

Endoscopic Repair of a Blocked Tear Duct

Valley Regional Hospital

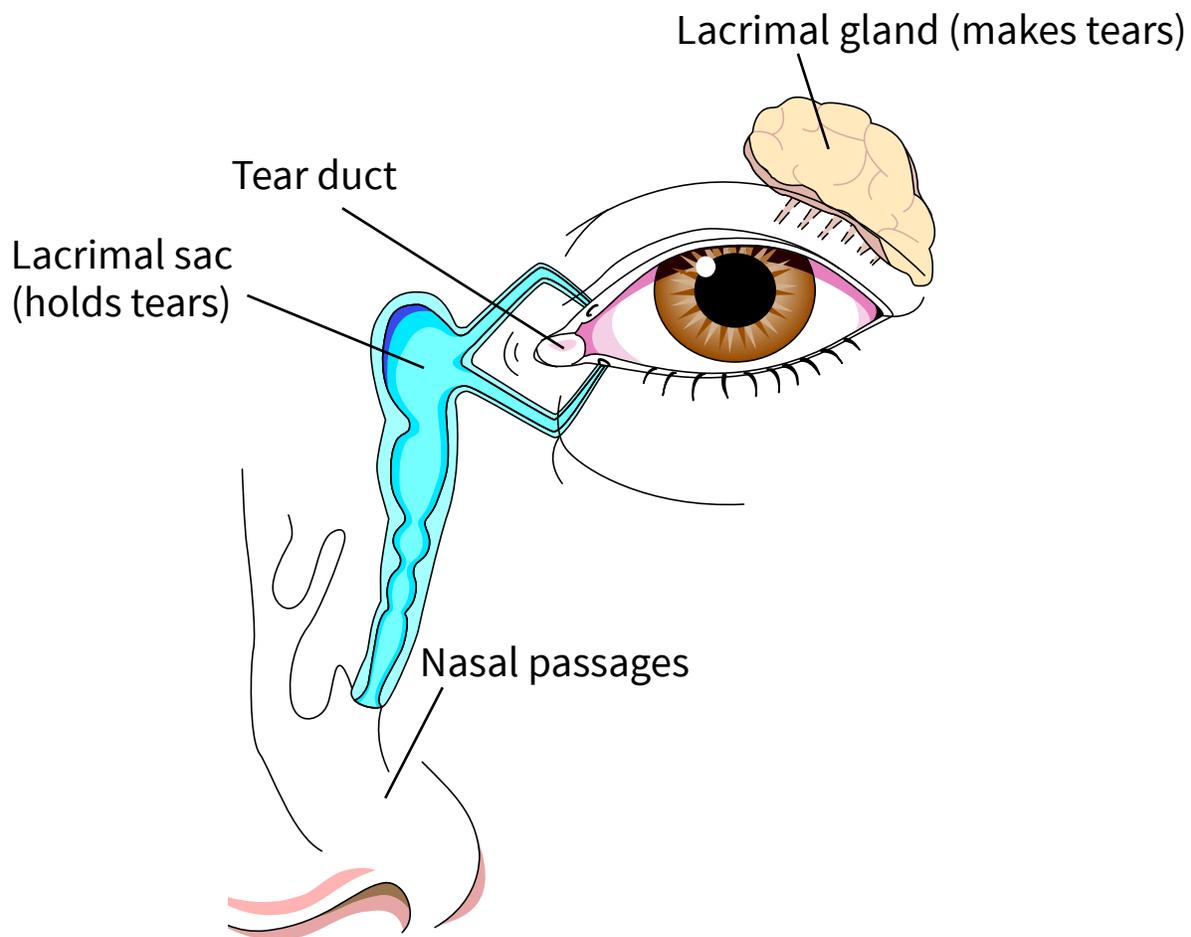
My surgery is on:

Date: _____

Time: _____

Endoscopic Repair of a Blocked Tear Duct

- This surgery is called endoscopic dacryocystorhinostomy (DCR). It is needed when your tear duct is blocked and tears cannot drain.
- During the surgery, your surgeon will place a telescope up your nose. They will use it to make a larger path so your tears can drain again.
- Your surgeon may also put in a thin, plastic tube called a stent to keep the tear path open. They will take the tube out in 6 to 12 weeks. We will make an appointment for you.
 - › Some patients having a DCR may also need a functional endoscopic sinus surgery (FESS) to make a new drainage pathway through their nasal passages.



