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(Surgical Booking)

DCR – DACRYOCYSTORHINOSTOMY

In some cases if you are from out of town, you can see your referring doctor to have the temporary tubes removed. You can see them 3-4 weeks following your surgery.

POST-OPERATIVE INSTRUCTIONS

- ❖ Do NOT resume blood thinners for 1-week post op.
- ❖ Use Beconase nasal spray three times daily for two weeks to the surgical side.
- ❖ Use FML eye drops three times daily for two weeks to the surgical side.
- ❖ Apply ice (or frozen peas) to your nose and neck. This helps slow the flow of blood to help reduce bruising and swelling.
- ❖ Gentle pressure, with a cold compress, will also help to reduce the amount of bruising and swelling. You can switch to warm compresses or no compresses, after a few days.
- ❖ Elevate the head (for nighttime sleeping) with an extra pillow or sleep in an easy chair.
- ❖ Avoid blowing your nose and sneezing. If you do sneeze, have your mouth open.
- ❖ Avoid doing anything that causes blood to rush to your head for at least one week. (E.g. lifting anything heavy, leaning over the sink to wash your hair, bending to pick up something).
- ❖ You can gently clean crusting from your nose with saline rinse. Combine 1tbsp salt and 1 tbsp baking soda in basin of warm water. (Rhinaris can be used instead of salt and baking soda). Cup into hands. Gently sniff into nose and let drain on its own. This needs to be done carefully as it may cause a small nosebleed.
- ❖ Apply Vaseline or Polysporin to the scar three times a day.
- ❖ If you wear glasses, try to place the nose pads below the suture site.
- ❖ A vaporizer at your bedside, Chap Stick, and drinking lots of water will help the dryness in your mouth and nose.
- ❖ The patch may be removed the next day or at bedtime.
- ❖ You can use scar therapy such as vitamin E or a silicone gel on the scar site after one week. We sell one at our office you can purchase if you like.
- ❖ Resume diet as tolerated.
- ❖ Most patients require 1 – 2 weeks recovery time.
- ❖ If you are taking antibiotics prior to surgery, you will continue as per your instructions.
- ❖ Use medications as prescribed by our office, for post-operative care.
- ❖ If a temporary silastic stent tube is placed in your tear duct then your eye(s) will continue to tear and water whilst the tube is in place. When the tube is removed 3-6 weeks later the tearing will resolve.

We do not recommend travel outside the city for the first 24 hours after surgery due the risks of nosebleed. If you live out of Calgary we can arrange a bed for you overnight in the hospital or you may stay with friends, relatives or at a hotel.

TUBES

Temporary Tubing may be used to keep the new drainage passage open after surgery. The decision to use temporary tubing depends on risk factors for scar formation. Temporary tubes help hold the new passage open. This temporary tubing is removed three weeks to six months after the surgery. This is easily done like removing a stitch. Tears may not drain properly until this temporary tubing has been removed.

Permanent tubes or “Jones Tubes” are tiny glass tubes that can be left in place indefinitely. Jones tubes are used when there is canalicular scarring or repeated failure of the original surgery.

Jones tubes can be removed or exchanged if needed. Keep the Jones Tube clear by rinsing with saline every morning. To do this, put a drop of artificial tears into your eye, hold your nose closed and gently sniff in.

WHAT IS NORMAL AFTER SURGERY?

- ❖ Some bleeding is normal for 24 to 48 hours. This may be a steady trickle but there should not be gushing of blood.
- ❖ It is normal to have fluid collect at the lower lids where the lid and cheekbone meet. This looks like a fluid blister and will go away on its own. It may look like you have a “shiner”.
- ❖ Bruising, redness and swelling around the incision often last two weeks or more and are a normal reaction to the sutures.
- ❖ Tearing may be normal for the first few weeks.
- ❖ You may be able to blow air through your new passage, this is sometimes noticeable when you sneeze or blow your nose.

WHAT IS NOT NORMAL AFTER SURGERY?

- ❖ **Uncontrolled swelling, pain, and loss of vision are a medical emergency (Extremely rare). If this happens contact the office immediately or go to an emergency room.**
- ❖ A minor nosebleed is common but one that can't be stopped is rare. High blood pressure can make nosebleeds difficult to stop. If you should experience excessive bleeding, apply pressure on the wound with ice packs. Lie quietly with head elevated. If you **cannot** stop the nosebleed – you must go to an emergency department-do not go to a walk in clinic or the office. Tell the emergency room staff to please call Dr. Ashenhurst if there are problems.