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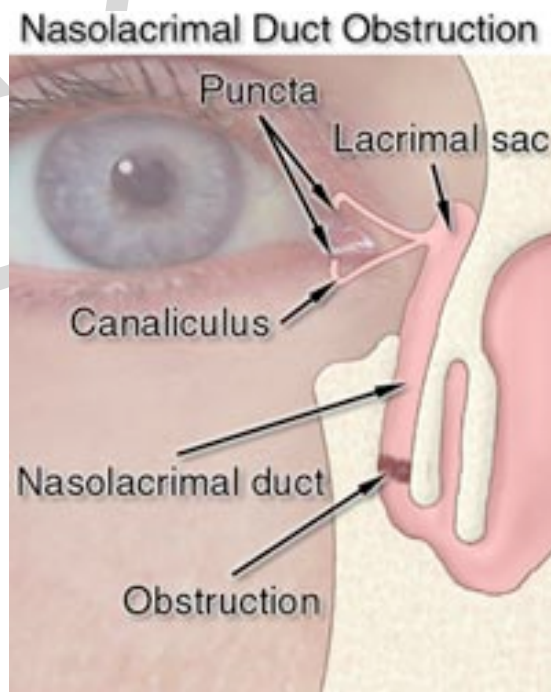
Plastic and Reconstructive Surgery of the Face, Eye, Orbit and Lacrimal System

DACRYOCYSTORHINOSTOMY (DCR)

Acquired tearing problems are very common. The most common cause of acquired tearing is blockage of the outflow tube, which drains tears from the eye into the nose. This is essentially a “plumbing problem” and the most common surgical procedure used to correct this is the dacryocystorhinostomy. The following are some facts concerning tearing (epiphora) and dacryocystorhinostomy:

- The most common cause of outflow obstruction is nasolacrimal duct blockage.
- Dacryocystorhinostomy (DCR) is the most commonly used surgery to correct this nasolacrimal duct obstruction and has a greater than 90% success rate.

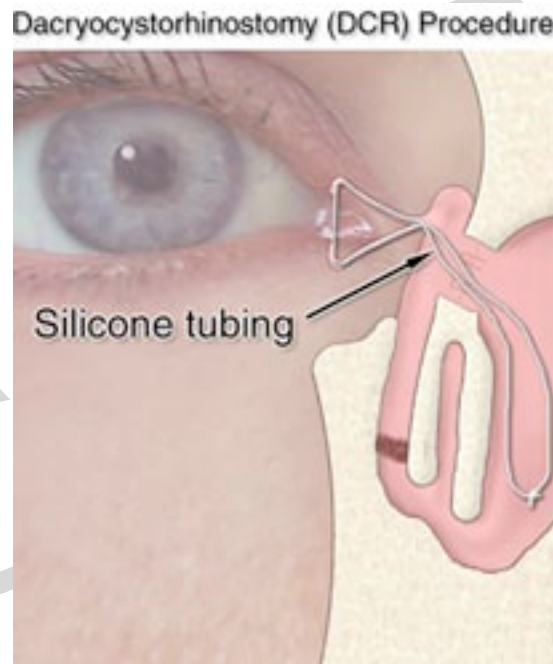
Tears are made primarily by the lacrimal gland, which is anatomically located in the upper lateral aspect of the upper eyelid. With each blink, tears are drained from the eye through the tear drainage system, into the nose. There are normally two openings to the tear drainage system; one in the upper eyelid and one in the lower. These tiny orifices are situated along the margin of the eyelid, closest to the nose, and are known as puncta. The puncta lead to tiny ducts known as canaliculi which lead to the lacrimal sac, situated just along the inside corner of the eye, on the side of the bridge of the nose. Tears are carried from the lacrimal sac down the nasolacrimal duct into the nose. It is usually toward the bottom of the nasolacrimal duct that obstructions of this passageway occur.



