WESTERN EYECARE

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POST OPERATIVE
DACRYOCYSTORHINOSTOMY (DCR)
(for blocked tear ducts)

NAME: ……………………………………………………………

General

You will often have an eye pad on which stays on until the morning after surgery.

The pad can be taken down and any wound cleaned with cooled boiled water.

Intermittent nose bleeding in the first few days of post operative is normal and should resolve spontaneously. If the bleeding persists or is severe please contact the doctor on the number provided.

Pain should be minimal in the first few weeks. Simple analgesia with paracetamol should suffice. There is some tenderness to touch the side of the nose after this, which settles in time and is minor.

Post Operative Care

- Use ice packs for bleeding, swelling and pain relief, 30 minutes 3 times a day or more (if possible).

- Avoid nose blowing, hot drinks, straining for 2 weeks.

- If you have a wound on the nose, use ointment 3 times per day to the wound.

- Please use drops 4 times per day to the side of the operated eye for 2 weeks as prescribed.

- After the first two weeks, when nose blowing you may notice a puff of air into the eye. This is not a problem and confirms patency of the surgery.

- You may have some silicone tubes inserted which will be visible at the inner corner of the eye and be felt in the nose. Please do not pull on them. If they dislodge please contact the doctor so they can be placed correctly.

- If tubes have been used, they will need to be removed between 6 week and 3 months.

- Only if recommended, please use FESS spray twice a day for 2 weeks.

Medications

Restart Aspirin / Warfarin / Elliquis / Xarelto …………………………………………...

Use the following medications for 2 weeks unless instructed otherwise:

…………………………………….   ……………… times per day

…………………………………….   ……………… times per day

…………………………………….   ……………… times per day

If you have any problems with pain, decrease in vision or excessive discharge or excessive bleeding, please call the **rooms on 8353 6768** during office hours.

Your post operative appointments are as follows

Date ……………………….   at………………..am/pm

Date ……………………….   at………………..am/pm