

Tear duct surgery

Dacryocystorhinostomy

The Eye Unit Patient Information

This leaflet aims to inform patients who are considering surgery for a blocked tear duct and can help by answering some common questions.

How does the tear drainage system work?

You have a lacrimal gland above the outer corner of each eyelid which produce your tears. The tears moisten the eye surface then drain into the puncta - tiny openings located in the inner corners of your upper and lower eyelids.

Your eyelids have small tubes - canaliculi that move tears to a lacrimal sac at the side of the nose. From there tears travel down the nasolacrimal duct into your nose.

A blockage can occur at any point in the tear drainage system, from the puncta to your nose. Poor tear drainage can cause watery eyes, infections and inflammation.

What causes a blocked tear duct?

There are many causes of blockage to tear drainage. For example:

- age-related narrowing of the puncta
- persistent infection or inflammation of the eyes, tear drainage system or nose
- injury or trauma
- congenital blockage
- inflammatory conditions e.g. sarcoidosis
- cancer treatments
- tumours are very rare

What surgery may be recommended?

The surgery to bypass a blockage in the nasolacrimal duct and create a new pathway for tear drainage is called dacryocystorhinostomy (DCR).

There are two approaches:

- **external** - there is an incision on the side of your nose, a small hole is made in the bone and the lacrimal sac is connected to your nasal cavity
- **endonasal** - nasal telescopes are used to open the passageway from the inside and there is no scar on the skin

In both cases a tiny silicone stent is placed from the eyelids into your nose.

What is the success rate for the surgery?

The watering is improved in approximately 90% of patients. The success rate is slightly lower with the endonasal approach.

What will happen on the day of surgery?

You should not drive to the hospital. You will be asked to come to the hospital in good time so there may be a short wait. You will be asked not to eat and drink before surgery as you will either have strong sedation, or a general anaesthetic. Following the surgery, some patients are able to go home the same day but most spend one night in hospital.

When can I drive and go to work after the operation?

You may start driving again as soon as the dressing is removed as long as your vision is clear and you are not light sensitive. You may return to work after one week or after two weeks if your work involves heavy lifting or dirty and dusty environments.

Are there any risks or complications?

This surgery is not essential for your health and the treatment being offered is optional. If you choose to have surgery, serious, significant or frequently occurring risks are as follows:

- **common (up to 1 in 20)** - scarring, minor nose bleed, discomfort, stent problems - protrusion, punctal split, eye irritation
- **uncommon (up to 1 in 100)** - infection, skin lump, impaired blink
- **rare (up to 1 in 1000)** - other e.g. bleeding requiring a return to theatre or a blood transfusion, meningitis, eye or orbital tissue damage
- **very rare (up to 1 in 100,000)** - reaction to anaesthetic injection, cerebrospinal fluid leak, meningitis, severe or permanent vision loss, risks from general anaesthesia including loss of life

What to expect after the operation

A dressing might be applied on the wound/eye for 24 hours. Make sure the wound is kept clean and dry; if necessary clean it gently using cooled, boiled water and clean gauze or tissues.

You may be prescribed eye drops, a nasal spray and an ointment, which you should use as directed.

You will experience some degree of swelling and bruising and you may get a little bleeding from your nose - cold compresses and elevation of the head will help minimising them.

You must not blow or pick your nose for one week after your operation. If you need to sneeze, you are advised to do this with your mouth open.

Bruising may take three or four weeks to disappear completely.

Scarring is rarely significant. You may improve the scar appearance by massaging the area with antibiotic or lubricating ointment e.g. Vaseline.

It is important to avoid strenuous activity for the first two weeks after surgery. Do not swim for four weeks because of the risk of infection.

You cannot wear contact lenses for at least two weeks after surgery.

When should I contact the department?

- you have any problems with your vision
- your eye becomes red or painful
- you cannot close your eye properly
- you have bleeding from the wound or nose or a very sticky discharge

Any problems or questions?

For further information and advice please contact:

Eye Emergency Helpline: 0300 019 4181

Mon-Sat: **8am-6pm** Sunday: **8:30am-2pm**. Bank Holidays: **8.30am-6pm**.

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