

## Avoid the Following During the 2 Weeks After Your Surgery

- Do not engage in any strenuous activity, heavy lifting, or bending over.
- Do not blow your nose vigorously for 1 week. You may lightly blow your nose during the 2nd postoperative week. Occasionally you may be given instructions not to blow your nose for longer periods of time.
- Do not pick, prod, or poke your nose.
- Do not resist the urge to sneeze or cough. Instead, sneeze or cough with your mouth open.
- Do not take any supplements or herbal remedies that may increase your risk of bleeding (Vitamin E, Garlic, Ginkgo, Ginger, etc.)
- Limit alcoholic beverages. Alcohol is dehydrating, increases your risk of bleeding, and should not be mixed with your pain medication.
- Avoid cigarette smoking. If you smoke, please do your best to quit or at least significantly limit your cigarette usage. Tobacco smoke is known to adversely affect post-operative healing and increase the risk of anaesthesia.

## Risks of the Operation

While all operations have the risk of side effects, the risk of side effects following endoscopic DCR is quite low.

### BLEEDING

While it is common to have a small amount of bleeding soon after the operation this usually settles by itself and a significant amount of bleeding that would require intervention is exceedingly unlikely.

### FAILURE

With any form of DCR (traditional or endoscopic) there is always a risk that the surgically created opening may close over and scar resulting in failure of the operation. This is the reason why the plastic tubes are left in the tear duct system for a period of time.

This information leaflet is only a guide to endoscopic DCR and does not replace a full and detailed discussion with your surgeon regarding your condition, the benefits and risks of the operations, and other alternative treatment available.

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## Our Services

Adventis ENT Services is dedicated to providing excellence in standards of care to children and adults for all conditions of Ear, Nose & Sinus, Throat & Voice, Head & Neck, Hearing & Speech disorders

The team of Adventis ENT Services is led by Dr Ameet Kishore FRCS(UK), an ENT, Cochlear Implant & Neuro-otologic Surgeon with over 25 years of experience. He has brought together International Experience and Advanced Technology to offer the highest level of patient care and excellence in medical treatment

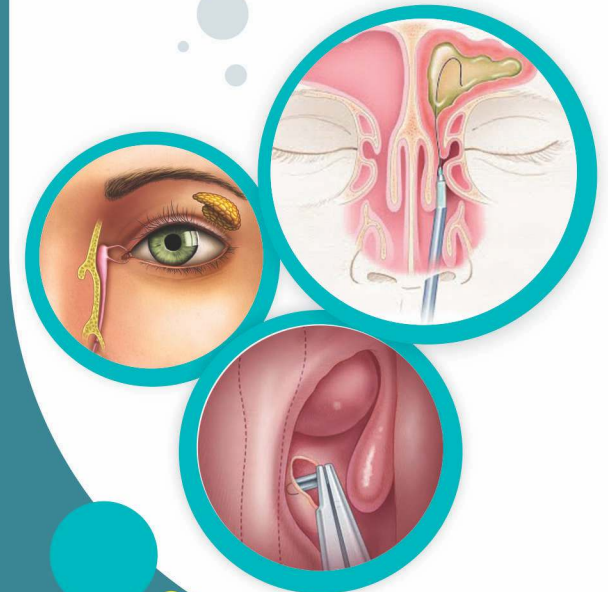
- Endoscopic & microscopic examination of ear, nose and throat
- Microscopic surgery for ear, hearing restoration & neuro-otology
- Cochlear Implant and Implantable Hearing device programme
- Endoscopic surgery of nose, sinus & skull base
- Paediatric ear, nose, throat and airway surgery
- Head-neck, salivary & thyroid gland surgery
- Snoring, sleep apnoea, robotics, lasers and radiofrequency
- Comprehensive hearing testing facility for children and adults\*
- Provision for fitting of hearing aids and for Hearing - Speech therapy\*

We want you to feel confident that you are working with doctors and professionals who are qualified, experienced and caring to provide you personalised and professional care to improve your quality of life.

