

# External Dacryocystorhinostomy (DCR) and Stents

## Information before your operation

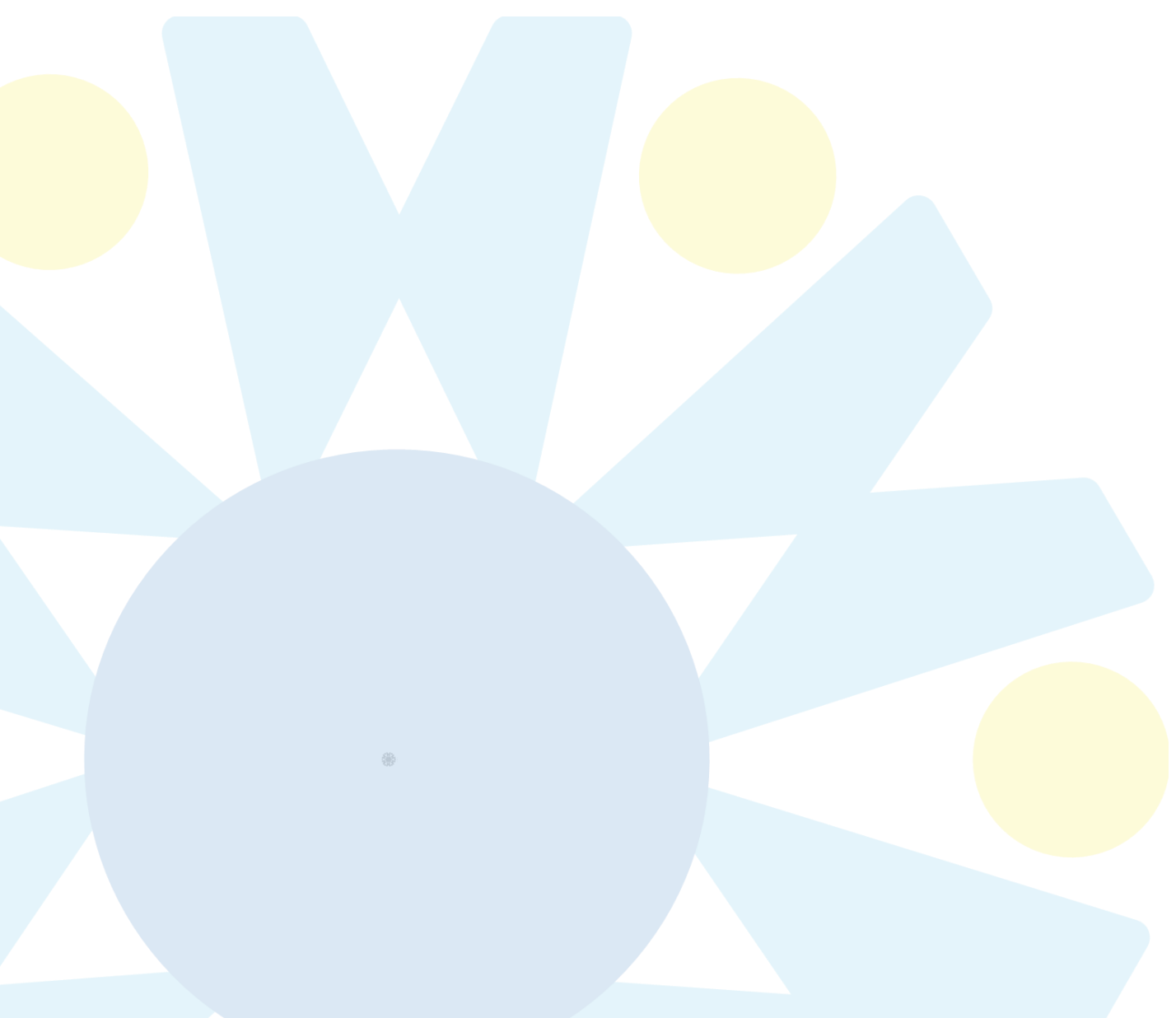
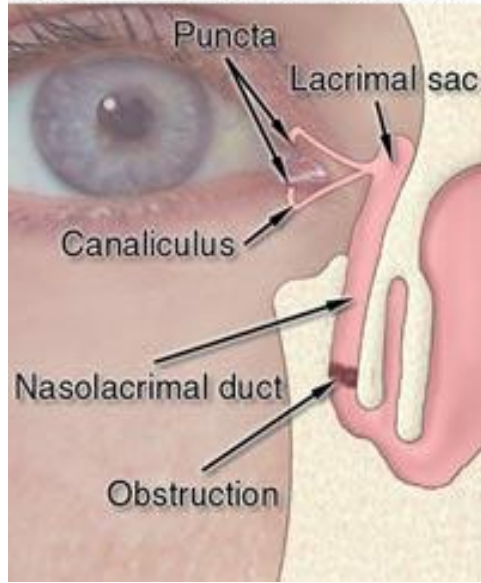
### Why have I been offered an External DCR?

There are many causes of a 'watery' eye, some of which may be helped with a DCR. Blocked tear ducts, which are the 'pipes' draining the tears into the nose, can occur in infants and in adults, and sometimes occur after facial trauma, due to the use of certain eyedrops, etc. In most patients, this causes excessive watering.

Infection of the tear sac located half way through the tear system, 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

**Nasolacrimal Duct Obstruction**

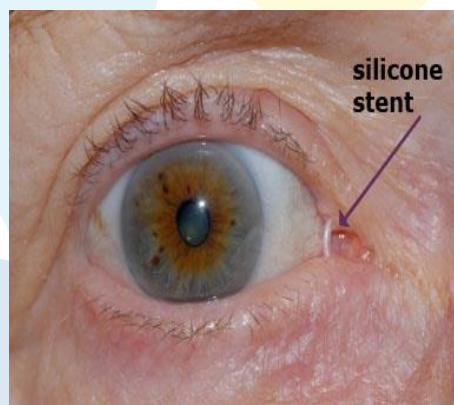


## What is a DCR?

A DCR is an operation to establish free drainage of tears into the nose. The operation involves making a small incision in the side of the nose (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 creating a different passageway for the tears to drain into the nose. 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 keep the new drainage pathway open. They are removed at a later date (usually 2-3 months) although this may vary depending on the baseline condition or if it is the first surgery or a repeat surgery. 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, normally in the clinic. As shown in the picture below, you will be able to see a silicone tube bridging between the two eyelids that you should try not to touch until they are removed. They should not give you any problems while they are in place, whichever is the required length of time.



## 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 (constant bleeding normally) 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. Other risks include inflammation, pain, cerebro-spinal fluid leak (rare) and meningitis, corneal abrasion, recurrence of symptoms, requirement for further surgery. The surgery will leave a scar, which will usually reduce and fade over time but may be more or less noticeable depending on your healing processes and baseline conditions, to be discussed with your surgeon before the procedure.

## 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 should avoid hot drinks during the first night and rest in a semi upright position.
- 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 (most commonly) or operating theatre and might require putting a thin camera up your nose to retrieve the stent. In most cases this is painless, though a small amount of bleeding can occur and is quite normal. Your nose will be numbed using a nasal spray anaesthetic.

If you are worried or wish to ask any questions about this information, please contact the Oculoplastic nurse practitioner via the hospital switchboard on: (0161) 276 1234 and ask the operator to bleep 5235 or 5605 Monday–Friday 9.00 am - 5.00 pm or contact staff on Ward 55 on (0161) 276 5512 (24 hour) every day.