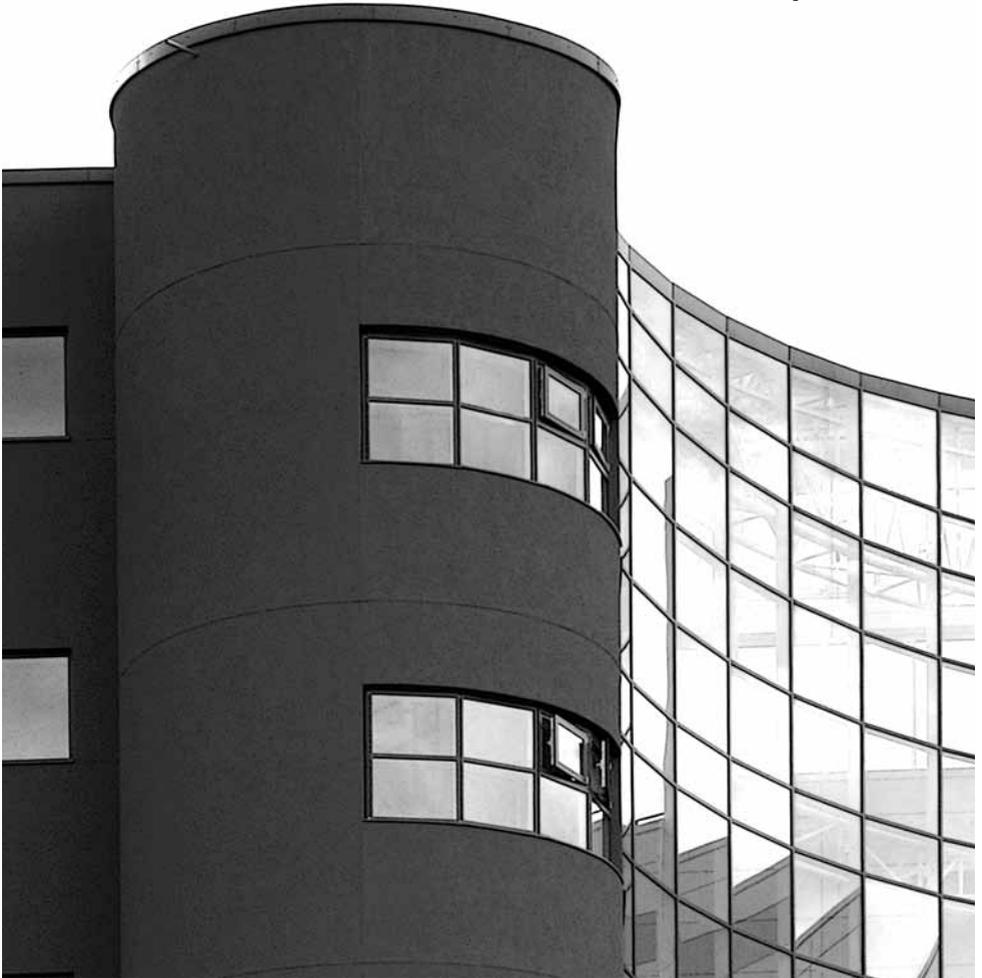


Oxford Eye Hospital

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

Information for patients

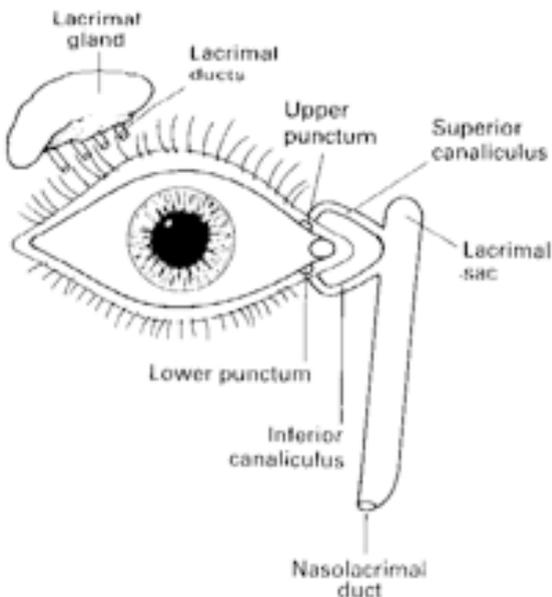


# Why do I need a DCR?

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 can be associated with a blockage in the tear drainage system.

## How is the condition diagnosed?

You may have undergone other diagnostic tests. One of these tests involves syringing of your tear ducts with saline (salty water) to establish if the system is blocked. If there were no blockage, you would have felt the saline trickling down the back of your throat.

You may have also had a special X-ray where, instead of saline, dye is syringed through the drainage system. This dye then clearly outlines exactly where the blockage is on an X-ray.

A further test called a DSG may also be ordered – although this is rare. 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 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 – 8 weeks while healing takes place and is then removed. The cut in the skin is closed with 3-5 stitches, which will be removed 5-7 days later at your GP surgery.

## **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 6-8 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**

- Haemorrhage (bleeding)
- Infection
- Bruising
- Swelling
- Recurrence of symptoms in up to 15% of patients

# Alternatives

There are there no alternatives to this form of treatment.

# 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

You will stay in hospital overnight to make sure there is no bleeding from the operation site or from your nose. You will be discharged once the doctor has seen you the next day.

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 an appointment to return for a check up in approximately 6 weeks time. Your appointment letter will be given to you before your discharge home.

## Are there any restrictions after the operation?

### **For the first two weeks:**

- Do not blow your nose or pick off any crusts
- You may experience a slight nasal discharge for 2-3 weeks, which is expected.
- Avoid strenuous lifting and contact sports. If you have any pain take paracetamol rather than aspirin as aspirin promotes bleeding.
- You will need to take 1-2 weeks off work.
- 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 concerns regarding your surgery please contact:

**Eye Emergency**

**01865 234800**

## How to contact us

Your nurse will be happy to answer any further questions you may have:

**Telephone: (01865) 234723**

If you need an interpreter or need a document in another language, large print, Braille or audio version, please call **01865 221473** or email **PALSJR@orh.nhs.uk**

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