Risks and complications (these will be discussed during the consultation)

- Nose bleeds
- Wound infection
- Surgical failure
- Tube dislocation

Contact details

If you have any questions about any of the information contained in this leaflet please contact:

Lincoln County Hospital Office hours: 01522 307180 then select option 4

<u>Out of hours</u>: Contact the on–call Ophthalmologist via switchboard on 01522 512512

References

If you require a full list of references for this leaflet please email patient.information@ulh.nhs.uk

The Trust endeavours to ensure that the information given here is accurate and impartial.



If you require this information in another language, large print, audio (CD or tape) or braille please email the Patient Information team at <u>patient.information@ulh.nhs.uk</u>

Excellence in rural healthcare

United Lincolnshire Hospitals NHS Trust

Dacryocystorhinostomy (DCR)

Ophthalmology Department Lincoln County Hospital

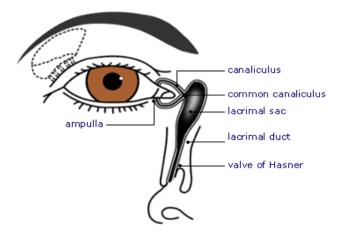
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Aim of the leaflet

This leaflet aims to explain Dacryocystorhinostomy (DCR) surgery, the operation and the risks involved.

What is a DCR?

DCR surgery is a procedure to treat watery and sticky eyes caused by a blocked nasolacrimal (tear) duct. The surgery aims to reconnect the lacrimal (tear) sac in the eyelids to the nasal passages.



What to expect

Where possible, surgery is done endoscopically (through the nose), although if access is difficult a skin incision may be needed. DCR surgery is carried out whilst you are asleep (general anaesthetic).

To join the nasolacrimal (tear) duct to the nasal passages, the lining of the nose is cut and a small plaque of bone is removed. The nasolacrimal duct is opened and fine silicone tubes are passed from the corner of the eyes, through the eyelids and in to the nose where they are tied in a knot. If there is a nose bleed at the end of surgery, the nose may be packed with a dressing. This will be removed following surgery. Where endoscopic surgery is not possible, a skin incision is made on the side of the nose to allow access to nasolacrimal duct and the nasal passages. The wound will be closed with dissolving sutures (stitches).

The fine silicone tubes which are tied in the nose are removed after 3 months in the clinic using a nasal spray to numb the nasal passages.

Surgery takes approximately 30 to 40 minutes, however, this does not include the time taken to go to sleep (anaesthetize) or wake up (recover) after surgery. The operation is typically performed as a day case, however, if there is excess bleeding you may be kept in overnight for observation.

Post-operative care

It is not unusual to suffer from nose bleeds following surgery. These should be small. If you suffer from a large nose bleed once you get home you should attend the A&E department or contact the eye department.

We advise you to avoid hot food and drink for 24 hours after surgery to reduce the risks of a nose bleed.

Bruising around the eye is not uncommon.

Typically we do not give medication to go home with.

After approximately 2 weeks you can return to normal activities.

If you have sutures in the nose we will see you 6 weeks after surgery. Otherwise you will be seen in clinic after 3 months to remove the fine silicone tubes.