

Information for Patients

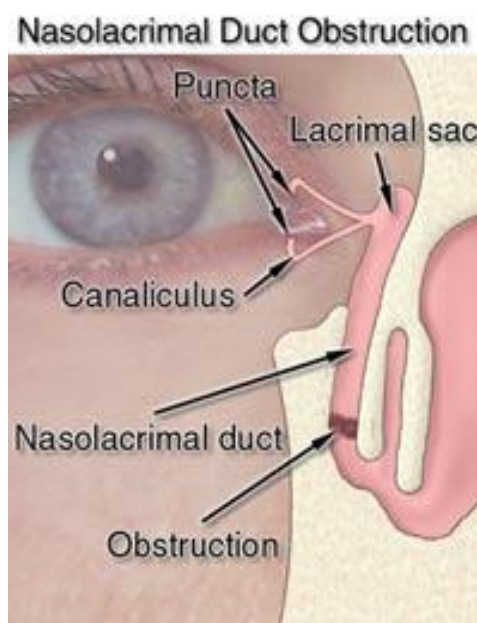
External Dacryocystorhinostomy (DCR) and Stents

Information before your operation

Why have I been offered an External DCR?

There are many causes of a 'watery' eye, some of which may be helped with a DCR. Blocked tear ducts can occur in infants and in adults, and sometimes occur after facial trauma. In most patients, this causes excessive watering. Infection of the tear duct can occur as well, a condition known as dacryocystitis. The lacrimal glands produce tears that travel across the eye to help moisten and protect it. The tears drain via small holes in the upper and lower eyelids (known as the puncta) through a system of small passages that lead through the nose to the back of the throat.

Diagram showing the drainage system of the eye

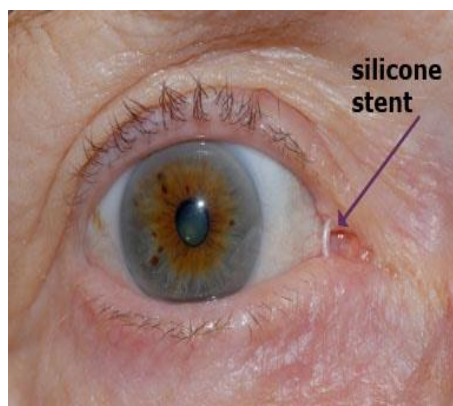


What is a DCR?

A DCR is an operation to establish free drainage of tears into the nose. The operation involves making a small incision (approximately 1-2 cm), and then removing a tiny piece of bone from the side of your nose to bypass a blockage in the tear drainage system. The lining of the tear drainage system is opened into the nose to create a new passageway. The operation is usually performed under a general anaesthetic or local anaesthetic with sedation.

What are stents?

Stents are silicone tubes placed in the tear drainage system during surgery. These stents can help maintain the new drainage pathway. They are removed at a later date (usually 2-3 months) although this may vary. During the time the stents are in place your tear drainage system will be partially blocked and therefore your symptoms can sometimes continue until the stents are removed.



How long will I be in hospital?

Patients are usually treated on a day case basis. However, an overnight stay may be required if there are any complications or as patient circumstances dictate.

Are there any risks?

There are some risks associated with anaesthesia, which are common to all operations. Serious complications are extremely rare, but do include a risk to sight and life.

The main risks following this type of surgery are bleeding and infection. Such problems are rarely encountered and every possible precaution is taken to avoid them. The surgery will leave a scar, which will usually reduce and fade over time but may be noticeable.

Will the operation be painful?

There will inevitably be some degree of discomfort, which is usually minimal, and should be controlled with pain relief medication for example Paracetamol.

Precautions

- You should avoid blowing your nose for 4 weeks after surgery as this can cause bleeding.
- You must not rub your eye whilst the stent is in place otherwise it can become displaced.
- We recommend that during the first week after surgery you refrain from heavy duties, for example, gardening or going to the gym.

An information sheet will be provided for you outlining the specific instructions to follow after your surgery.

How long after the operation will I be able to return to work?

Your return to work will depend largely on how you feel and the type of work you do. Most individuals will be able to return to work after 1 week.

Removal of stents

The stents are usually removed via the nostril. This is a simple procedure that can be carried out either in the out-patient department or operating theatre.

If you have any questions or are worried about any of this information please telephone the nurse practitioner on (0161) 276 1234 and ask switch board to bleep John Cooper on bleep 5235, or Anne Mullett on bleep 5605 Monday – Friday 9.00 am - 5.00 pm or contact staff on Ward 55 who are available 24 hours every day on (0161) 276 5512.

The team can be emailed with a query at john.cooper@mft.nhs.uk or anne.mullett@mft.nhs.uk.



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