



ADVANCED SINUS
AND
ALLERGY CENTER

1030 W. Higgins #325
Park Ridge, IL 60068

Endoscopic Dacryocystorhinostomy (DCR)

DCR is a procedure performed to treat tearing (epiphora) due to blockage of the nasolacrimal duct. Tears originate in the lacrimal gland and drain into small openings in the eyelids. From there, the tears travel through small tubes (lacrimal canaliculi) and collect into a sac (lacrimal sac). The tears then drain from the lacrimal sac into the nose through a duct called the Nasolacrimal Duct (NLD).

Sinus infections and tumors can put pressure on the nasolacrimal duct and block it. Trauma, prior surgery or other inflammatory conditions can also cause NLD obstruction. When this happens, the tears cannot drain into the nose and overflow from the eye. Patients will experience constant tearing. This is called epiphora.

An endoscopic DCR allows the surgeon to create a direct opening from the lacrimal sac into the nasal cavity and bypass the nasolacrimal duct using small telescopes and instruments placed inside the nose. Surgery is often performed under general anesthesia. To maintain the opening, the surgeon may use small stents. The stents are typically kept in place for several weeks after surgery and are removed in the office. Overall success rates of this procedure exceed 90%.

Some risks associated with an endoscopic DCR include:

1. Risks of general anesthesia
2. Pain – this is usually mild but a pain medication will be prescribed
3. Infection - an oral antibiotic and an eye drop containing an antibiotic-steroid combination will be prescribed
4. Bleeding from the nose - should be minimal, but rarely can be significant
5. Scarring – within the nose may occur, leading to blockage of the opening and recurrence of tearing.
6. Bleeding inside the orbital cavity (orbital hematoma) – this is rare, but can lead to vision loss which may be temporary or permanent
7. Injury to an eye muscle – this is also very rare, but can occur and lead to double vision
8. Stent prolapse - movement of the stent out of the nose or up into the eye may occur. This requires stent adjustment or removal which can typically be performed in the office