

Information for patients and carers

Endonasal Dacryocystorhinostomy (DCR)

What is an Endonasal Dacryocystorhinostomy (DCR)?

A blockage in the tear ducts can result in a watery eye or recurrent infections. An Endonasal Dacryocystorhinostomy (DCR for short) is an operation to make a new channel for tears to drain from the tear sac to the nose. An ophthalmic surgeon (eye surgeon), specialising in DCR surgery will perform the operation.

An Endonasal DCR is carried out using a thin fibre optic telescope called an endoscope. This is passed up the nose and guides instruments which are used to make a small hole in the bone of the nose. This creates a new passage for tears to flow from the eyes to the nose.

A fine, soft, plastic (silicone) tube may be threaded from the openings of the tear duct in the corner of your upper and lower eyelid, through the new channel and into your nose. The tube stops the passage from sealing over.

These tubes stay in for about a month following surgery. Removal of the tubes is a simple procedure carried out in the outpatient clinic.

What are the benefits of having the operation?

Successful surgery will result in an improvement in the drainage of tears. In the majority of cases, this will improve symptoms of watering eye, sticky discharge, and will help reduce the risk of infection.

What are the risks of surgery?

Most operations are straightforward, however with any surgical procedure there is a small chance of side effects or consequences.

The risks of surgery include:

- Bleeding from the nose (for up to 24 hours), this is common but usually not serious

- Infection
- Failure and recurrence of symptoms in the future
- Partial or no improvement of symptoms
- Scarring inside the nose
- Problems in breathing through the nose following surgery
- During the operation, the surgeon may, in some cases, change to an external DCR, which involves a cut through the skin on the outside of the nose
- Tube-related problems (movement or loss of tubes)
- Rarely, temporary cerebrospinal fluid leak (leakage of fluid of the brain)
- Risk of diplopia – double vision

In addition to the risks specific to the individual procedure, there are also general risks, such as blood loss, infection, heart attack, breathing problems and blood clots which are associated with any surgical procedure.

The surgeon will discuss the risks and benefits of surgery with you in clinic and will ask you to sign a consent form to gain your permission for surgery. All surgery carries risk and benefits, you should only agree to surgery if you fully understand the risks.

What sort of anaesthetic will I have?

This operation is usually performed under a general anaesthetic. This means you will be asleep during the operation. If you cannot have a general anaesthetic due to health reasons you will have the operation

under sedation. The anaesthetist may visit you on the ward before your operation.

Getting ready for the operation

You will be asked to attend for a pre-operative assessment with a nurse. The nurse will ask you some routine questions about your general health, you may also need some blood tests and an ECG (heart tracing) to make sure you are fit enough to have a general anaesthetic. You will be asked not to have anything to eat, chew gum or smoke for 6 hours before your operation, and to have clear fluids up to 2 hours before your operation. You will be advised of the actual times. If you are on medication to thin your blood, the surgeon will tell you if you need to stop your medication before your operation.

Please bring a small overnight bag with you, in case you need to stay in hospital overnight.

What should I expect after the operation?

When the operation is over you will have your pulse, blood pressure, breathing and wounds checked regularly by a nurse.

It is usual to feel drowsy for several hours. You will be given oxygen through a facemask until you are more awake. As anaesthetics can sometimes make people feel sick, the nurse may offer you some anti-nausea medication.

You may have a drip running into a vein in your hand/arm until you are eating and drinking again.

On the ward you will be positioned in an upright position on the trolley. You will be advised to sleep in a seated position for the first night at home following your operation.

Dressings and stitches

You will not have any dressings or stitches after the surgery, (unless you have had an external DCR). You can expect some swelling and bruising, which may last for about two weeks. Complete healing may take up to 8 weeks.

Bleeding

You will have some bleeding from the nose after the operation, which is usually mild. You will be advised not to eat or drink anything hot for 48 hours after your operation as this could encourage bleeding.

Pain relief

Pain following an Endonasal DCR is usually mild. If you experience pain, simple painkillers such as paracetamol can usually control it.

Going home

The surgeon will decide whether you can go home on the day of your operation; you must have a responsible adult to take you home and have someone to stay with you for 24 hours until you are recovered.

Discharge information and at home advice post operative

It is important to sleep upright for the first night to reduce bruising.

DO NOT eat or drink anything hot for 48 hours to prevent bleeding.

For the first week after surgery you will feel blocked up/congested, this is normal and occurs because of the swelling inside the nose. It is likely that you will have both crusts and mucous in the nose as well as some bloodstained drainage.

Medications

You will be advised to use a nasal spray (usually Sterimar and/or Betnesol) and asked to douche with this, the ward will give full instructions about this. This is usually 4 times a day for 1 month. You may be given a course of antibiotics tablets. You will be advised how to use the medication before you leave the hospital. If you were asked to stop aspirin/warfarin tablets prior to your operation you may restart them the day after surgery.

Bathing and showering

You may take a bath or shower as normal.

Cleaning the eye

You may clean the eye if necessary. Always wash your hands before starting. Use cotton wool moistened with cooled, boiled water. Close both eyes and gently wipe over the eyelashes from the inner to the outer side, repeat until the eye is clean. Throw the water away.

Follow up appointment

You will be seen in the outpatient clinic 4 weeks after your operation for removal of the tubes. You may be given an appointment on discharge or this may be sent by post.

Other information

Avoid blowing your nose for four weeks after your operation.

Be careful when sneezing, you are advised to sneeze through your mouth and place your finger on the inner corner of your eye when sneezing.

You may see the tube in the inner corner of your eye when you are at home, this is normal. However, if the tube starts to protrude (loop out) from the corner of your eye, get in touch with us using the contact details below.

Contact details

If you experience any problems, contact the number below:

Ophthalmology telephone triage service **01257 245346** - Monday to Friday 9.00am to 4.30pm.

Eye Ward – **01257 245151**- Monday to Friday 7am to 6pm.

If you feel that your eye condition needs an urgent assessment outside of these hours, please attend the nearest Emergency Department.

Sources of further information

www.lancsteachinghospitals.nhs.uk

www.nhs.uk

www.accessable.co.uk

www.patient.co.uk

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Department: Ophthalmology
Division: Surgery
Production date: October 2023
Review date: October 2026
JR 1044 v1