

I have had a DCR done already. The eye is still watering. Why?

As mentioned, about 5 out of 100 patients find that their DCR has closed down again. This may particularly happen in a patient who had multiple attacks of infection earlier, with a history of injury near the nose, or a patient who has frequent nasal allergies and colds. The DCR can be repeated, with addition of silicone intubation to prop the passage open.



What are the other possible complications of surgery?

Immediately after surgery, there can be bleeding from the nose, but which usually stops with little pressure. Swelling may be present for few days with little bluish discoloration. Infection and bleeding after surgery is less common. A faint scar may be visible at the incision site, which usually fades away over time. It does not affect the vision in any way.

Oculoplasty

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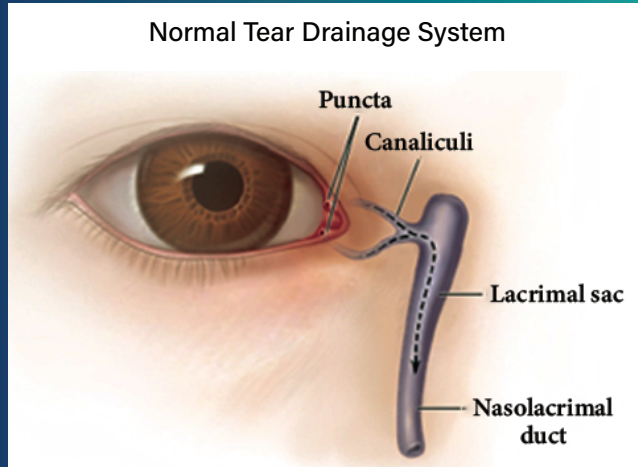
DCR

(DACRYOCYSTORHINOSTOMY)



What is DCR surgery?

Each eye has a fine pipe which drains the tears from the eye (nasolacrimal duct). If it gets blocked, the tears and stickiness come out of the eye. DCR is the technique by which a new passage is created from the eye into the nose, and the tears can drain out.



Is it necessary to undergo DCR?

When a nasolacrimal duct is blocked, the dirt and discharge accumulate in the lacrimal sac next to the eye. There is the risk of severe eye infection if the condition is left untreated. There may be swelling, pain, and watering. If a cataract surgery is planned, a blocked nasolacrimal duct increases the risk of dangerous infection of the eye; a DCR should be done before the cataract surgery.

Can children undergo DCR?

Yes. Children can undergo DCR after about 4 years of age.

How is DCR performed?

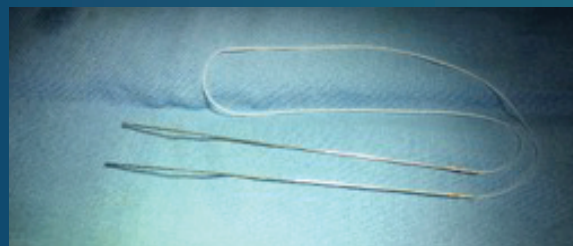
DCR can be performed in three ways- externally, through a small (less than half inch) line next to the nose; endonasally- through the nose; and transcanalicular using Laser DCR.

What is an external DCR?

A small cut is made on the side of the nose to access the tear sac. A piece of bone between the tear sac and nose is removed in order to reach the inside of the nose. The tear sac is opened and stitched to the lining of the nose so a direct passage is formed between the sac and the nose. A soft silicone "tube" or thread may be put into the tear passage to keep it open during healing. This tube is not usually noticed when in the correct position and is removed in clinic about 6 -12 weeks after the operation. The external DCR leaves a fine mark near the eye; it has the highest success rates, more than 95 out of 100 patients have the problem completely solved after external DCR.



Faint post-surgical scar



Silicone intubation

What is an endoscopic DCR?

In this operation the tear sac is reached from the inside of the nose, using a small telescopic instrument called an endoscope. The endoscope allows the surgeon to see inside the nose and make an opening between the tear sac and the lining of the nose but without using stitches. There is no cut on the skin for this operation. The opening is smaller than with an external DCR and the operation is usually quicker. Silicone tubing is always placed at the time of surgery to keep the new tear passage open. An endo nasal DCR is done through the nose, so there is no mark outside. The success rates are a little lower; all nasal space inside is not suitable for endo nasal surgery, and it can be done well in selected patients only.

When will the tube be removed after surgery?

Tube is usually removed 6 weeks after surgery once the healing is complete.

When can I undergo cataract surgery after external DCR?

Cataract surgery can be done about 4 weeks after the surgery.

Which type of DCR surgery is suitable for me?

There is no scar with endoscopic DCR although the scar from external DCR is often invisible after a few months. External DCR is better if the tiny tear ducts in the eyelids (canaliculi) are blocked as well as the bigger duct in the nose. Endoscopic surgery may be better if you have polyps, deviated nasal septum & sinus problems, which can be dealt with at the same time as the tear duct operation. However, your surgeon will recommend the best type of surgery for you.