

ENT15 Endoscopic DCR

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What is a blocked tear duct?

Your eyes continually produce tears to keep your eyes moist and free of irritants, and to help prevent infection. The tears drain through the lacrimal puncta (the small holes in each eyelid at the inside corner of your eye) into the lacrimal sac, down the nasolacrimal duct (tear duct) and then into your nose. An endoscopic DCR (dacryocystorhinostomy) is an operation to treat a blocked nasolacrimal duct or sac.

Your surgeon has suggested an endoscopic DCR. However, it is your decision to go ahead with the operation or not.

This document will give you information about the benefits and risks to help you to make an informed decision. If you have any questions that this document does not answer, it is important that you ask your surgeon or the healthcare team. Once all your questions have been answered and you feel ready to go ahead with the procedure, you will be asked to sign the informed consent form. This is the final step in the decision-making process. However, you can still change your mind at any point.

How does a blocked tear duct happen?

The problem is usually caused by an infection, a thickening of the lining of the duct or an abnormal growth.

Sometimes the opening of the duct is underdeveloped from birth (congenital).

The healthcare team will confirm you have a blocked duct or sac by placing some drops of dye in your eye to check how well the tears are draining through the duct.

What are the benefits of surgery?

The aim is to open a drainage channel between your eye and your nose so tears can drain away normally.

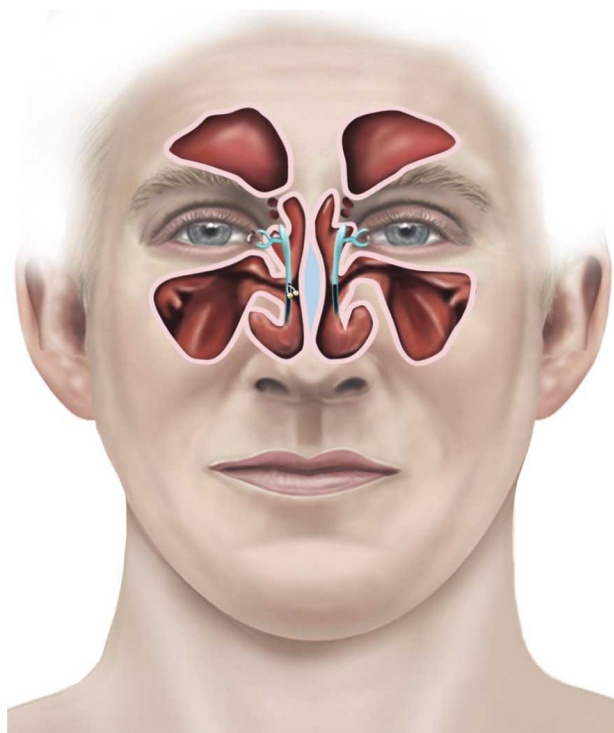
Are there any alternatives to surgery?

Using a warm compress or massaging the duct can sometimes help to clear a blockage.

Your doctor may be able to open a drainage channel using a small probe.

If the duct is blocked where it opens to your nose, using nasal drops or sprays may help to relieve the problem.

Your doctor will usually have tried these options before recommending surgery.



An endoscopic DCR

What will happen if I decide not to have the operation?

Your eye will continue to produce tears but they will spill over your eyelid. This can irritate your eye and can sometimes cause an infection in the lacrimal sac.

What does the operation involve?

The healthcare team will carry out a number of checks to make sure you have the operation you came in for and on the correct side. You can help by confirming to your surgeon and the healthcare team your name and the operation you are having.

The operation is usually performed under a local anaesthetic given as local anaesthetic eye drops, by placing packing soaked in anaesthetic in your nose and as an injection inside your nose. Your anaesthetist will discuss the options with you. The operation usually takes an hour.

Endoscopic DCR is performed through your nostrils and does not result in any facial scars or change to the outside shape of your eyelid or nose. Your surgeon will make cuts in the lining of your nose close to where the tear duct should enter your nasal cavity. They will remove some bone so they can see the lacrimal sac.

Your surgeon will place a small probe into the lower lacrimal punctum at the inside corner of your eye and push it down into the lacrimal sac. They will make a hole into the sac from inside your nose. Your surgeon will pass a plastic tube down both lacrimal puncta and into your nose. They will tie the tube inside your nose.

Your surgeon may place some packing in your nose to prevent bleeding.

What should I do about my medication?

Make sure your healthcare team knows about all the medication you take and follow their advice. This includes all blood-thinning medication as well as herbal and complementary remedies, dietary supplements, and medication you can buy over the counter.

What can I do to help make the operation a success?

If you smoke, stopping smoking now may reduce your risk of developing complications and will improve your long-term health. Smoking stops your nose clearing mucus properly and this can increase the feeling of a blocked nose.

Try to maintain a healthy weight. You have a higher risk of developing complications if you are overweight.

Regular exercise should help to prepare you for the operation, help you to recover and improve your long-term health. Before you start exercising, ask the healthcare team or your GP for advice.

You can reduce your risk of infection in a surgical wound by keeping warm around the time of the operation. Let the healthcare team know if you feel cold.

If you have not had the coronavirus (Covid-19) vaccine, you may be at an increased risk of serious illness related to Covid-19 while you recover.

Speak to your doctor or healthcare team if you would like to have the vaccine.

What complications can happen?

The healthcare team will try to reduce the risk of complications.

Any numbers which relate to risk are from studies of people who have had this operation. Your doctor may be able to tell you if the risk of a complication is higher or lower for you. Some risks are higher if you are older, obese, you are a smoker or have other health problems. These health problems include diabetes, heart disease or lung disease.