Before your surgery

- Discontinue the use of any blood-thinning products such as aspirin and aspirin-containing products at least 7 days prior to your surgery. Tylenol may be used in place of these medications.
- Do not take vitamin E for two weeks prior to surgery.
- Do not eat any food (including gum or mints) or drink (including water) at least eight hours prior to your surgery.
- Arrange for transportation to and from your surgery.
- Wash your face thoroughly on the day of surgery. Do not wear makeup.
- Wear simple, open down the front clothing. A button down shirt or front blouse allows easy adjustments without affecting the treated areas on the face. Do not wear necklaces, bracelets or earrings.

The DCR Procedure



The procedure involves bypassing the obstruction and making a direct anastomosis between the tear sac and the nose.

Anesthesia: The DCR can be performed under IV sedation or general anesthesia. You and the doctor will decide which anesthesia to use.

Incision Placement: The incision will be approximately one half inch long and will be on the side of the nose where the nose pad of eyeglasses would sit. It will be closed with self-dissolving sutures.

Stent Placement: A thin silicone tube will be placed through the tear outflow system and will aid in keeping the new surgical opening from scarring shut. This will stay in place for 3-6 months. The stent is removed in the office with very little, if any, discomfort. There is no need for anesthesia.

Length of Procedure: This procedure takes approximately 45 minutes.

After your surgery

Medications:

- Take all medications as prescribed. Your medications will most likely include antibiotic ointment, an oral antibiotic, and a pain control medication.

Diet:

- You may resume a normal diet following surgery. However, note that hot fluids may make your nose run.

Activity/exercise:

- Use common sense when determining your activity level. As a rule of thumb, it is best to avoid any aerobic activity for two weeks after your surgery.
- Try to keep your head elevated for the first week after your surgery. You may sleep with extra pillows to keep the head elevated at night. Bending can cause bleeding.
- **For 5 days, try not to blow your nose** as this can cause bleeding. If you sneeze, open your mouth so that the pressure is released through the mouth rather than the nose.

Swelling & Bruising:

- In most cases, an eye patch is used for 24 hours to reduce bruising and swelling.
- Use cold compresses on the surgical site for the first 48 hours after your patch is removed. Try to keep the compress on for 15-20 minutes several times a day. After the first 48 hours, switch to warm (not hot) compresses.
- Bruising and swelling are normal. Bruising is usually gone in 7 – 10 days. The swelling often takes a little longer.

Bleeding:

- It is normal for a little blood to drip from the nostril for the first two days. You may wear a drip pad under your nose for 2-3 days after surgery to catch the fluid.
- If the bleeding is more profuse, apply ice to the nose with gentle pressure and sit up straight. Spit out any fluid (blood) at the back of the throat and try not to swallow it if possible.

Pain:

- For the first 24-48 hours, you may need stronger pain medication such as Lortab or Tylenol#3. After that period, most patients need Tylenol or extra-strength Tylenol.

Vision:

- Surgery in the eyelid area always causes swelling and increased secretions by the glands around the eyelid by the body to protect the eye. Use of ointment also blurs vision and this blurred vision may persist for several days after ointment has been stopped. You may wear spectacles the day after surgery, if you wish.

Sutures:

- These will dissolve in about a week. Sometimes sutures may take longer to dissolve and this is not a problem. As sutures dissolve, they sometimes cause itching. Use of warm soaks helps this considerably.

Stent:

- The silicone stent that is inserted in the tear passages to prevent narrowing of the new opening will only be visible if you look for it in the inner corner of your eye. Most patients are not even aware of the tube, but it may take a few days for the eye to get used to the tube.

Risks/Complications:

- **Infection:** Infection of the eyelids after DCR is rare because Dr. Patel uses a sterile technique and you will use antibiotic ointment.
- **Bleeding:** **After your surgery, some bleeding from the nose is normal.** This should not alarm you. However, if you notice vigorous bleeding or begin to have pain, please notify us immediately.
- **Failure of procedure:** Using the technique described, more than 90% of patients will have a significant decrease in tearing. Some patients may need to have the anastomosis widened as people's scarring response to surgery varies. If this is necessary, Dr. Patel will discuss details with you.



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