



Gloucestershire Hospitals
NHS Foundation Trust

Dacryocystorhinostomy (DCR)

An operation for a blocked tear duct

Introduction

This leaflet gives you information about the operation for a blocked tear duct called Dacryocystorhinostomy (DCR), including what to expect and the possible complications.

What is DCR surgery?

A DCR is an abbreviation for dacryocystorhinostomy. It is an operation carried out on people with watering eyes, due to a blocked tear duct.

Tears are made naturally by our bodies to keep the eye moist, healthy and comfortable. With each blink, your tears are drained away from the eye through two small holes in the upper and lower lids. From here the tears pass along very small tubes, collecting in the tear sac to the side of the nose. They then pass down a tube (or duct) into the nose, finally draining away into the back of your throat.

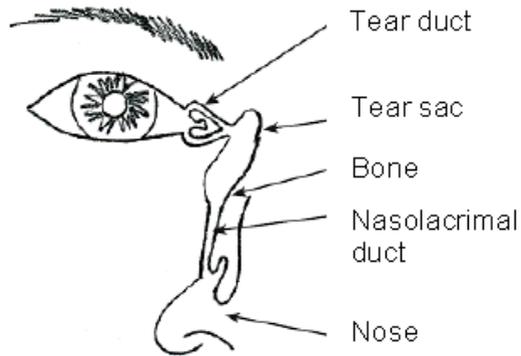


Figure 1: Tear drainage

If any part of this drainage pathway is blocked, the eye will water. This may happen in children or in the elderly. The only effective treatment of any blockage is an operation.

Symptoms

- A watery eye
- A painless swelling near the nose, called a mucocele. Firm pressure on this swelling causes a white mucous to appear in the tears. This mucocele can also become infected and painful

Tests

Syringing - salt water is flushed through the tear duct. Normally this fluid will pass into the throat and is swallowed. If there is a blockage, the water has nowhere to drain and spills out onto the cheek.

Probing - a very fine probe can usually be passed through the tear duct into the tear sac. If we cannot manage this, there is most likely a blockage.

The DCR operation

This is usually carried out under general anaesthetic, while you are asleep. A small cut is made to the side of your nose over the tear sac. Occasionally the cut is made on the inside of the nose and there is no wound on the skin. We will make a new direct path through bone from the tear sac into your nose. Silicone tubing is then placed in this new path and left in place for at least 6 weeks to make sure that scar tissue does not close it again. Tubing can remain for longer and in some cases is left long term

With the tube in place your eye may continue to water, but if the operation has been successful this will stop when the tube is removed.

The tube will be removed during an outpatient clinic appointment from 6 weeks to months depending on the location of the blockage or previous surgery.

Complications of surgery

Scarring - there will be a small scar on the side of your nose where the cut was made. This normally fades within 6 months.

Bleeding - you may notice bleeding from your nose. If this starts to become heavy or lasts longer than 20 minutes, Sometimes nose packing is required to treat

persistent bleeding, please contact your local Minor Injury and Illness Unit or Emergency Department.

Eye keeps on watering - 1 in 10 of these operations does not solve the problem. The operation may need to be carried out again and the tubes reinserted.

Contact information

If you have any queries or problems immediately after the operation, please contact the:

Casualty Eye Line

Tel: 0300 422 3578

Available 24 hours a day

If you cannot attend the date given to you for your surgery, please inform the:

Admissions Office

Tel: 0300 422 4001

Monday to Friday, 8:00am to 4:00pm

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Shared Decision Making

If you are asked to make a choice, you may have lots of questions that you want to ask. You may also want to talk over your options with your family or friends. It can help to write a list of the questions you want answered and take it to your appointment.

Ask 3 Questions

To begin with, try to make sure you get the answers to three key questions if you asked to make a choice about your healthcare.

1. What are my options?
2. What are the pros and cons of each option for me?
3. How do I get support to help me make a decision that is right for me?



These resources have been adapted with kind permission from the MAGIC Programme, supported by the Health Foundation.

***Ask 3 Questions** is based on Shepherd HL, et al. Three questions that patients can ask to improve the quality of information physicians give about treatment options: A cross-over trial.

Patient Education and Counselling, 2011;84: 379-85



<https://aqua.nhs.uk/resources/shared-decision-making-case-studies/>



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