

## Useful Telephone Numbers

### ENT Partnership

Surrey Clinic – 01252 852552

Hampshire Clinic – 01256 377733

### Frimley Park Hospital

Switchboard – 01276 604604

Parkside – 01276 604703

FI (Children's Ward) – 01276 604226

ENT Ward – 01276 604130

### North Hampshire Hospital

Switchboard – 01256 473202

DTC – 01256 313332

### The Hampshire Clinic

Switchboard – 01256 357111

Lyde Ward – 01256 377773

Enbourne Ward – 01256 377772

### Clare Park Hospital

Switchboard – 01252 850216

### The ENT Partnership – Surrey Clinic

Spire Clare Park Hospital Crondall Lane Crondall Farnham GU10 5XX

T 01252 852552 F 01252 851331

E [infosurrey@entpartnership.co.uk](mailto:infosurrey@entpartnership.co.uk) [www.entpartnership.co.uk](http://www.entpartnership.co.uk)

### Also at The ENT Partnership – Hampshire Clinic

Basing Road Old Basing Basingstoke Hampshire RG24 7AL

T 01256 377733 F 01256 354483

E [infohampshire@entpartnership.co.uk](mailto:infohampshire@entpartnership.co.uk) [www.entpartnership.co.uk](http://www.entpartnership.co.uk)

Information for Patients on

# Endoscopic Dacrocystorhinostomy (DCR)

## The ENT Consultants are

### **Jonathan Blanshard FRCS (ORL).**

Appointed to North Hampshire Hospital in 1996. Special interest in ear surgery including middle ear reconstruction and also voice problems.

### **Jonathan Hern FRCS (ORL).**

Appointed to Frimley Park Hospital in 2003. Special interest in rhinology including rhinoplasty surgery and also voice problems.

### **David Jonathan FRCS.**

Appointed to Frimley Park Hospital in 1991. Special interest in ear surgery, including implantable hearing aids. Involved in the regional training of ENT surgeons.

### **Andrew McCombe MD FRCS (ORL).**

Appointed to Frimley Park Hospital in 1995. Special interest in head and neck surgery. Involved in the management of NHS services. Special interest in medicolegal work.

### **Paul Spraggs FRCS (ORL).**

Appointed to North Hampshire Hospital in 1998. Special interest in head and neck surgery and facial plastic surgery.

## Risks

As with all forms of surgery, there are risks of both bleeding, which may require the nasal packs to be put back in, or possibly infection, which may require some antibiotics. An infection can be recognised by redness and swelling of the eye, or a most unpleasant green nasal discharge and feeling hot and flushed.

Specific to this surgery, as the operation is close to the eye, damage can sometimes occur to the thin bones that separate the orbit (eye socket) from the nose. If this is broken a black eye can result. This normally disappears over a few days. It is important not to blow your nose vigorously for a week until this has healed. Also if you need to sneeze, do not try to suppress this but rather sneeze with your mouth open.

The operation successfully helps settle the watery eye in about 80% of patients. Failure to stop the watering can sometimes mean further surgery is necessary.

**If any of the problems arise after you have gone home please contact the ward**

## Sources of additional information

The Surrey & Hampshire ENT Partnership  
[www.entpartnership.co.uk](http://www.entpartnership.co.uk)

British Association of Otorhinolaryngologists  
[www.entuk.org](http://www.entuk.org)

## Introduction

Tears from your eyes normally continuously drain via your upper and lower eyelid into a tear sac and from there into your nose. If you have a blockage of the tear drainage system this causes tears to run down onto your cheek and can lead to recurring infection in the tear sac. The blockage is usually at the point where the tears drain into the nose and your eye doctor can get a good idea of this by probing and syringing the tear ducts.

The DCR operation reopens the tear drainage into the nose. This can be done by the eye surgeons in an open operation through a cut on the cheek just next to the eye. Or it can be done via keyhole surgery, where endoscopes guide instruments up into the nose to meet a probe passed through the tear duct. With both techniques a wide opening is made between the nose and the tear sac. Finally fine silicone tubing is passed through the tear ducts in the upper and lower eyelids in the nasal corner of the eye and knotted in the nose. This tubing is left in position for two to three months.

## About The Operation

You will normally be admitted to hospital on the day of surgery.

The operation is usually carried out under a general anaesthetic (fast asleep) and takes around one hour. The operation is done with endoscopes through the nostrils so there is no incision or cut on the outside, nor should there be any change in the appearance of the nose after the surgery.

At the end of the operation small packs are sometimes put into the nose. This of course makes breathing very difficult when you wake up and you have to remember to breathe through your mouth!

The packs are normally removed two to three hours after the surgery in order to give you a more comfortable night. In some cases they are left in until the following day.

You normally remain in hospital overnight and are ready for discharge home the next day.

## What to Expect Afterwards

For the first week or so after the surgery you will feel quite blocked up and congested. This is quite normal and occurs because of the swelling inside the nose. It is also likely that you will have some swelling and bruising around the corner of your eye. Some surgeons will prescribe nose drops, eye drops and possibly decongestants for you to use afterwards.

It is important to remember that about three or four days after the surgery you will still feel uncomfortable. Your face may be painful, your eyes will hurt and you will have headaches. You may even feel as if you have caught a cold or are developing flu. This normally lasts two or three days and once you are through this stage things should steadily improve.

Please arrange to have 7–10 days off of work after this surgery (a medical certificate can be organised for you).

The first follow up visit is normally about two weeks following the surgery, although if you are having particular problems you should make contact and we will review you sooner.

The second visit is about two to three months following the surgery and at this point the fine silicone tubing left in the tear ducts and knotted in the nose will be removed. This is done in out patients with a local anaesthetic spray and usually only causes minimal discomfort. It is normally at this time that things should be close to having completely settled.