

DCR Audit

A retrospective audit was undertaken over a 5 year period and the histories of patients accessed from the patient data base.

The patients were all from private practice and operated on by 1 surgeon (GW). Anaesthesia was all GA with intubation and nasal and throat packing. Local anaesthetic was injected into the wound area before surgery to reduce bleeding and reinforce anaesthesia.

The technique used was per cutaneous and used a standard trephination system and anastomosis of posterior flaps where possible and always an anterior flap anastomosis.

The surgery was all Day case and the patients sent home after 3 hours after recovery and assessment of any postoperative bleeding. No postoperative bleeding of note followed after discharge.

54 patients were operated on in this period.

61 DCR's were done and of these 7 were bilateral.

The patients were 41 females and 13 males.

Ages varied between 31 to 83 years.

The indications were epiphora not tolerated and not relieved by lacrimal syringing , mucocoele formation and recurrent infections .

55 of the DCR's were successful based on no epiphora post operatively and after O'Donnell tubes were removed. This was a success rate of 90%.

Dacrocystograms were done preoperatively on 48 patients using UltraFluid Lipiodol and CAT scanning.

DCG's preoperatively confirmed common opening obstruction in 5 patients and gave a false impression in 3 patients. The false impressions were due dacroliths or blobs of hardened mucous against the common opening.

Of the failures

- 1)1 lost to FU
- 2)2 patients progressed to Lester Jones Tubes
- 3)2 patients required revision of the anastomosis.

These were subsequently successful. The failure in each case was due to the anterior and posterior anastomosis joining.

- 4)1 was found to have Squamous Ca of the lacrimal sac and referred for extensive surgery.

19 patients required O'Donnell tubes of these 5 were for definite common opening obstruction

and 14 suspect as being tight or not sure at the time of surgery.

One of the patients listed as a failure was due to extensive lower canalicular scarring from a viral infection. This patient had a number of attempts at a Lester Jones tube and eventually became symptom free as a result of the formation of a conjunctivo- dacrytorhinostomy created by accident.

Bleeding was a problem only in 1 patient who required wound packing with Gel foam. We subsequently found this lady ate lots of garlic.