

## Useful Numbers

If you have any questions or require advice, please contact the Triage Desk on:-

The Eye Clinic - 01744 646136/7

Monday-Friday 9-5pm **or** outside these hours or Bank Holidays 0151 426 1600 and ask to be put in contact with the on-call Ophthalmologist.

## Eye Clinic Liaison Officer

For free information and advice, speak to **Maria Pikulski** in confidence at The Eye Clinic at St Helens & Knowsley Hospitals

Tel: 01744-646145 or 07872414909



Whiston Hospital  
Warrington Road,  
Prescot, Merseyside, L35 5DR  
Telephone: 0151 426 1600

St Helens Hospital  
Marshall Cross Road,  
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# Dacryocystorhinostomy Surgery (DCR)

## Patient Information Leaflet

This leaflet can be made available  
in alternative languages / formats on request.

如有需要，本传单可提供其他语言/版式  
此單張的其他語言/格式版本可按要求提供

Na żądanie ta ulotka może zostać udostępniona  
w innych językach/formatach.

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## What is the purpose of tears?

Tears wash away debris from the surface of the eye.

## How do tears normally drain?

Tears are drained into the nose via two tiny drainage ports (puncta) in the inner corner of the upper and lower eyelids. These drain through a short canal into a sac deep under the skin at the inner corner of the eye (lacrimal sac). From this sac, the tears flow down the tear duct (nasolacrimal duct), through the bone at the side of the nose, into the nostril (nasal passage). This is the reason why the nose runs when a person cries.

## Why do my tears not drain this way?

If you have attended the Eye Clinic due to:

**Epiphora** - a wet or watery eye on a constant basis or during cold/windy weather, this may be due to either narrowing, irregularity or obstruction of the drainage ducts.

**Repeated Eye Infections** – smeary vision and “gummy” eyelids may be due to a build up of mucus in the drainage sac, this may back track into the eye.

**Dacrocystitis** – as above but the lacrimal sac itself becoming infected.

The ophthalmic nurses will have performed a small procedure, called a “Sac Washout”, this is to see whether your upper or lower or both puncta are blocked. If they can be accessed then, he/she will try to flush a small amount of saline fluid through the drainage canal and sac. Following this, the Ophthalmologist will thoroughly examine your eye, eyelids and surrounding facial tissue prior to making a diagnosis and/or treatment plan.

## Follow-Up Schedule

**First review** - 1 – 2 weeks following surgery, when the skin stitches (External DCR) are removed and the eye examined.

**Second Review** - 6 weeks following surgery, when the silicone stent is removed.

In most cases, no further review is necessary. However, a further appointment can be arranged via your GP, if further lacrimal or eye symptoms occur.

## Remember to restart your anti-coagulant drugs as instructed by your Consultant

Your consultant is \_\_\_\_\_

Your nurses were \_\_\_\_\_

**Ward contact number:** 01744 646089/98

Your next appointment is on..... at .....  
at the Eye Clinic.

## Do's and Do not's

### Do not

- Drink hot drinks for 24 hours
- Blow your nose
- Sneeze – If unavoidable, sneeze with your mouth open and try to avoid the pressure of the sneeze building up in your nose
- Rub your eye
- Undertake anything that constitutes strenuous exercise for 2 weeks
- Operate heavy machinery for 24 hours
- Drink alcohol and/or take sedative drugs for at least 24 hours
- Do not swim for 2 weeks
- Do not fly in an aircraft for 2 weeks
- Do not drive until told it is ok to do so by your eye surgeon

### Do

- The following morning after the procedure, wash your hands and remove the eye-pad
- Wash your face as normal around the eye and wound which should be kept dry and uncovered
- Arrange for a friend/relative/carer to collect you from the ward to escort you home, even if you haven't been asleep for the operation
- Sleep on an extra pillow for a few nights to keep your head more upright
- Keep your head up when reading, holding the book/kindle upright
- Ensure you have a small stock of "over the counter" analgesia, such as Paracetamol **or** Co-Codamol 8/500mg, following the medical advice sheet's instructions regarding dosage and contra-indications with own regular medication

If the severity of the symptoms and the clinical findings determine surgery is the most appropriate treatment plan to take, then the success of the surgery depends on the severity and position of the blockage and unfortunately, success can not be guaranteed.

Approximately 95% of patients undergoing this surgery for significant mucus discharge and "gummy" eyelids have a successful outcome, where approximately 85% of patients undergoing this surgery for watery eyes only have a successful outcome.

### Why might DCR surgery not be successful?

- Undetected, subtle causes for an over production of tears which overload the tear drainage channel
- Impairment of the natural "pumping" mechanism of tears in the inner angle of the eyelids
- Unusually viscous mucus in the tear channels or the nose

All of the above will have been thoroughly discussed with yourself and your Ophthalmologist at your outpatient appointment.

### What is a Dacryocystorhinostomy (DCR)?

This procedure basically creates a bypass under the skin of the inner corner of the eye to allow the tears to drain directly into the nasal passage. This short cut travels between the lacrimal sac, through the nasal bone and into the nasal space. In doing this, the blockage or narrowing is completely bypassed.

## External DCR

The operation takes approximately one hour and can be performed under both general anaesthetic (asleep) or local anaesthetic (awake) with intravenous sedation.

For both general and local anaesthetic, the nose and tissues around the inner corner of the eye are numbed with an injection, the injection may sting for a few seconds but further discomfort is unlikely.

A 1cm incision is made through the skin on the side of the nose, where a pair of glasses would normally rest. In the vast majority of individuals this heals very well, leaving only a fine pale line. If awake, you may experience some noise and a feeling of “pressure” as the fine bone around the sac is removed. A dressing is placed over the closed eyelid, and held firmly in place with surgical tape, this is to remain in place overnight.

## Endoscopic DCR

This operation is very similar but the incision is made inside the nose avoiding a visible scar.

## Main complications following DCR surgery

**Nose Bleed** - May occur in 2% of patients within the first 10 days following surgery. In most cases the bleeding will stop spontaneously.

**Swelling** - The swelling over the inner corner of the eyelids can vary from person to person post-operatively. Some experience little to none, others have swelling and bruising which can take up to a week to settle.

**Scar** - External DCR – the incision at the side of the nose typically settles very well, becoming visually insignificant in time in most patients. In 1% - 2% of patients, the linear scar is visually troubling and may benefit from local massage with Vaseline to soften it.

**Infection** - A rare complication of DCR surgery, it is treated with antibiotics.

**Internal Healing (Membrane Formation)** – Rarely, the normal healing reaction in the nose can lead to the formation of a fine membrane across the internal opening, with re-occurrence of the original watering symptoms. Over half of such patients respond to removal of the membrane and reinsertion of the silicone stent in the nose under a brief general anaesthetic.

## What happens after surgery?

A small nose bleed, or the passage of old clots may sometimes occur. This usually settles after a few hours, and may be helped with the application of an ice pack to the bridge of the nose and sitting forward.

In the unlikely event that a nose bleed is severe or continues for over half an hour without showing signs of settling, medical advice should be sought immediately at your nearest Accident & Emergency Department, where nasal packing may be required.

Discomfort after surgery is usually controlled with simple analgesia. Do not take Aspirin or Ibuprofen, as these medications increase the risk of nose bleeds and bruising. Always read the information leaflet accompanying any analgesia to ensure it does not contain Aspirin or Ibuprofen.

Many patients continue to have a watery eye for some weeks after surgery until the swelling and inflammation settles, and the silicone stent in the nose is removed. Although the skin incision heals over a few weeks, internal swelling and healing may take many months to settle.