Endo-nasal Dacryocystorhinostomy with tubes

What is an Endo-nasal Dacryocystorhinostomy and why do I need this operation?

A blockage in the tear ducts can result in a watery eye or recurrent infections. An Endo-nasal Dacryocystorhinostomy (or DCR for short) is an operation to make a new channel for tears to drain into.

An ophthalmic (eye) surgeon and an ear, nose and throat (ENT) surgeon will perform the operation.

An Endo-nasal DCR is carried out using a thin, flexible, fibre optic telescope called an endoscope. This is passed up the nose and guides instruments or a laser, which is used to make a small hole into the bone of the nose. As a result there is no scar on the skin of the nose.

A fine, soft, plastic tube is then threaded from the opening in the tear duct in the corner of your upper and lower eyelid, through the new channel and into your nose. The tube stops the new passage from sealing over.

These tubes stay in for a number of months following surgery.

What are the benefits of having this operation?

A successful Endo-nasal DCR operation will result in an improvement in the drainage of tears.

Once the drainage is improved the watering should improve. This will also help to stop infections.

This surgery is usually about 75% successful.
What are the risks, consequences and alternatives associated with having an Endo-nasal Dacryocystorhinostomy operation?

Most operations are straightforward; however as with any surgical procedure there is a small chance of side-effects or complications such as:

- After surgery there is the chance of the nose bleeding. This is quite common but not usually serious.
- As with all operations there is the risk of infection. Antibiotics are usually given.

If you are concerned about any of these risks, or have any further queries, please speak to your consultant.

Getting ready for the operation

You will be asked to attend the Pre-operative Assessment Clinic. A nurse will discuss the operation with you. You may need to undergo some routine tests before your operation eg. heart trace (ECG), x-ray, blood test. Which of these tests are required is decided by your age and any other medical conditions you may have.

You will be asked not to have anything to eat, chew or smoke for at least 6 hours before your operation. You should have nothing to drink for 3 hours before surgery. You will be advised of the actual times.

You will be asked some routine questions about your general health, the medicines you take at the moment and any allergies you have.

You will be asked to sign a consent form to say that you understand what you have come into hospital for and what the operation involves.

You will be asked to have a bath/shower before coming into hospital (if possible).

On admission

You are admitted to hospital on the day of your surgery.

When you arrive on the ward you will be introduced to the staff and shown to your bed. Your details (name, date of birth etc) will be checked on a number of occasions before the operation. This is normal practice and is for your safety. You will be given an operation gown and a wristband to wear.

A nurse or porter will take you on a trolley to the anaesthetic room.
What sort of anaesthetic will I have?
This operation is usually performed under a general anaesthetic, which means you will be asleep throughout. The anaesthetist will visit you before your operation and discuss the anaesthetic with you.

What should I expect after the operation?
When the operation is over, you will have your pulse, blood pressure, breathing and wounds checked regularly by a nurse.

It is usual to feel drowsy for several hours. You will be given oxygen through a facemask until you are more awake.

Anaesthetics can sometimes make people feel sick. The nurse may offer you an injection if the sick feeling does not go away, this will help to settle it.

You will have a drip running into a vein in your arm/hand until you are eating and drinking again.

Dressings and stitches
You will not have any dressings or stitches after the operation.

Swelling and bruising
Expect some swelling and bruising. The swelling and bruising may last for about 2 weeks. Complete healing may take up to 6 weeks.

Bleeding
You may have some bleeding from the nose after the operation, but this is usually very mild.

Pain relief
Pain following an Endo-nasal DCR operation is usually fairly mild. If you do experience pain simple painkillers such as Paracetamol can usually control it.

Going home
You will stay in hospital for one night following your operation.
DISCHARGE INFORMATION AND AT HOME ADVICE

Medications
You may be put on antibiotic tablets for a week. You will also be given either eye drops, eye ointment or both to use at home. You will be advised how to use the medication before you leave hospital.

Bathing and showering
You may take a bath or shower as normal.

Cleaning the eye
You may clean the eye if necessary. **Always wash your hands before starting.** Using cotton wool moistened with cooled, boiled water. Close both eyes and gently wipe from the inner to the outer side. Repeat until the eye is clean. Throw the water away.

Follow up appointment
You will either be given, or sent an appointment to return to the clinic. You will be advised what to do about continuing with the drops/ointment at this visit.

If you have any queries, or require further information please contact either the Head and Neck Outpatients on 01332 788355 or Eye Outpatients Department on 01332 787002.

NHS Direct is a 24 hour nurse led, confidential service providing general health care advice and information. Telephone 0845 4647 or visit the website at www.nhsdirect.nhs.uk

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