

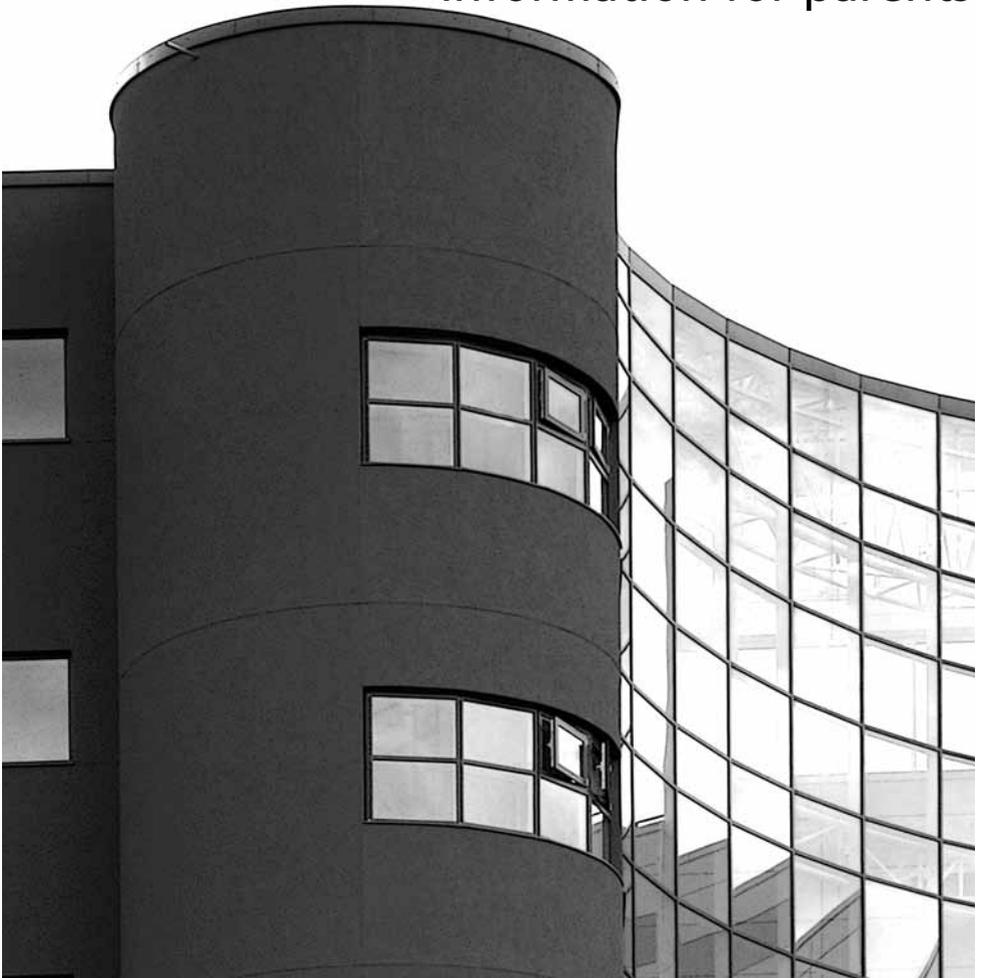
Oxford Radcliffe Hospitals **NHS**

NHS Trust

Oxford Eye Hospital

Dacro Cysto Rhinostomy (DCR) in children to improve tear drainage

Information for parents



Why is DCR needed?

Your child may need a DCR because a part of the tear drainage system in their eye is blocked and so the tears are not draining away as they should. Your child may have some or all of the following symptoms:

- watery eyes
- may be a sticky discharge from the inner corner of the eye that makes it difficult to open the eye
- a recurrent swelling and infection at the inner corner of the eye.

Normally tears flow over the surface of the eye and drain away through tiny holes on the upper and lower eyelids, near the nose. From there they drain into the canaliculi (little canals) and into the tear sac, and then down the tear duct into the nose.

Why isn't your child's tear 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. In some cases it is caused by a congenital abnormality (present at birth).

How is the condition diagnosed?

Mostly the diagnosis can be made in clinic. In some cases, a special X-ray may be needed to outline the blockage.

If DCR is considered, it is best postponed until a child is older than 5. This is because many may improve spontaneously by then. Also the results of surgery are better in children over 5 years old.

What is Dacrocystorhinostomy?

A DCR is a surgical procedure to create a new tear drainage passageway between the eye and nose. The operation takes approximately 45-60 minutes and is performed under a general anaesthetic.

A small cut or incision is made by the surgeon in the skin on the side of the nose. A hole is made through the bone. The lacrimal (tear) sac is then joined directly onto the lining inside the nose, bypassing any blockage.

If stitches are used to close the wound they can be removed at your GP surgery 5-7 days after the operation. In many cases this will not be necessary because the stitches may dissolve on their own.

How successful is the operation?

95% of children will have complete relief of their symptoms.

What are the risks and side effects?

- Haemorrhage (bleeding)
- Infection
- Bruising
- Swelling
- Recurrence of symptoms in small percentage of children.

What are the risks of anaesthesia?

In modern anaesthesia, serious problems are uncommon. Risk cannot be removed completely, but modern equipment, training and drugs have made general anaesthesia a much safer procedure in recent years. Throughout the whole of life, an individual is at least 100 times more likely to suffer serious injury or death in a road traffic accident than as a result of anaesthesia.

Most children recover quickly and are soon back to normal after their operation and anaesthetic. Some children may suffer side effects like sickness or a sore throat. These usually last only a short time and there are medicines available to treat them if necessary.

The exact likelihood of complications depends on your child's medical condition and on the nature of the surgery and anaesthesia your child needs. The anaesthetist can talk to you about this in detail on the day of your child's operation or pre-operative visit.

After the operation

Your child will stay in hospital overnight to make sure there is no bleeding from the operation site or from the nose. Your child will then be discharged once the doctor has seen him/her the next day.

We will give you a supply of antibiotic and anti-inflammatory eye drops which need to be used for 2 weeks after the operation.

Are there any restrictions after the operation?

For the first 2 weeks:

1. Do not blow the nose or pick off any crusts inside the nose.
2. Sneeze with the mouth open.
3. Keep the wound site clean and dry.
4. Your child may experience a slight nasal discharge for the first 2-3 weeks. That is expected. It is also normal if your child has some bruising or swelling around the operation site or around the eye.
5. Avoid strenuous and contact sports and swimming for at least 2 weeks.
6. Keep your child off school for about 2 weeks.
7. If your child has any pain you can give them Calpol.

Signs to look out for

In the event of any bleeding which cannot be controlled or if you have any concerns about your child's surgery, please contact:

Eye Emergency

Tel: 01865 234800

How to contact us

If you have questions or need any further information you may contact Eye Emergency on:

Tel: **01865 234800**

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**

Miss Susan Hague, Consultant Ophthalmic & Oculoplastic Surgeon
Wei Wei Lu, Ophthalmic Nurse Practitioner
Version 1, April 2011
Review, April 2014
Ophthalmology
Oxford Radcliffe Hospitals NHS Trust
Oxford OX3 9DU
www.oxfordradcliffe.nhs.uk/patientinformation