

Endoscopic Dacryocystorhinostomy (DCR) and Stents

What is an Endoscopic DCR?

A dacryocystorhinostomy (DCR) is an operation to establish free drainage of tears into the nose. The operation involves removing a piece of bone from your nose to bypass a blockage in the tear drainage system.

Traditionally this operation was carried out by making an incision externally on the side of your nose to gain access to the bone. However, it is now possible to perform a DCR with the aid of an endoscope. Endoscopes are tiny cameras, which allow surgeons to see in confined spaces and perform appropriate surgery. Endoscopic DCRs allow the surgery to be performed from within the nose, therefore avoiding the need for incision externally. However, there is a chance that during the procedure the surgeon will have to revert to the traditional external approach, as the anatomy of the nose might not allow an endoscopic approach. This operation can be performed under a local anaesthetic with sedation or general anaesthetic; the surgeon will discuss these options with you.

Why do I need a DCR?

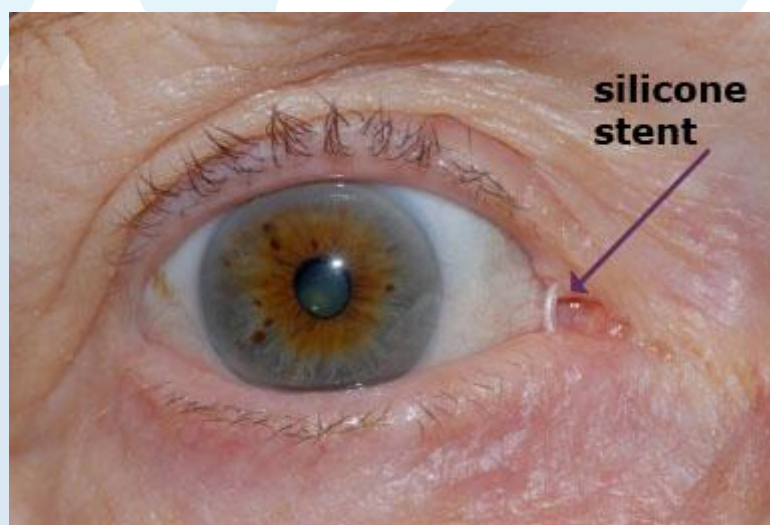
As the lacrimal glands produce tears they travel downward and inward across the eye, to help moisten and protect the eye. The tears drain into and through upper and lower orifices known as the puncta, which are located on the eyelids near the nose (see diagram). Once through the puncta, the tears drain through a system of small passages that lead through the nose to the back of the throat. If this system is blocked in any way, it can cause excessive tearing and overflow of tears: this is called epiphora. Epiphora can develop from scarring in the lacrimal system due to injury, recurrent infection or from unknown causes.

Diagram showing the drainage system of the eye



What Are Stents?

Stents are made of silicone tubing and are placed in the tear drainage system during surgery. These stents support the healing process and help to construct a new drainage system. They are removed at a later date (usually 3-4 months) although this can 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?

If you are having a general anaesthetic you will usually be admitted on the day of surgery and discharged home the following day. If the effects of the general anaesthetic are causing nausea or vomiting, a further night's stay might be advised. If you are having a local anaesthetic you will usually be admitted to the day surgery unit a few hours before surgery. If all is well after surgery you will be discharged home the same day.

Are there any risks?

There are some risks associated with anaesthesia, which are common to all operations. Serious complications are very rare. The main risk following this type of surgery is bleeding and therefore your nose could be packed with a light dressing to reduce that risk, for up to 48 hours post operatively. Such problems are rarely encountered, and every possible precaution is taken to avoid them.

Other risks include inflammation, pain, cerebro-spinal leak (rare) and meningitis, corneal abrasion, recurrence and further surgery. If reconversion to an external approach during the procedure is needed, surgery will leave a scar in the side of your nose, which will usually reduce and fade over time but may be more or less noticeable depending on your healing process and baseline conditions. This will be discussed with your surgeon before the procedure.

Precautions

You should avoid blowing your nose for 6 weeks after surgery as this could cause a bleed, or cause the stents to prolapse (so that they come out as a long loop of tubing in the corner of your eye). We also recommend that during the immediate recovery period you refrain from heavy duties (e.g. gardening). You should **not** touch the stent that you will see in the corner of your eye between both eyelids as they should remain in place for a length of time depending on your baseline problem and the findings during 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. Should this pain relief medication not be effective, stronger pain relief medication will be available for you.

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. The oculoplastic team will be happy to discuss this with you.

Removal of Stents

This is normally a simple procedure that will be carried out either in the out-patient department or in the operating theatre. The procedure requires an anaesthetic which is given via a nasal spray and an endoscope (tiny camera) up the nose to retrieve the stent.

If you are worried or wish to ask any questions about this information, please contact the Oculoplastic specialist nurse on (0161) 276 5608.

To speak to Ward 55 staff please contact the main hospital switchboard on: (0161) 276 1234, available 24 hours a day.