

Mr. Daniel G. Ezra

MA (Cantab.) MBBS MMedEd MD (Cantab.) FRCSFRCOphth FHEA
Consultant Ophthalmic & Oculoplastic Surgeon

Harley Street • Moorfields • BMI Hendon Hospital

PA: Karen Papier - 0208 457 4572/Karen.Papier@moorfields.nhs.uk

Patient information Leaflet: **Dacryocystorhinostomy (DCR)**

This information leaflet is for patients undergoing, for considering DCR lacrimal drainage surgery under Mr. Daniel Ezra. Mr. Ezra will answer any additional issues or questions and these can be directed through his PA, Karen Papier (contact details above).

What is DCR or dacryocystorhinostomy?

This is an operation to form a new tear drainage between the eye and the nose when there has been a blockage. If the normal drainage passage gets blocked or narrow, you might get a watery eye or repeated eye infections. The success rates for DCR improving symptoms of watering are 90-95% for nasolacrimal duct obstruction. In some more complex cases, the success rate is 70-80%.

How do the tears normally drain away?

Tears are produced continuously and when you blink they are drawn into two small holes in the inner corner of your eyelids. Each hole is known as a punctum. There is one in the upper and lower eyelids. They lead into small tubes known as the canaliculi, which in turn drain into the lacrimal sac. This lies between the corner of your eye and your nose and has a duct at the bottom, which drains into your nose, the nasolacrimal duct.

Why do the passages become blocked?

The normal system does not have much spare capacity (that is why we "cry") and the narrow drainage channel becomes even narrower with age, especially if there has been nose or sinus disease.

What happens when I come to hospital?

On the day of surgery, you will be asked not to eat or drink for 6 hours prior to surgery. You will arrive on the ward 1-2 hours before the planned surgery and will be admitted by the nursing staff. You will be seen by Mr. Ezra and an anaesthetist prior to surgery for a final examination and discussion. You may also have some final tests which might include syringing water through the tear ducts to see whether there is a blockage and also a telescopic examination of the inside of the nose. You will have been advised to stop taking any medicines containing Aspirin or Ibuprofen two weeks before the operation.

What does surgery involve?

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During dacryocystorinostomy (DCR), the tear drainage passages are opened so that the tears can drain into the nose. There are two approaches to DCR surgery: external DCR and endoscopic endonasal DCR, often referred to as "EndoDCR". They are similar operations with similar success rate.

External DCR

The operation is through a 10-15 mm incision through the side of the nose, where a pair of glasses would rest. This heals up very quickly and in most people is rarely visible when healing is complete. There will be sutures, usually removed seven to ten days later. As a part of the procedure small polythene rods (often referred to as "tubes" (although they do not assist with drainage) are positioned internally to ensure that the newly made passage remains open during the healing phase. These rods are removed after 4-6 weeks.

Endoscopic DCR

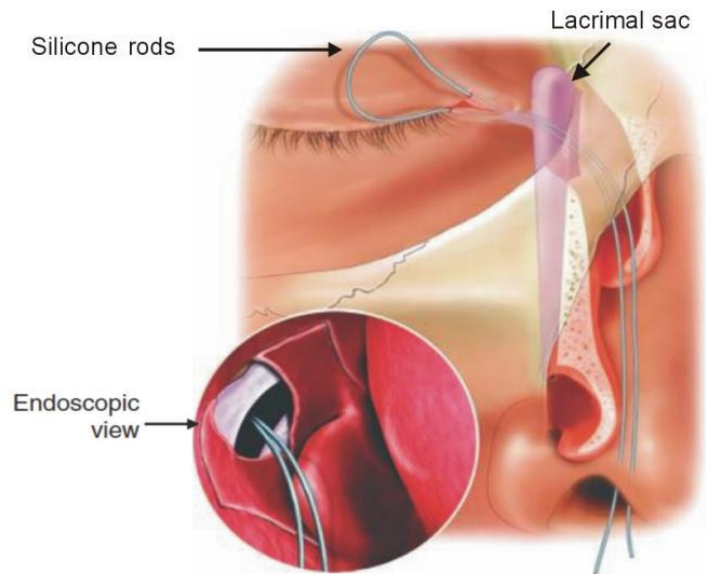
Endoscopic DCR is a highly specialised procedure where the new drainage channels are created by performing the surgery within the nose. Whilst EndoDCR is a minimally invasive procedure, the operation is very similar to external DCR, except there is no cut through the skin and no scar afterwards. The access is through the nose using a small thin camera (endoscope). Small rods are usually placed internally, positioned in the newly created passage and these will be removed after 4-6 weeks.

