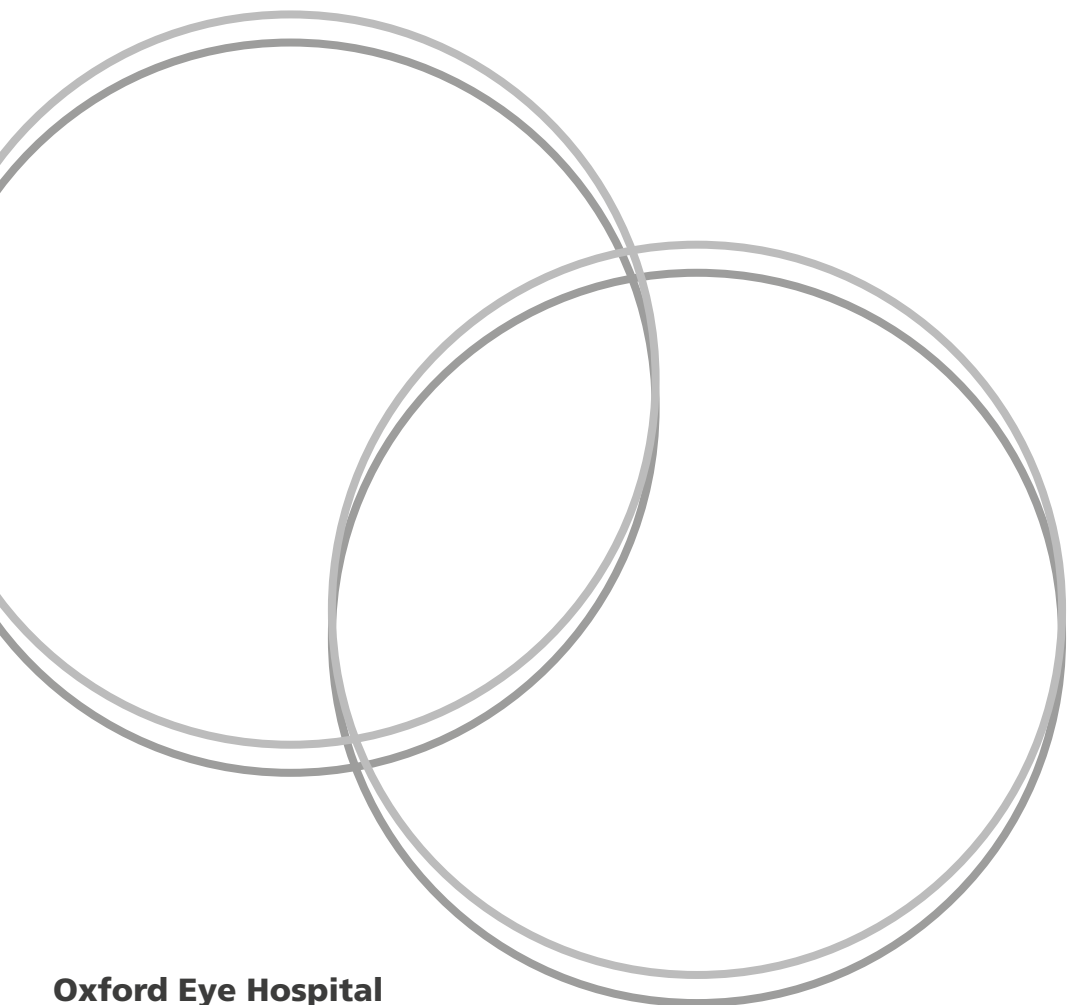


Dacro Cysto Rhinostomy (DCR) – surgery to improve tear drainage

Information for patients

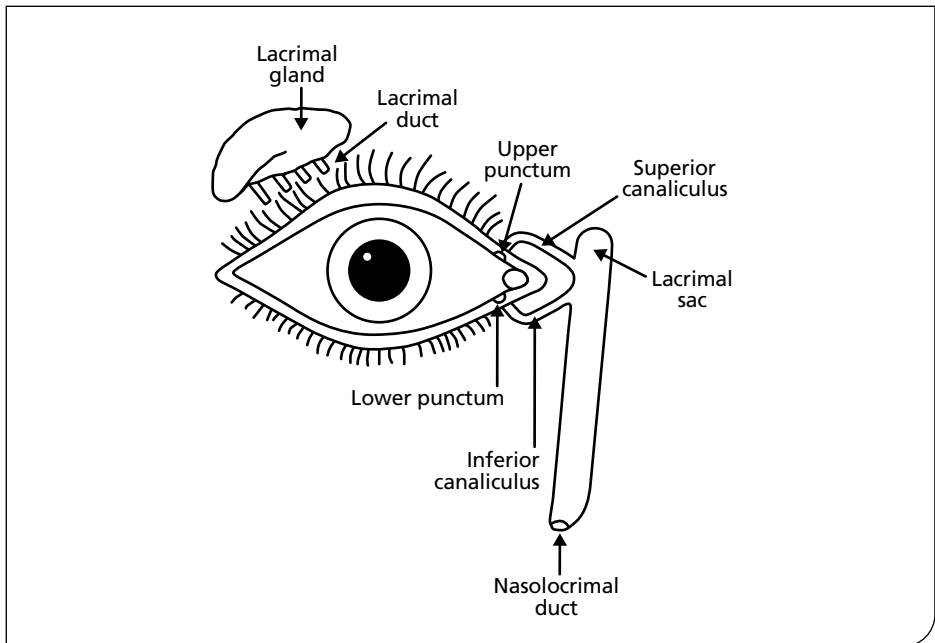


Why do I need a DCR?

