eye as you may tug on the tube. Please avoid hot food or drink for the first 24 hours and try not to blow your nose for the first week as this may cause your nose to bleed.

Post-operative instructions

You will be given a nasal spray and eye drops. Avoid dust, pollen and smoky atmospheres. Avoid any strenuous lifting for one week as this may cause bleeding.

What are the risks of having a DCR?

1. Post-operative nose bleeding.
2. 10-15 percent failure rate
3. Problems with scar if the external approach is required, this is very unusual.

What are the benefits of having a DCR?

The benefit of having a DCR is that the watering of your eye should be significantly reduced.

Tell us what you think of this leaflet

We hope that you found this leaflet helpful. If you would like to tell us what you think, please contact:

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Teaching, training and research

Our Trust is committed to teaching, training and research to support the development of health and healthcare in our community. Healthcare students may observe consultations for this purpose. You can opt out if you do not want students to observe. We may also ask you if you would like to be involved in our research.

Patient Advice and Liaison Service (PALS)

PALS offers impartial advice and assistance to patients, their relatives, friends and carers. We can listen to feedback (positive or negative), answer questions and help resolve any concerns about Trust services.

PALS can be contacted on 01904 726262, or email pals@york.nhs.uk.

An answer phone is available out of hours.

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