

Consent for Dacryocystorhinostomy

This information is given to you so that you can make an informed decision about having a Dacryocystorhinostomy. Take as much time as you wish to make your decision about signing this informed consent. You have the right to ask questions about any procedure before agreeing to have it.

A Dacryocystorhinostomy (DCR) is required when the natural tear duct that drains the tears is blocked. A new opening is made from the lacrimal sac, which is located by the medial corner of the eye, into the nose. The tears drain from the eye into the nose and the tears are then swallowed.

The procedure is done with general anesthesia or intravenous sedation. Additional injections are given around the tear sac, medial lids, and in the nose to control bleeding and pain after surgery. A small $\frac{3}{4}$ inch incision is made near where glasses sit on your nose. The lacrimal sac is lifted out of a bony depression by the inside medial orbit. An opening is made into the nose through the bone and an opening is made in the medial aspect of the sac. These two holes are sewn together. A small silicone tube placed through the lid tear canal into the sac through the opening into the nose. The same is done with the upper lid. One silk suture ties the tubes together. They are tied to each other farther down in the nose. This is so the tube does not extrude. The tube can be seen from the upper lid to the lower lid in the medial corner of the eye. It is a clear tube and not easily seen. The soft tissues are sewn together. The skin is closed with an absorbable suture. A steri-strip is placed over the incision site. A piece of gauze may be taped to the end of the nose if a lot of bleeding is encountered during surgery. Antibiotic ointment is placed in the eye. The eye is not patched shut. The tube stays in place for 3-6 months. The tube is removed in the office.

Alternatives:

1. Do nothing and live with the tearing.
2. Use antibiotic drops and oral antibiotic medications if infections occur.

Risks and Complications:

1. Bleeding: Usually this is from the nose and it will stop with time. Very rarely the nose needs to be packed.
2. Failure: Sometimes the newly made opening into the nose obstructs. This usually occurs after the silicone tube has been removed. This requires another operation.
3. Infection: If the incision site is not kept clean it can become infected. Signs are a reddened area with pus coming out of the wound. Treatment consists of oral antibiotics.

4. Corneal abrasion. A scleral shield is placed in the eye at the beginning of surgery to protect the eye from sharp instruments. Sometimes the scleral shell can cause a corneal abrasion. Usually it heals in 24-48 hours.
5. Tube rubbing on the eye: Once in a while the tube will rub on the eye and cause irritation. Lubrication by ointment is the treatment. It usually resolved with time. Rarely the tube will need to be removed.
6. Tearing: The tears go around the tube, not in the tube, therefore, the eye may still tear after surgery. Once the tube is removed the tearing stops.
7. Wound dehiscence: This is rare. The wound may heal well or a suture may need to be placed.
8. Pain: Pain is usually mild and can be treated with oral medication.

Consent for Treatment:

By signing below I acknowledge that I have read and understand the above and have had my questions answered by the surgeon to my satisfaction. I also understand that these are the most common complications and not all the complications that can occur. I consent to the above surgery.

Signature of Patient

Date