

DCR (dacryocystorhinostomy) surgery

Patient information

Before the operation

Check with your GP whether it is safe to stop medications and common supplements that may increase bleeding and/or prevent clotting. You may need to stop several weeks before your surgery.

Your doctor is likely to recommend:

<i>Item</i>	<i>Stop before surgery</i>
Warfarin, coumadin	three days
Aspirin, Clopidogrel	two weeks
Non-steroidal anti-inflammatories	two weeks
Garlic, ginger, ginseng, ginko supplements	two weeks

Tell your doctor about all the medicines and supplements you take. If your doctor advises not to stop taking a medicine or supplement, tell Mr Malhotra.

It is advisable to stop smoking at least three weeks before surgery and not to smoke until at least two weeks after wounds are fully healed. Nicotine closes the blood vessels responsible for bringing oxygenated blood – vital for healing – to the tissues. Oxygen also fights infection and helps to keep tissue alive, as well as being instrumental in delivering important medications like antibiotics. Smoking clogs the lungs and therefore increases risk of pulmonary infections, such as pneumonia.

On the day of surgery

If you are having a local anaesthetic:

- Dress casually
- Wear slip-on shoes and a top that buttons down the front

Whether you are having a local or general anaesthetic:

- Do not wear jewellery
- Thoroughly wash your face
- Don't wear make-up
- No contact lenses

If your operation is scheduled for the morning:

- Do not eat or drink anything after 12 midnight the previous night – do not have breakfast.

If your operation is scheduled for the afternoon:

- Have an early, light breakfast – do not eat or drink anything after 7.30am.

After surgery

Bruising is almost universal with the external DCR and uncommon with the endoscopic approach. It should clear in one to two weeks. Swelling and bruising may seem to be worse the day after surgery and the discolouration may run down your face from your cheeks to your chin. Both are normal and will soon fade.

Do

- Ensure that someone takes you home and stays with you for at least 24 hours.
- Within two hours of surgery, begin taking two 500mg paracetamol tablets every four hours when you are awake for 48 hours, even if you seem to have no discomfort.
- Be sure to follow instructions about other pain or anti-inflammatory medication.
- Sleep propped up on two or three pillows to keep your head elevated.
- Resume taking any medications you normally use, in your regular routine immediately after surgery.
- Avoid nose blowing for at least a week.
- Follow the instructions and complete the course if you are prescribed a nasal spray, antibiotic eye drops or antibiotic tablets. Do not stop because you think you don't need them any more.

Don't

- Drive immediately after surgery – before you start driving again, check that you can see a number plate clearly at 20 metres, which is a legal requirement. Don't drive until you are absolutely confident that you are well enough.
- Stay in bed unless you want to – a comfortable armchair is okay.
- Take a shower or a bath for the first day – have a sponge bath instead, if necessary.
- Have hot drinks or hot food for 48 hours after surgery because these increase the flow of blood to the nose and can cause a nosebleed.
- Try to bend over much for the first two days after surgery.
- Do any heavy work, lifting, running, gym work-outs or swimming for four weeks – check with Mr Malhotra before resuming any exercise schedule.
- Blow your nose for the first week following surgery.

Bleeding

You may bleed from the nose in the days following surgery. Usually this is minimal and takes place in the first 24 hours. Rarely, it may be severe, take place any time in the first post-operative week and need further treatment. If nose bleeding occurs after surgery, stay calm, sit down and apply gentle pressure to the nose with a tissue or flannel. The bleeding will normally stop after a few minutes. If it persists and is severe, go to a hospital emergency department where it can be assessed and treated.

Scarring

There is a visible scar on the skin with an external DCR. This fades with time and is usually virtually invisible after a few months. Rarely, a prominent scar forms that might require revision surgery to make it less visible. There is no visible scar after endoscopic surgery.

Infection

Infection is rare after DCR surgery. Antibiotics are usually given during the surgery and may be prescribed post-operatively. If infection develops, there is pain, redness and swelling in the operated area and there may be a discharge of pus. You should contact Mr Malhotra if you are concerned.

Prolapse of silicone tubes

Fine silicone tubes are usually placed in the tear ducts at surgery and secured in the nose. If the tube loosens, it may form a prominent loop on the surface of your eye. If this happens, do not worry – it is not a serious problem. Tape the tube to your cheek or nose, away from your eye, and see your doctor so that the tube can be repositioned or removed.

Dry eye causing reflex tearing following successful DCR

This can happen very occasionally after successful surgery. You may need to use artificial tears, or even a plug in the tear duct – a punctal plug.

Failure to correct watery eye

DCR surgery can fail when an obstruction to the free drainage of tears recurs. Most commonly, this is caused by scarring along the new passage. On average, this happens to one out of 20 patients with nasolacrimal duct obstruction. The rate of failure is roughly equal for the external and endonasal techniques. A revision operation may be performed to try to overcome any recurrent obstruction and watering after a failed DCR. Occasionally, there may be another cause for the watering that requires a different form of treatment.