



The Leeds
Teaching Hospitals
NHS Trust

Dacryocystorhinostomy

Information for patients



Leeds Centre for
Ophthalmology

What is Dacryocystorhinostomy (DCR) surgery?

DCR surgery is done to treat a watery, sticky eye caused by narrowing or blockage of the tear drainage tubes, which run from the inner corner of the eye into the tear sac and then down into the nose. A new passage is made between the tear sac and the nose. This bypasses any blockage below the tear sac and allows tears to drain normally again.

Who needs DCR surgery?

DCR surgery is worthwhile if the watering is bad enough to really interfere with activities of daily living. It is also recommended if you have had an infection in the tear sac (acute dacryocystitis) as a result of the blocked tear duct, in order to prevent repeated attacks of a red, painful swelling at the corner of the eye.

There are two ways of doing the surgery:

- externally - through the skin; and
- endoscopically - from within the nostril.

What is an external DCR?

A small cut is made on the side of the nose to access the tear sac. A piece of bone between the tear sac and nose is removed in order to reach the inside of the nose. The tear sac is opened and stitched to the lining of the nose so a direct passage is formed between the sac and the nose. A soft silicone "tube" or thread may be put into the tear passage to keep it open during healing. This tube is not usually noticed when in the correct position and is removed in clinic about six weeks after the operation.

The operation is performed only after thorough clinical examination and takes about one hour.

The success rate for this operation is 85-90%. Success means that the watering stops completely or only happens in very windy weather. Surgery will help you to enjoy your indoor and outdoor pursuits again and stops you having a watery eye, which needs wiping all the time.

For cure of infection (acute dacryocystitis) the success rate is over 95% - you will no longer have painful swelling at the corner of your eye.

What is an endoscopic DCR?

In this operation, the tear sac is reached from the inside of the nose using a small telescopic instrument called an endoscope. The endoscope allows the surgeon to see inside the nose, and make an opening between the tear sac and the lining of the nose but without using stitches. There is no cut in the skin for this operation. The opening is smaller than with an external DCR and the operation is usually quicker. Silicone tubing is always placed at the time of surgery to keep the new tear passage open.

Which surgery will I have?

There is no scar with endoscopic DCR, although the scar from external DCR is often invisible after a few months. External DCR is better if the tiny tear ducts in the eyelids (canaliculi) are blocked as well as the bigger duct in the nose. Endoscopic surgery may be better if you have polyps or sinus problems, which may be dealt with at the same time as the tear duct operation. Your surgeon will recommend the best type of surgery for you.

What happens after the operation?

After a general anaesthetic, you may need some time that day to sleep off the anaesthetic before you are ready to resume normal activities. After a local anaesthetic, you will be ready to have a drink and a snack fairly soon after the operation.

Sometimes, there is some bleeding from the nose. Usually, there is only a little trickle from the nostril or down the back of the throat. If there is bleeding at the end of the operation, the surgeon may pack the nostril. The pack is removed the next day. Do not blow your nose hard for two weeks after the operation as this may cause bleeding to occur.

After external DCR, you will have a dressing on your eye/side of your nose, which will be removed the next day. You may find it difficult to wear your spectacles until the dressing is removed. You will have stitches in the cut on the side of your nose, which will be removed after two weeks. The silicone stents will be removed six weeks after your operation.

After both types of DCR, you will be given eye drops to use in the eye and a nasal spray to loosen crusts inside your nose. You should take it easy for the first week after the operation and stay off work until your first clinic visit.

What are the risks of the operation?

General anaesthetic can carry risks especially if you are unwell or overweight

Usually, a local anaesthetic would be advised in this case.

Bleeding from the nose or into the tissues around the eye

Bleeding is quite common in the first few hours after the operation. Usually, it is only slight and settles quickly. Heavy bleeding would need to be stopped by packing the nose.

Displacement of the tube

Usually, this does not happen unless you blow your nose hard or fiddle with the tube at the corner of your eye. It is usually possible to replace it.

Infection

This is unusual as antibiotics are given into a vein during the operation and drops are prescribed for you to use after the operation. If the cut on the side of your nose becomes red, swollen and very sore, please contact your doctor to decide whether antibiotic tablets are necessary.

Scarring on the side of the nose after external DCR

Usually, the operation cut heals very well and the scar becomes almost invisible after 3-6 months. A scar that is unsightly could possibly be helped by plastic surgery.

Failure of the operation to cure the watering occurs in less than 10% of the cases

A further operation may be possible and may well be successful. This would usually involve a cut in the skin, even if the first operation was performed entirely through the nose.

Loss of vision

Although rare, there can be a risk of sight loss.

Please discuss with your surgeon the benefits and risks of the procedure. They will be happy to answer and explain all your queries.

Further resources

Patient information leaflets section on the Leeds Teaching Hospitals NHS Trust website:

www.leedsth.nhs.uk/patients/resources/





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