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The evidence used in the preparation of this leaflet is available on request. Please email: patient-information@salisbury.nhs.uk if you would like a reference list.

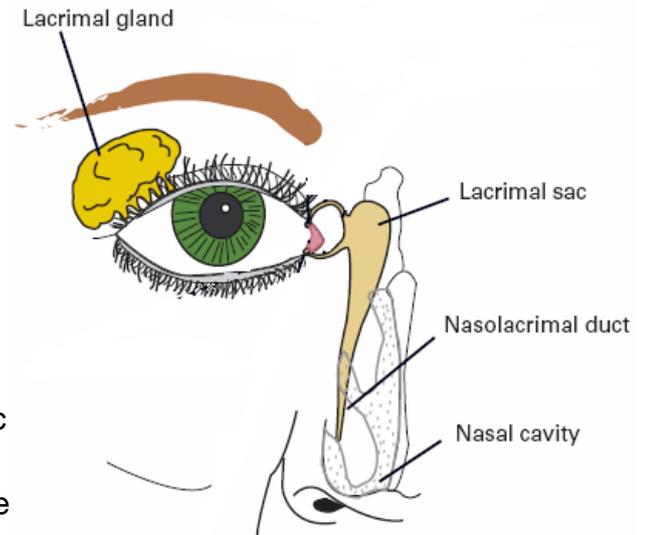
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Date written: December 2009
Last reviewed: April 2016
Review date: April 2019
Version: 1.1
Code: PI0427

Endoscopic Dacryocystorhinostomy (page 1 of 2)

What is an endoscopic dacryocystorhinostomy?

An endoscopic DCR (dacryocystorhinostomy) is an operation to help alleviate a watery eye. The procedure involves a general anaesthetic and can take 60 to 90 minutes.

The surgeon will use a rigid endoscope to look up your nose and explore the obstruction which is in the naso-lacrimal duct just below the lacrimal sac. A small piece of bone will be removed to join the lacrimal sac and the nose to bypass the obstruction. A thin plastic tube will be left in place between the tear duct and the nose for 6 weeks and then removed once the area has healed. The operation means tears will have a larger duct through which to drain into the nose.



Unlike the traditional external procedure no scar is left on the nose.

How should tears drain normally?

Tears drain away from the eye through tiny holes in your upper and lower eyelids via small canals into the lacrimal sac. Tears then flow down the naso-lacrimal duct into your nose.

Why do I need a this operation?

You are likely to be experiencing a watery and sticky eye. You may also have had repeated infections in the corner of your eye (lacrimal sac). This is happening because tears are not draining away as they should because your normal system may not have developed properly or may have been damaged through infection or injury.

You will have had some investigations previously such as flushing of the lacrimal ducts to establish that there is a problem.

The surgery should significantly improve things.

Ears Nose and Throat Department
01722 336262 ext 2121 or 2209

What are the complications of the operation?

Infection - there is a small risk of infection of the internal wound site though this is rare.

Nosebleeds - there is a risk of nosebleeds but following the guidance below can help to prevent them.

Tubes slipping out - occasionally the tubes can work their way loose at the top, but these can usually be replaced in the Ear Nose and Throat (ENT) department.

What is the alternative?

You can either live with the symptoms you have, or have an open approach DCR (a similar procedure that leaves a small scar on the nose).

How will I feel after surgery?

You may feel drowsy until the anaesthetic wears off. You will probably go home the same day as long as there is not too much bleeding.

You may have some mild discomfort which should get better in a few days and will be helped by taking simple painkillers such as paracetamol. Please follow the instructions on the packet.

Is there anything I should be aware of after the operation?

To help avoid bleeding it is important that you do not blow your nose or bend down too much for two weeks. If a nosebleed occurs press firmly on the upper area of your nose with a clean cloth and some ice. If the bleeding persists you should contact your doctor or go to your nearest emergency department.

You will be given eye drops to use four times a day and may be given a nasal spray.

Do not rub your eye while the tubes are in place.

How long will I need off work?

Usually 1 week. If you need longer see your GP.

When will the tubes be removed?

A follow-up appointment in the ENT department will be made for 6 weeks after surgery. At this time the tubes will be removed easily from the nose without any discomfort. The watery eye should improve once the tubes are removed. A further follow-up appointment will be arranged to check the success of the procedure.

How likely is the operation to work?

It is successful in 90-95% of cases.

What if the surgery doesn't work?

Further surgery is possible if the procedure is unsuccessful.