Getting ready for surgery

- You may need tests before your surgery. This will depend on your general health and the type of surgery you are having. Staff will contact you to arrange for testing before surgery, if needed.
- **Plan to have a responsible adult drive you home and stay with you the first 48 hours (2 days) after your surgery.** This is for your safety.

- If you take medication, please talk with your surgeon before your surgery. They will tell you which medications to take before your surgery with a sip of water, and which ones to stop taking.
- Stock up on fluids like water, juice, Gatorade® or Powerade®, milkshakes, and soups.
- Have acetaminophen (Tylenol®) on hand.

Medications



For 14 days (2 weeks) before your surgery:

- **Do not** take any natural or herbal medications or products. These may cause more bleeding.

For 10 days before your surgery:

- **Do not** take ASA (acetylsalicylic acid, Aspirin®).

For 7 days (1 week) before your surgery:

- **Do not** take ibuprofen (Advil®, Motrin®).

It is OK to take acetaminophen (Tylenol®).

- You may be prescribed an oral (by mouth) steroid to take for 7 days before your surgery. Start taking the medication 6 days before your surgery. Continue taking it each day so that the final dose (amount) is taken the morning of your surgery. Take it with a tiny sip of water.

The night before your surgery

- **Do not eat or drink anything after midnight the night before surgery.**



The morning of your surgery

- You may take your medications as told by your surgeon with sips of water.
- You may brush your teeth.
- Follow any directions you were given at the Pre-Admissions Clinic (if you had an appointment there).
- Take off all make-up and jewelry before coming to the hospital.

- If you have long hair, pull it back with an elastic.
- We recommend that your face is clean shaven.
- Nova Scotia Health is smoke-free and scent-free. Please respect this policy. **Do not** use scented products (like perfume, after shave, scented hair spray).

Tell your surgeon if you:

- › Become sick (have diarrhea [loose, watery poop], vomiting [throwing up], nausea [upset stomach]) before your surgery
- › Have a cough, cold, or fever (temperature above 38 °C or 100.4 °F)
- Give yourself plenty of time to find parking.

Bring with you on the day of your surgery:

- Provincial health (MSI) card
- Private medical insurance card (if you have one)
- All of your medications (including prescription and over-the-counter products, inhalers, creams, eye drops, patches, herbal products, vitamins, and supplements) in their original containers
- CPAP machine (if you use one)
- A container or bag for the ride home in case you vomit

My appointment

- **Your surgery may be cancelled if you are late.**
- **If you are not able to keep your appointment, call the booking office as soon as possible:**
 - › Phone: 902-679-2657, extension 2401
- Arrive 2 hours before your scheduled surgery time or at the time your surgeon's office told you.
 - › If your surgery is scheduled for 8 a.m., please arrive by 6:15 a.m.
- **Go through the main entrance and register at Central Registration.**
- Delays in the O.R. may cause a change in your surgery time. There is a chance that your surgery may be cancelled if there is an emergency. If this happens, your surgeon's office will call you to arrange a new date.

Before surgery

- Before your surgery, tell your surgeon if you are taking:
 - › ASA (Aspirin®)
 - › NSAIDs (like ibuprofen, Advil®, Motrin®)
 - › Blood pressure medication
 - › Blood thinners (like warfarin, Plavix®)
 - › Vitamins and/or herbal products (like vitamin E, multivitamins, green tea, garlic, herbs, ginkgo)
- Some of these medications may thin your blood and raise your risk of bleeding during and after surgery.
- We will make an appointment for you at the Pre-admission Clinic, if needed.

Surgery

- You will be given anesthetic (medication to lower or prevent pain) before your surgery.
- You may have:
 - › **Local anesthetic** (freezing) with sedation (medication to help you relax and fall asleep)
 - or
 - › **General anesthetic** (medication to put you to sleep during surgery)
- The surgery will take about 45 minutes for 1 side or 1½ hours for both sides.
- Your surgeon may need to cut open your tear ducts from the outside of your nose. The rest of the surgery will be the same. Your surgeon will talk about this with you before the day of your surgery.