## ENT & Cochlear Implant Clinics

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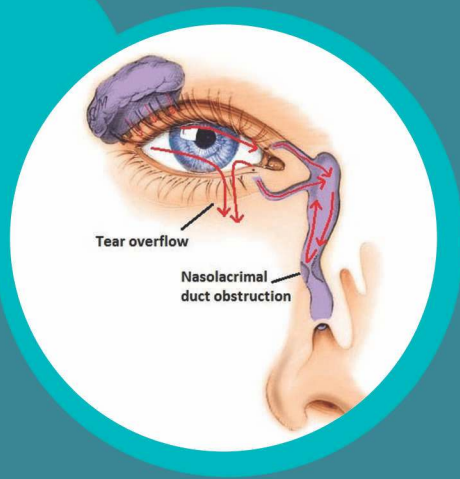


## What is Endoscopic DCR?

DCR (dacryo-cysto-rhinostomy) is the name given to an operation that is designed to allow drainage of tears from a blocked tear sac into the nose by creating a new opening. Traditionally, this operation is performed by making a skin incision close to the eye to allow the surgeon to create a hole in the bone between the tear sac and the nose. This would naturally result in stitches and a scar at this site.

Endoscopic DCR is an established technique that follows the principles of minimally invasive surgery utilising a telescope and small instruments inserted through the nose. In this way the opening between the nose and the tear sac is created from within the nose thereby avoiding the need for any external skin incisions or stitches.

Although neither the traditional nor the endoscopic operation is guaranteed to work in every patient, the results of the endoscopic technique are believed to be as good as that of the traditional technique. Of course, the additional advantage of the endoscopic technique is the lack of external incisions, stitches or scars.



## Before the Operation

Before the operation you would have been assessed by the Eye Surgeon for your condition of a watery eye or recurrent infections or swelling in the tear sac at the corner of your eye. The Eye Surgeon would have performed the necessary tests to confirm blockage of the tear sac or duct and the need for a DCR. You would also have been seen by the Ear, Nose and Throat Surgeon who would have examined your nose and confirmed that the internal structure of your nose was suitable for this operation.

## The Operation

The operation can be done either under a local anaesthetic or a general anaesthetic and this will have been discussed with you at consultation. A probe or light pipe is inserted into the tear duct system through the tiny tear duct openings at the corner of your eye to allow the surgeon to identify the location of the tear sac in your nose. Under direct vision of the telescope an opening is created through the parting bony wall between the nose and the tear sac. This may be done using the drill, laser or cutting instruments. In order to keep this hole open, fine plastic tubes may be inserted through the tear duct system into the nose. Sometimes a specially designed sheet of plastic is inserted into the nose to prevent scar formation.



## After the Operation

The operation is not very painful. You may experience a bit of discomfort or tenderness in the nose and corner of the eye for the first few days, for which you are advised to take simple painkillers. You are advised to avoid any painkillers that contain aspirin, as this may increase the chances of bleeding.

You are advised not to blow your nose for the first 48 hours after the operation, as this can cause bleeding or leakage of air into the tissues surrounding the eye. If this happens, the corner of your eye will become puffy, but this usually settles in a few days.

After the operation it is common to have a small amount of bleeding from the nose for the first few days and for some crusting for the first couple of weeks. You may be provided with nose drops to use in the post-operative period to help with healing. The corner of the operated eye may be slightly puffy for a few days after the operation. You may be provided with antibiotic eye drops or ointment to prevent infection.

If a plastic sheet is inserted into your nose this is usually removed ten to fourteen days after the operation at the Outpatient Clinic.

If fine plastic tubes were inserted into the tear duct system, they are vital to keep the surgically created opening patent and they are, therefore, left for one to two months. This usually does not cause much discomfort and most people do not notice them.

