

Dacryocystorhinostomy (DCR) and placement or replacement of Lester Jones Tubes (LJT)

What is a DCR?

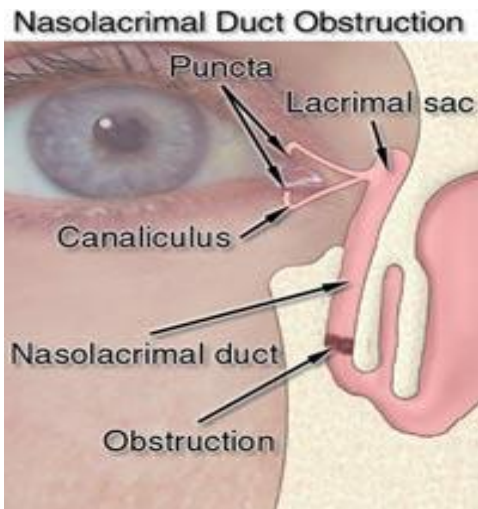
A DCR is an operation to establish free drainage of tears into the nose by creating a new passageway for the tears to drain into the nose. The operation involves making a skin incision of 1-2 cm and removing a piece of bone from the side of your nose to bypass a blockage in the tear drainage system.

Why have I been offered a DCR?

The lacrimal glands produce tears; they 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. (See diagram)

There are many causes of a 'watery eye', some of which can be helped with a DCR. However, when it is the whole tear system which needs to be bypassed to help the draining of tears into the nose, you might be a candidate for insertion of a Lester Jones Tube, additional to the DCR, as it might be the only way of providing relief from a watery eye.

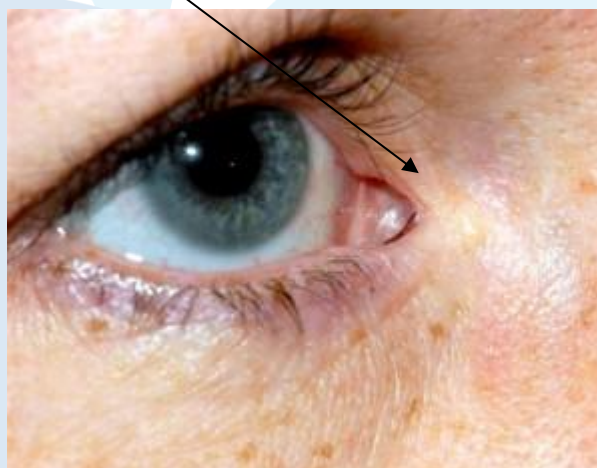
Diagram showing the drainage system of the eye



What are Lester Jones Tubes?

The blockage in the tear drainage system is bypassed by the permanent placement of a Pyrex (strong glass) tube known as a Lester Jones Tube (LJT).

This is a rigid tube that is approximately 10-24mm in length and 3-5mm in diameter. Once in place it connects the inner corner of the eye directly with the inside of the nose, being passed through a hole in the bone created by the DCR. After successful placement of a LJT, tears will flow from the eye down the tube and into the nose. The opening of the LJT (the flange) will be just visible in the inner corner of the eye and you should keep it clean and not touch it.



How long will I be in hospital?

Patients are usually treated on a day case basis. However, an overnight stay could be required if there are any complications or as individual 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, further surgery and displacement or blockage of the tube.

In our experience, one third of patients have no problems with their LJT that require further surgery. One third of patients might require a second, simple procedure to adjust the tube. The remaining third of patients could need several procedures for the LJT to work effectively.

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.

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 return to work after one week.

Care and precautions following your operation

The insertion of a LJT requires a commitment to look after it and once in place it will be there for life. The medical and nursing team will go through the post-operative instructions with you more thoroughly during the time of your operation.

The LJT requires lifelong but simple care and attention to keep it working properly, including:

- Placing a finger over the inner corner of your eye when sneezing to prevent the tube from displacing.
- Using artificial tear drops, occluding the nostril on the non-operated side and sniffing them through the tube will help to prevent the tube from blocking. This will be discussed with you before discharge.

We also recommend that during the immediate recovery period you refrain from heavy duties for example; gardening or going to the gym.

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 via the hospital switchboard on: (0161) 276 1234, available 24 hours a day.