You may need a DCR because a part of the tear drainage system of your eye (the lacrimal system) is blocked and so the tears are not draining away as they should. You are likely to have the following symptoms:

- watery eyes
- may be a sticky discharge from the inner corner of your eye
- a recurrent swelling at the inner corner of your eye.

What is the lacrimal drainage system?



Tears are produced in the lacrimal gland under the skin above the eye. Tears flow over the surface of the eye and drain away through tiny holes (puncta) on the upper and lower eyelids, near the nose. From there they drain into the canaliculi (little canals) and into the lacrimal sac. They then flow down the naso-lacrimal duct into the nose.

Why isn't my drainage system working?

Often there is no particular cause although trauma or chronic infections (like sinusitis) can be associated with a blockage in the tear drainage system.

Sometimes, the muscle around the tear draining system loses its pumping function and prevents tears from flowing down. This is called functional obstruction.

How is the condition diagnosed?

One of the tests involves syringing of your tear ducts with saline (salty water) to establish if the system is blocked. If there is no blockage, you will feel the saline trickling down the back of your throat.

A further test called a DSG may also be ordered. This test is carried out in conjunction with the Nuclear Medicine Department and involves having eye drops instilled into your eyes.

So what exactly is a Dacro Cysto Rhinostomy (DCR)?

A DCR is a surgical procedure to create a new tear drainage passageway between the eye and nose.

The procedure can be performed in two ways. Not everyone is suitable for both types of approach and the surgeon will discuss with you which is the most suitable.

1. External procedure (via the skin)

A small cut or incision of 1cm long is made by the surgeon on the skin over the tear sac on the side of the nose that is affected. A hole is then made through the bone. The lacrimal sac is then joined directly onto the lining inside the nose and so bypassing any blockage. In some cases a very fine plastic tube may be inserted into the tear duct. This tube can be left in place for 6 to 8 weeks while healing takes place and is then removed. The cut in the skin is closed with 3 to 5 stitches, which will be removed 7 to 10 days later in the Oculoplastic clinic. The scar is usually minimal or invisible and can be nicely hidden by the glasses if any are worn. The plastic tube can be visible in the corner of the eye.

2. Endonasal procedure (inside the nose)

A hole is made in the bone of the nose from the inside, operating via the nostril. There is no skin incision. The blockage is bypassed in the same way as described above. Tubes will be left inside the nose until the surgery has healed and will be removed 6 to 8 weeks later.

What are the benefits?

The external procedure is approximately 95% successful – with 95 out of every 100 patients having complete relief of their symptoms.

The endonasal approach is approximately 85% successful – 85 out of every 100 patients having complete relief of their symptoms.

What are the risks and side effects

- Nose bleeding : a small amount is expected 2 to 3 days after the operation
- Infection
- Scarring in case of external DCR
- Bruising
- Swelling
- Failure of treatment and persistent watery eyes
- Recurrence of symptoms (literature shows 4 to 13% figures).

Alternatives

In case DCR surgery is not appropriate or not desired by the patient, an injection of botox in the lacrimal gland can be discussed with the surgeon as an alternative.

How long will the operation take?

The operation can take approximately 45 to 60 minutes and is performed under a general anaesthetic.

After the operation

Most of the time, patients do not stay overnight.

We will give you some eye drops to instil over the next two weeks to prevent infection and reduce inflammation.

Follow-up

We will give you a follow-up appointment in approximately 1 week if you had the external approach so we can remove the stitches.

Regardless of the approach, you will be seen again in clinic in 6 to 8 weeks to remove the tube. It is normal to still experience a watery eye until the tubes are removed.

Are there any restrictions after the operation?

For the first two weeks:

- Avoid blowing your nose or picking off any crusts for about 2 weeks. We will give you a nasal spray to use for 4 weeks to help you with the nasal congestion.
- You may experience a slight nasal discharge for 2 to 3 weeks, which is expected.
- On some occasions, the plastic tube becomes visible in the corner of the eye as it protrudes but don't worry. If this happens, the soft tube can be pulled back into place in clinic. Do not attempt to cut it or to pull it yourself.
- Avoid strenuous lifting and contact sports.
- If you have any pain take paracetamol rather than aspirin for about 1 month as aspirin promotes bleeding.
- You will need to take 1 to 2 weeks off work. You will be provided with a 'fit note' for your employer should you need one.
- You may have some bruising or swelling around the operation site or around the eye.

In the event of any bleeding which can not be controlled or if you have any urgent concerns regarding your surgery please contact:

Eye Emergency

Call our specialist telephone triage number:

Telephone: **01865 234 567 option 1**

(Monday to Friday, 8.30am to 4.30pm).

(Saturday and Sunday, 8.30am to 3.30pm, including Bank Holidays).

You will be able to speak to an ophthalmic health professional who will advise you.

If you need advice out of hours, please phone NHS 111 or your out of hours GP practice.

Further information

If you would like an interpreter, please speak to the department where you are being seen.

Please also tell them if you would like this information in another format, such as:

- Easy Read
- large print
- braille
- audio
- electronic
- another language.

We have tried to make the information in this leaflet meet your needs. If it does not meet your individual needs or situation, please speak to your healthcare team. They are happy to help.

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Oxford University Hospitals NHS Foundation Trust

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