Some complications can be serious and can even cause death.

You should ask your doctor if there is anything you do not understand.

Your anaesthetist will be able to discuss with you the possible complications of having an anaesthetic.

General complications of any operation

- Bleeding after the operation. It is common to have a little bleeding from your nose. If the bleeding is heavy, you may need some packing in your nose for the first night (risk: 1 in 100).
- Infection of the surgical site (wound) (risk: 1 in 100). Let your surgeon know if you have any bleeding or a discharge from your nose about a week to 10 days after the operation. An infection usually settles with antibiotics but you may need special dressings and your wound may take some time to heal. You may need to have your nose repacked. Do not take antibiotics unless you are told you need them.
- Allergic reaction to the equipment, materials or medication. The healthcare team is trained to detect and treat any reactions that might happen. Let your doctor know if you have any allergies or if you have reacted to any medication or tests in the past.
- Blood clot in your leg (deep-vein thrombosis – DVT). This can cause pain, swelling or redness in your leg, or the veins near the surface of your leg to appear larger than normal. The healthcare team will assess your risk. They will encourage you to get out of bed soon after the operation and may

give you injections, medication, or special stockings to wear. Let the healthcare team know straight away if you think you might have a DVT.

- Blood clot in your lung (pulmonary embolus), if a blood clot moves through your bloodstream to your lungs. Let the healthcare team know straight away if you become short of breath, feel pain in your chest or upper back, or if you cough up blood. If you are at home, call an ambulance or go immediately to your nearest Emergency department.
- Chest infection. If you have the operation within 6 weeks of catching Covid-19, your risk of a chest infection is increased (see the 'Covid-19' section for more information).

Specific complications of this operation

- Irritation of the surface membrane of your eye (conjunctiva) by the tubes (risk: 15 in 100).
- Soreness in the lacrimal puncta if the tubes rub or are tied too tightly (risk: 5 in 100).
- The tube moving out of place if you blow your nose too hard or too soon, or if you rub the corner of your eye.
- Air collecting in the soft tissues around your eye (risk: 2 in 100). This usually happens after a sneeze and should settle in a few days. Try and sneeze with your mouth open.

Covid-19

A recent Covid-19 infection increases your risk of lung complications or death if you have an operation under general anaesthetic. This risk reduces the longer it is since the infection. After 7 weeks the risk is no higher than someone who has not had Covid-19. However, if you still have symptoms the risk remains high. The risk also depends on your age, overall health and the type of surgery you are having.

You must follow instructions to self-isolate and take a Covid-19 test before your operation. If you have had Covid-19 up to 7 weeks before the operation you should discuss the risks and benefits of delaying it with your surgeon.

Consequences of this procedure

- Pain. The healthcare team will give you medication to control the pain and it is important

that you take it as you are told to reduce discomfort.

- Bruising around the corner of the eye. This usually settles within a few days.

How soon will I recover?

In hospital

After the operation you will be transferred to the recovery area and then to the ward. You should be able to go home the same day. However, your doctor may recommend that you stay a little longer.

If you had non-dissolvable packing in your nose, you will need to stay overnight and the packing will be removed the next morning. You will feel a 'dragging' sensation as this is removed and you may get a nosebleed for up to 15 minutes. Once this has settled you should be able to go home.

If you do go home the same day, a responsible adult should take you home in a car or taxi and stay with you for at least 24 hours. Be near a telephone in case of an emergency.

If you are worried about anything, in hospital or at home, contact the healthcare team. They should be able to reassure you or identify and treat any complications.

Returning to normal activities

If you had sedation or a general anaesthetic and you do go home the same day:

- do not drive, operate machinery or do any potentially dangerous activities (this includes cooking) for at least 24 hours and not until you have fully recovered feeling, movement and co-ordination; and
- do not sign legal documents or drink alcohol for at least 24 hours.

To reduce the risk of a blood clot, make sure you carefully follow the instructions of the healthcare team if you have been given medication or need to wear special stockings.

Your surgeon will tell you when you can return to normal activities.

Do not blow your nose for at least a week even if it feels blocked. After this time you will blow out thick bloody mucus.

You will need to use a nasal cleansing kit (nasal douche) and eye drops for the first 2 weeks to keep the duct and your nose clean.

Regular exercise should help you to return to normal activities as soon as possible. Before you start exercising, ask the healthcare team or your GP for advice.

Do not drive until you can control your vehicle, including in an emergency, and always check your insurance policy and with the healthcare team.

Ask your healthcare team if you need to do a Covid-19 test when you get home.

The future

Your doctor will remove the tube after 2 to 3 months. They may check that your new tear duct is working by placing some drops of dye in your eye to check how well the tears are draining through the duct.

Most people make a full recovery. However, the blockage can come back (risk: less than 15 in 100) and you may need another operation.

Summary

A blocked tear duct causes tears to spill over your eyelid. This can irritate your eye and can sometimes cause an infection. The aim of surgery is to open a drainage channel between your eye and your nose so tears can drain away normally.

Surgery is usually safe and effective but complications can happen. You need to know about them to help you to make an informed decision about surgery. Knowing about them will also help to detect and treat any problems early.

Keep this information document. Use it to help you if you need to talk to the healthcare team.

Some information, such as risk and complication statistics, is taken from global studies and/or databases. Please ask your surgeon or doctor for more information about the risks that are specific to you, and they may be able to tell you about any other suitable treatments options.

This document is intended for information purposes only and should not replace advice that your relevant healthcare team would give you.

Acknowledgements

Reviewer: Ruth Capper (MD, FRCS (ORL-HNS))

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