

ENDOSCOPIC DACRYOCYSTORHINOSTOMY A PATIENT'S GUIDE

What is endoscopic dacryocystorhinostomy (DCR)?

Dacryocystorhinostomy is a surgical procedure designed to open and enlarge the natural drainage pathways for tear flow from the eye. The goal of surgery is to carefully remove the thin, delicate bone and mucous membranes that block the drainage pathways. The term "endoscopic" refers to the use of small fiberoptic telescopes that allow all of the surgery to be performed through the nostrils, without the need for any skin incisions. Some patients have a crooked nasal septum ("deviated septum") that needs to be straightened at the time of surgery to allow the surgeon to access to the sinuses. This procedure is called a Septoplasty. If a Septoplasty is performed, a thin plastic sheet (stent) *may* be placed on each side of your nose while you are asleep to help the septum heal. If placed, this will be removed at your first post-operative visit.

What are the risks of endoscopic dacryocystorhinostomy?

As with any surgical procedure, endoscopic dacryocystorhinostomy has associated risks. Although the chance of a complication occurring are very small, it is important that you understand the potential complications and ask your surgeon about any concerns you may have. These risks may include: Bleeding, recurrence of tearing, injury to punctum, visual problems, reverse airflow through tear duct, change to sense of smell/taste, swelling or bruising around the eye.

What restrictions will I have during the postoperative recovery period?

- Do not blow your nose for 1 week following surgery. You may sniff back gently to clear your nose. Nasal irrigations can also help clear mucus.
- No strenuous activity for one week after surgery. This includes bending over to pick things up (OK to bend at the knees, with your head up), straining, or lifting more than 20 lbs. Light walking and normal household activities are acceptable immediately after surgery. You may resume exercise at 50% intensity after one week, and full intensity at two weeks. You may drive the day after surgery if you are not requiring opioid medication.
- You should plan on taking one week off from work and ideally have a half-day planned for your first day back.
- Do not fly without your doctor's clearance for 7 days after surgery.

What should I expect *before* surgery?

- **DO NOT TAKE THE FOLLOWING MEDICATIONS FOR AT LEAST 7 DAYS PRIOR TO SURGERY:** aspirin, ibuprofen (Motrin/Advil), naproxen (Aleve), other non-steroidal anti-inflammatories (NSAIDS), vitamin E (multivitamin is OK), ginkgo biloba, garlic (tablets), and ginseng. These medications can thin the blood and create excessive bleeding. Tylenol is safe and may be taken anytime up to the day of surgery. St. John's Wort should also be avoided for 2 weeks prior to surgery because of possible interactions with anesthesia medications. If you take the blood thinner Coumadin, you must discuss this with your surgeon so the medication can be discontinued before surgery and restarted appropriately.
- If you smoke, you **MUST stop smoking** for at least 2 weeks prior to surgery, and at least four weeks after surgery. Smoking can contribute to scarring, poor healing, and failure of the operation.
- It is important that you personally inform your PCP that you are planning to have surgery. If you have underlying medical conditions, your primary care physician may help to clear you medically for surgery. Most of the necessary pre-operative testing will be performed at UC Davis during your preoperative visit. This takes place approximately 1 month prior to your surgery.

What should I expect *during* surgery?

- In most cases, your procedure will be performed under general anesthesia. The procedure generally lasts 1-1.5 hours but may vary for any given patient. The time that the patient will be away from their family members travelling to the operating room, going to sleep, awakening from anesthesia, and recovering from the procedure will add several hours.

What should I expect *after* surgery?

- After your surgery you will spend approximately 2-3 hours in the recovery area. Approximately 1 hour after you arrive in the recovery area, a family member or friend should be able to visit with you. Most patients feel well enough to go home the same day.
- Most patients do not require nasal packing.
- You can expect mild bleeding for 1-2 days after surgery and a general sense of fatigue for 1-2 weeks after surgery.
- Pain can generally be controlled with alternating doses of Acetaminophen and Ibuprofen. Some patients may need narcotic (prescription) medication for pain. Please try to avoid taking narcotic medications if your pain can be controlled with Acetaminophen and Ibuprofen.
- You may eat a regular diet.
- You will have return visits to the ENT clinic at approximately 1 and 4-6 weeks after surgery. At your first post-operative visit, the provider will examine your sinuses with an endoscope and may clean your sinuses of dried blood. There may be some mild discomfort and we recommend taking a dose of pain medication about 45 minutes to one hour before this visit (as long as someone can accompany you to your visit). Please write down any questions you may have so that we can answer them at your appointment.
- Post-operative visits are usually scheduled at the time of surgery scheduling, however if you have any questions about your post-operative visit you can contact our clinic
- You should plan on taking **one week off from work** and ideally have a half-day planned for your first day back.

Call our office if you experience any of the following:

- Any visual changes or marked swelling of the eyes
- Severe headache or neck stiffness
- Severe diarrhea
- Brisk bleeding
- Fever higher than 101°F

Your surgeon is committed to providing you with the highest level of care in a comfortable and caring environment. We want you to have all of your questions answered and provide you with a complete understanding of your sinus condition and treatment plan. Please feel free to ask questions about any aspect of your care.