

Tear drainage surgery (DCR - dacryocystorhinostomy)

Information for patients

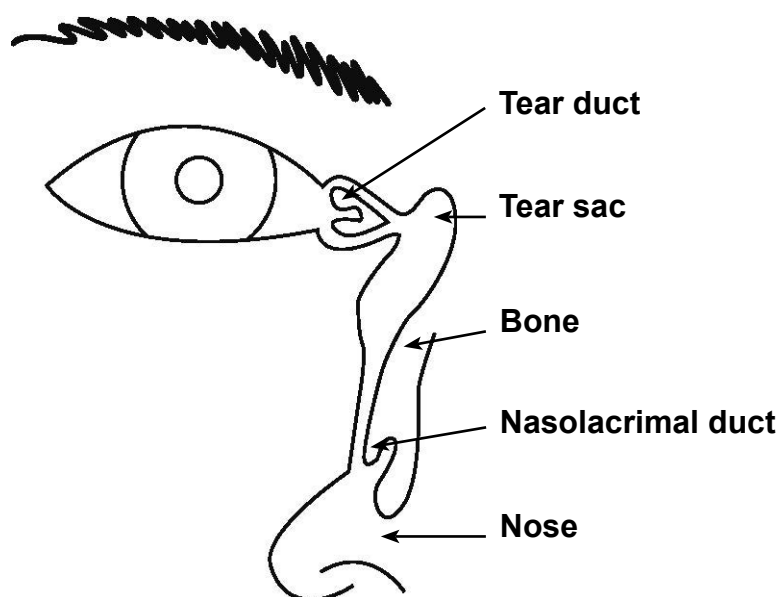
This leaflet is not meant to replace the information discussed between you and your doctor, but it can act as a starting point for such a discussion or as a useful reminder of the key points.

What is a DCR?

DCR (dacryocystorhinostomy) is an operation performed to relieve watery sticky eye.

Tears are produced naturally all the time to moisten your eye, keeping it healthy and comfortable. With each blink these tears are drained away from your eye through two small holes in the inner corner of your upper and lower eyelids. The tears pass along a very small tube, collecting in the tear sac to the side of your nose. They then pass down a duct into your nose, before draining away in to the back of your throat.

If any part of this draining pathway is blocked, your eye will water. The only effective treatment of any blockage is an operation.



What are the symptoms?

1. A watery eye.
2. Recurring eye infection.
3. A painless swelling near your nose called mucocele. Firm pressure on this swelling causes white or clear mucus to discharge in to your tears. This mucocele can become infected and painful.



What tests will be carried out?

- **Syringing**

Salt water is irrigated (washed) through your tear passage. Normally, this water will pass to your nose and the back of your throat. If there is a blockage the water will overflow onto your cheek.

- **Probing**

A very fine probe can usually be passed through the tear passages in to the tear sac. If the probe meets any resistance this means there is a blockage.

- **Dacryocystogram**

This is an x-ray taken using a dye, to show up your tear drainage system. This test is useful to show partial blockages. It is not always necessary to perform this test.

- **Lacrimal scintigraphy/scintillography**

This is a Nuclear Medicine procedure used to image the nasolacrimal apparatus. It is used if your eyes are still watering even though syringing has shown that there is no blockage in your tear passage (see **Syringing** above).

- As part of your clinic assessment, you may need to have an **endoscopic nasal examination**.

What happens during the DCR operation?

The DCR is carried out as a day surgery.

It is usually performed under general anesthetic (you are asleep) or local anesthetic combined with sedation (you are sedated but awake, and the area is numbed). Your surgeon will discuss the best option with you at your clinic appointment.

An incision (cut) is made to the side of your nose over the tear sac, approximately where glasses rest. A direct passage is created between the tear sac in to your nose through the bone. Part of the bone will be removed to create this passage.

A silicone tube is inserted in this new passage to make sure it does not close while it heals. This tube is left in place for six weeks and will be removed in the clinic later on. **Vigorous (forceful) nose blowing should be avoided during this time.**

How long will my operation take?

The operation will take one to one and a half hours, so it is **not** a minor operation.

How will I feel after my operation?

With the tube in place your eye may still be watery, but if your operation is successful this will stop when the tube is removed.

You will be prescribed systemic antibiotics plus eye/nose drops to use at home after your operation.

When can I drive again?

- If you have had a **general anaesthetic** you must not drive for 48 hours following your surgery. Please arrange for someone to take you home after your procedure.
- If you have had **local anaesthetic/sedation** you must have someone drive you home following your surgery, but you can drive again the next day.

Will I have a follow-up appointment?

Yes. Your first follow-up review will be in one week in the Outpatient Department, where your skin sutures may be removed. Another visit will be arranged in six to eight weeks to remove the silicone tube.

What are the complications/risks?

- **Scarring** may develop at the side of your nose, but this normally fades within six months.
- If your wound becomes red and sore, please contact the hospital (see contact details below) as antibiotics may be needed to deal with the **infection**.
- You may have **bleeding** from your nose. An ice pack placed on your nose may help, but if the bleeding is severe contact the hospital.
- In one in 10 operations **the eye will continue to water**. If this happens the operation may need to be repeated.

What should I do if I am worried about my eye?

Please remember that most patients have a very good result from their surgery. However, if you develop any problems following your operation, please call us using one of the numbers below.

- **Kent and Canterbury Hospital, Canterbury**
 - Waiting List Co-ordinator Telephone: 01227 86 64 44
 - Ophthalmology Suite Telephone: 01227 86 64 93
- **Queen Elizabeth the Queen Mother Hospital, Margate**
 - Waiting List Co-ordinator Telephone: 01843 23 43 64
 - Day Surgery Telephone: 01843 23 44 58
- **William Harvey Hospital, Ashford**
 - Waiting List Co-ordinator Telephone: 01233 61 67 57

This leaflet has been produced with and for patients

If you would like this information in **another language, audio, Braille, Easy Read, or large print** please ask a member of staff. You can ask someone to contact us on your behalf.

Any complaints, comments, concerns, or compliments please speak to your doctor or nurse, or contact the Patient Advice and Liaison Service (PALS) on 01227 78 31 45, or email ekh-tr.pals@nhs.net

Patients should not bring in large sums of money or valuables into hospital. Please note that East Kent Hospitals accepts no responsibility for the loss or damage to personal property, unless the property had been handed in to Trust staff for safe-keeping.

Further patient leaflets are available via the East Kent Hospitals web site www.ekhufft.nhs.uk/patientinformation