Removal of rods

The rods might be visible just inside the nose, but don't worry if they are not visible after surgery; the rods will be removed at a later outpatients appointment. They are tied inside the nose and a loop can occasionally protrude from the inner corner of the eyelids. If this happens the soft polythene rods can gently be pushed back into place. Please contact Mr. Ezra's PA, Mammie if you are having any persisting problems like this.

What type of anaesthetic is necessary?

The operation takes about an hour and is usually performed under a general anaesthetic where you are asleep, or sometimes under local anaesthetic with sedation. With a local



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anaesthetic, the nose is "frozen" using an injection, which will sting for about half a minute. You should not feel any discomfort during the surgery. You might hear some noise for two to three minutes as the bone is being removed, but this is less noisy than a visit to the dentist. If you are an older patient and having a general anaesthetic in the afternoon, you might be asked to stay overnight, but most younger patients can go home later the same day. We would not suggest travelling home on public transport. It is advisable to be driven home by a friend or relative. You must not drive yourself.

What happens after surgery?

After your operation have a quiet evening at home and avoid strenuous exercise for a week. You are advised not to drive, operate machinery, drink alcohol or take sedative drugs for 24 hours. If your eye pad has not been removed in the hospital then gently remove it in the morning at home and wash normally, taking care to dab the operation site (do not rub). If you have had external DCR, it is advisable to keep the skin wound dry and uncovered. After endoscopic DCR, Mr. Ezra will usually ask you to perform nasal douching (wash-out) for a number of weeks using sterimar nasal spray.

After the operation you might experience some blood stained ooze from the nose. This usually stops after a few hours. If there is bleeding apply an ice pack to the bridge of your nose (on the opposite side to the dressing). Wipe away any bleeding with a paper tissue/kitchen towel. If the bleeding is severe or continues for more than half an hour, seek medical advice immediately at Moorfields Eye Hospital or your nearest accident and emergency department.

If you experience pain, which is unusual, take paracetamol or codeine (not aspirin or ibuprofen for two weeks as this could cause some bleeding). In order to avoid drugs containing aspirin, please read the contents of the packaging of whatever painkiller you wish to use. It is usual to have a watery eye for some weeks after surgery until the swelling and inflammation settles, and the "rods" are removed. You will also be given a letter for your GP stating which operation you have had. If you feel generally unwell, call your GP and give him or her letter.

Is there anything else I should not do after the operation?

Hot food and drinks should be avoided for up to 24 hours after the operation as they can precipitate post operative bleeding. You may wipe your nose or sniff to clear it, but you must not blow your nose for seven to ten days

What are the main complications following a DCR?

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Bleeding: A nose-bleed can occur up to ten days after surgery. This happens to about one in 50 patients. In most cases the bleeding will stop by itself, but if it continues or is very heavy you should attend the accident and emergency at your nearest hospital.

Infection: This is rare, but a possible complication. When you leave the hospital, you will be given some drops to use during the days to prevent infection.

Scar formation: In case of external DCR, the incision on the side of the nose is usually small but might occasionally need to be massaged.

Blockage: Rarely, a scar can form inside leading to blockage of the drain again and require another operation. Sometimes, it might require surgical insertion of a small pyrex tube known as a "Jones tube", which stays permanently in the tear duct.

What is the follow-up treatment?

You will be given a clinic appointment for one or two weeks after surgery. If you have had an external DCR, the stitch in your skin will be removed at this point and the silicone rods will be removed from inside your nose after 6 weeks. If you have had an EndoDCR, you will be asked to douche the nose using Sterimar spray. This should begin 5 days after surgery and continue for 3 weeks. You will have another review at 6 months for a final check. If you require any further information or advice after your operation, please telephone Karen Papier on 020 84574572, or email on Karen.papier@moorfields.nhs.uk