Endoscopic Dacryocystorhinostomy: Basic Technique and Keys to Success

Learning Objective

Upon completion, participants should be able to:

• Describe the basic steps of endoscopic dacryocystorhinostomy
DCR Definition

- Fistulization of the lacrimal sac into the nasal cavity

DCR Indications

1) Symptomatic epiphora due to NLDO
2) Dacryocystitis
3) Resection of the duct (eg, maxillectomy)
Anatomy

Common canaliculus
Lacrimal sac 12-15 mm
Canaliculus 8-10 mm
Nasolacrimal duct 12-18 mm
Middle turbinate
Inferior turbinate
Inferior turbinate

Punctum
Ampulla 2 mm
Anterior lacrimal crest
Hiatus semilunaris
Valve of Hasner

Endoscopic DCR

 Courtesy of Dr. Leyngold.
Advantages of Endoscopic DCR

• No external incision
• Better visualization of anatomy
• Easier to supervise trainees
• Less postoperative swelling
• No lacrimal pump disruption
• Simultaneous correction of intranasal pathology
• Higher patient acceptance (eg, younger women, children)

Keys to Successful DCR

• Adequate rhinostomy
• Clear common canalicular opening (superior and inferior)
• Adequate marsupialization of the lacrimal sac
• Removal of anatomic obstruction (eg, septoplasty)
Complications

- Persistent epiphora (average 5%-10%)
- Sump syndrome (if lacrimal sac is not adequately opened)
- Stent complications
- Epistaxis
- Orbital injury and hematoma (rare)


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Abbreviations and Acronyms: Dacryocystorhinostomy

DCR = dacryocystorhinostomy
NLDO = nasolacrimal duct obstruction