



Dacrocystorhinostomy (DCR) Perioperative Instructions

Introduction

This information provides instruction on how to prepare you for nasal surgery and how to care for yourself following DCR surgery. It includes symptoms to monitor, restrictions and guidelines for diet and activity. The following information will help you make a more comfortable and rapid recovery.

What information is needed before surgery?

Prior to surgery, you need to make your surgeon aware of the following information about you or any other family members:

- A history of bleeding problems or bruising easily
- A history of complications with anesthesia
- Symptoms of upper respiratory infection (cold, runny nose, flu, croup or fever) within one week of surgery
- Exposure to chickenpox or other illnesses within the previous two weeks or any current illnesses you have
- Medications you are currently taking, both prescription and over-the-counter
- Any allergies or existing medical problems

What about taking medications prior to surgery?

For two weeks prior to surgery, and two weeks following surgery, it is important that you don't take any medications that contain aspirin, ibuprofen or naproxen. These medications interfere with blood clotting and may increase the risk of bleeding during or after surgery. Aspirin is found in several over-the-counter medications, for example, Anacin, Pepto-Bismol, and Alka-Seltzer Cold. Ibuprofen is an ingredient in medications such as Advil, Motrin and Pediaprofen. Naproxen sodium is found in Aleve.

Please consult your pharmacist about the content of medications or refer to the information provided with these and other medications.

For pain or fever, you should take acetaminophen (Tylenol) or the pain medication prescribed by your doctor, but not both.

Acetaminophen does not increase the risk of bleeding.

What can be expected after surgery?

While it generally takes 3-7 days to recover after a dacrocystorhinostomy (DCR) surgery, some patients may feel better in just a few days, while others might take up to 14 days or longer to recover.

In general, tiny plastic stent tubes are placed from the corner of the eye (near the nose) into the nose. These are usually left in place for 4-6 weeks and generally removed in the office. While these are in place, you may experience some persistent ocular drainage or tearing.

What are the risks of surgery?

The risks of nasal surgery include, but are not limited to, problems related to:

- Bleeding
- Breathing
- Anesthesia
- Dehydration
- Infection
- Voice Changes
- Cosmetic Deformity
- Visual changes or ocular injury
- Persistent nasal crusting and/or drainage
- Persistent ocular drainage or tearing
- Changes in facial or tooth sensation
- A need for additional procedures

Discuss the risks, benefits, and alternatives to surgery with your doctor. Make sure that all your questions are answered before surgery.

Restrictions

Most patients rest at home for 3-7 days after surgery. As a rule, you can return to school or work once you are eating and drinking normally, no longer taking pain medications and sleeping through the night. Even though you may be feeling well, the risk of bleeding may continue for longer than 14 days. During this time, avoid vigorous activity, straining or heavy lifting. In addition, vigorous nose blowing should be avoided/minimized. For six weeks following surgery, avoid any activities that may risk contact to the nose.

For 24 hours following anesthesia or taking prescription medication, avoid:

- Rough physical play
- Using motorized or dangerous vehicles, toys or equipment

- Drinking alcoholic beverages
- Making important decisions

Managing Symptoms

Nausea and vomiting- You may experience nausea and/or vomiting from the general anesthetic during the first 24-36 hours following surgery. If promethazine (Phenergan) suppositories or oral ondansetron (Zofran) have been prescribed, use them as directed every six hours. Contact your surgeon if nausea or vomiting is experienced for more than 6-12 hours after anti-nausea medication is taken.

Fever- You may run a low-grade fever (99-101⁰ Fahrenheit) for several days following surgery. Your surgeon will recommend treatment with Tylenol. If the fever rises to 102⁰ or higher, contact your surgeon.

Pain- Most patients experience some pain following DCR surgery. Pain may affect how you eat, drink or sleep. The degree of pain may vary during recovery from mild to severe and may last up to 14 days following surgery. Your surgeon will prescribe pain medication that should be administered every 4-6 hours for the first few days after surgery. You may transition to over-the-counter Tylenol whenever you are ready.

Your age and medical history will determine if acetaminophen with oxycodone or other narcotics may be safely used. The side effects of oxycodone and many similar narcotics are sedation, nausea, vomiting, constipation and stomach pain. Your surgeon will recommend a dosing schedule that minimizes side effects. Because it is so important, again we mention that for two weeks following surgery, you should refrain from taking medications that contain aspirin, ibuprofen or naproxen. Dehydration can worsen pain, so staying well hydrated will improve pain control. Other steps that can be taken to improve pain control include a humidifier in the bedroom and/or an ice pack loosely applied to the nose for short periods of time. If you experience any complication from your pain medications, or any other medications prescribed by your surgeon, please contact your surgeon.

Breathing- Swelling in the nose may cause mouth breathing or snoring. Improvement in breathing is generally seen within 7-14 days after surgery. The frequent use of nasal saline spray will help decrease nasal stuffiness and crusting. In the unlikely event that breathing becomes very difficult, or you become unresponsive, stop breathing or turn blue, instruct somebody to **CALL 911**. If you are breathing too fast or too slowly but are awake and alert, contact your surgeon.

Eating- In general, a normal diet can be resumed soon you return home following surgery as long as there is no nausea.

Bleeding- Discuss the risks and management of bleeding with your surgeon. It is normal for some mild nasal bleeding and/or blood tinged nasal drainage to occur following nasal surgery. The gauze mustache dressing may be changed as needed and may need to be changed up to 4-5 times a night following surgery. If you experience any severe bleeding from the nose or mouth, lean your head forward and hold gentle pressure on the sides of the nasal tip. If this persists longer than a few minutes, you should proceed immediately to the closest hospital emergency room. **Again, any severe persistent bleeding requires attention.**

Drinking- It is very important that you drink plenty of fluids after nasal surgery. Juice and non-caffeinated soft drinks are encouraged, as well as Popsicles and gelatin. If you are showing signs of dehydration (only two or three urinations per day or crying without tears), contact your surgeon.

Nasal Congestion- DO NOT blow your nose until you have seen your surgeon for a postoperative clinic visit and been given permission to blow your nose. Use saline (saltwater) nasal mist spray if needed for nasal crusting or congestion. If you must cough or sneeze, try to do this with your mouth open.

Visual Changes- Discuss the risks of any visual changes with your surgeon. Some persistent eye tearing is normal for a few days or weeks after surgery while there is still intranasal swelling. However, double vision or any other visual changes are not normally expected. In the unlikely event that you experience visual changes, eye pain, swelling or discoloration around the eye, proceed immediately to the closest hospital emergency room.

Voice- Your voice may be different after surgery. If there is a voice change that persists for more than three months, notify your surgeon.

Showering- Showering may be resumed immediately after you return home following surgery.

Follow up care

Your surgeon and his staff will arrange a follow-up appointment. If you have any questions or concerns before that time, contact your surgeon.

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