After surgery

Do not:

- › Blow your nose for 7 days after surgery
- › Drink anything hot for 24 hours (1 day) after surgery
- › Strain or lift anything heavier than 10 pounds (including children) for 14 days (2 weeks) after surgery

Right after surgery:

- **If you had FESS**, you may have packing in your nose. If you do, you will only be able to breathe through your mouth.
 - › This packing is usually dissolvable (goes away on its own). You can wash it out with saline (salt water) 2 to 3 days after your surgery.
 - › If the packing is not dissolvable, it is usually removed 2 to 7 days after surgery.
- **If you had FESS**, you will have spaces for stents in your nose. They may be tied together with string to the tip of your nose. They will be removed about 2 weeks after surgery.
- You may have some bleeding in your throat or your nose for 1 week after surgery. This is normal.
- Your eyes may water or tear up a lot while the tubes are in place, and for up to 8 weeks (2 months) after surgery.
- You may feel air come out of your tear ducts when you blow your nose.

Medications

- You may be given a prescription for oral (by mouth) antibiotics.
- You may also be given a prescription for eye drops. You may have to use them for 2 weeks or more.

Pain

- You may have pain in your nose, a stuffy nose, or trouble breathing through your nose. This is normal.
- Taking pain medication before the freezing wears off and in the days after your surgery can help stop your pain from getting worse.
- You may take acetaminophen (Tylenol®) for pain. Follow the package directions.
- You can take NSAIDs (like ibuprofen, Advil®, Motrin®) unless you have been told not to. They may cause bleeding.
- To help with stuffiness, try sleeping sitting up or with your head raised up on extra pillows.

Cold compress

- If you have swelling, bruising, or discomfort around your eyelids or the bridge of your nose, a cold compress may help.
- Put a cold compress on the bridge of your nose after surgery.
- **To make a cold compress:**
 - › Fill a large bowl with ice cubes and cold water.
 - › Put a few clean facecloths in the bowl.
 - › Remove 1 facecloth from the bowl and squeeze out any extra water. Fold the facecloth and put it over the bridge of your nose for **20 minutes**. Then replace it with a new facecloth from the bowl.
- Do this **once every hour while you are awake for the first 48 to 72 hours (2 to 3 days)**.

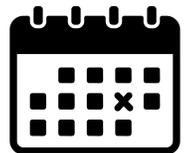
Dressing

- You will have a dressing under your nose. You can change the dressing as needed. You can take it off the morning after your surgery.
- You may have a dressing or an eye patch over your eye.

After you leave the hospital

Follow-up

- You will have a follow-up appointment with your surgeon 2 weeks after your surgery. This is to make sure you are healing well and to take the stents out of your nose.
- You may be given eye drops. Use the drops once a day for 30 days (1 month), or as prescribed.
- Starting the day after your surgery, use a nasal (nose) saline (salt water) rinse 3 times a day, and as needed. Do this until your follow-up appointment with your surgeon.
- You may have 1 or 2 stents in your nose. If you have 2 stents, they will be tied to the tip of your nose with a black string.
 - › **Do not** take these stents out. It is OK if they fall out on their own as this means there is a lot of room.
 - › Your surgeon will take the stents out at your follow-up appointment in 2 weeks.
- In 2 to 3 months, you will visit your surgeon's office so they can take out your eye stents.



Call your surgeon right away if you have:

- › A nosebleed that gets worse
- › Trouble seeing or double vision
- › More redness, swelling, or pain in or around your eye
- › An eye stent that moves out of place
 - › **Do not** pull it or move it more. If you have discomfort, you can tape the stent to the side of your nose to hold it in place.
- › Severe (very bad) headache that does not go away
- › Pain after the first day that is getting worse

If you cannot reach your surgeon, go to the nearest Emergency Department right away.

This pamphlet is for educational purposes only. It is not intended to replace the advice or professional judgment of a health care provider. The information may not apply to all situations. If you have any questions, please ask your health care provider.

Find all patient education resources here:
www.nshealth.ca/patient-education-resources

Connect with a registered nurse in Nova Scotia any time:
Call 811 or visit: <https://811.novascotia.ca>

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