

# Endoscopic Dacryocystorhinostomy

Col Erik K Weitzel MD MC USAF  
Professor of Surgery USUHS  
Rhinology and Endoscopic Skullbase Surgery  
Chief of Operational Medicine  
Director, RESTOR-AirMed Research Laboratory

**PEOPLE**

**MISSION**

**INNOVATION**



# Disclaimer



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# DCR and Epiphora



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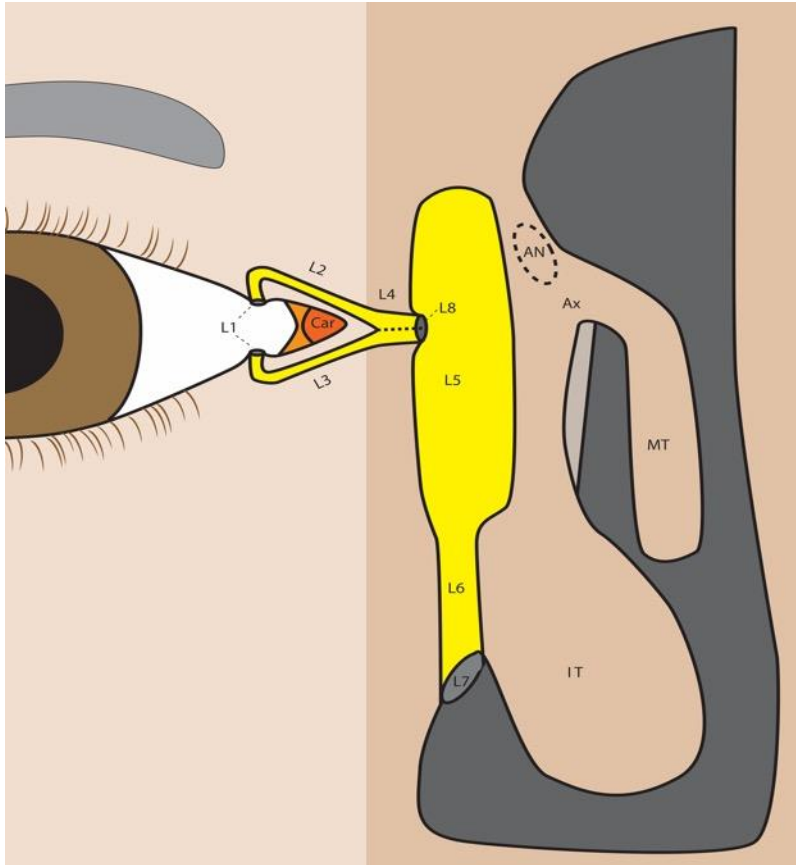
- DCR –Dacryocystorhinostomy
- Bypass of the lacrimal duct
- Treatment for epiphora
- Differentiate Epiphora and Watery Eye



# Basic Anatomy



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- Canaliculi
- Sac
- Duct

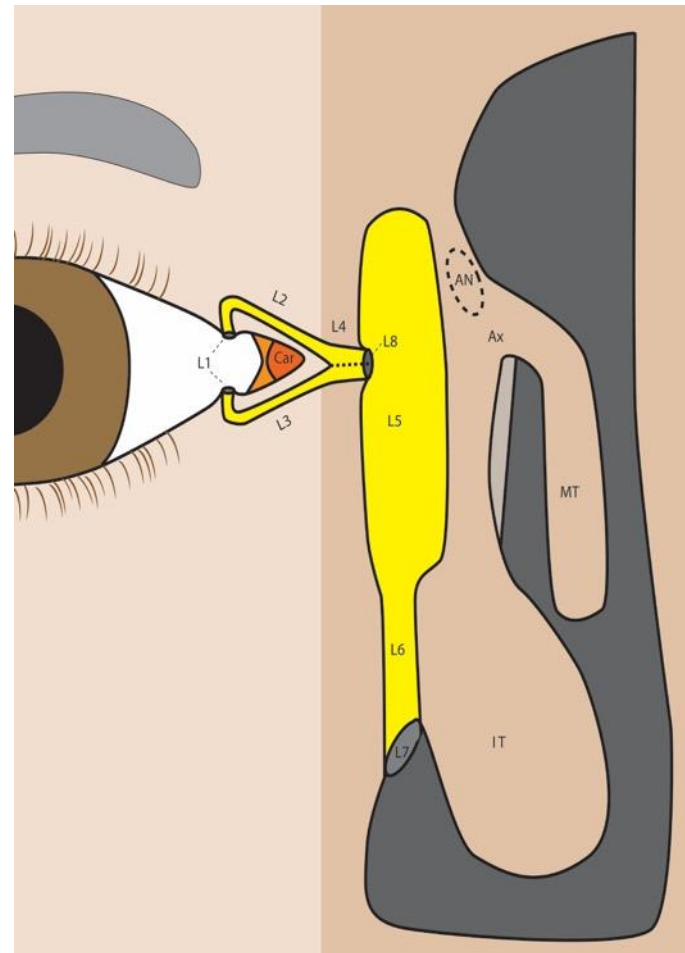


# Anatomical Detail



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- Lacrimal Sac extends higher than axilla of middle turbinate
- Common canaliculus enters sac at its midpoint
- Anterior ½ of sac covered by thick bone
- Posterior ½ of sac covered by thin bone

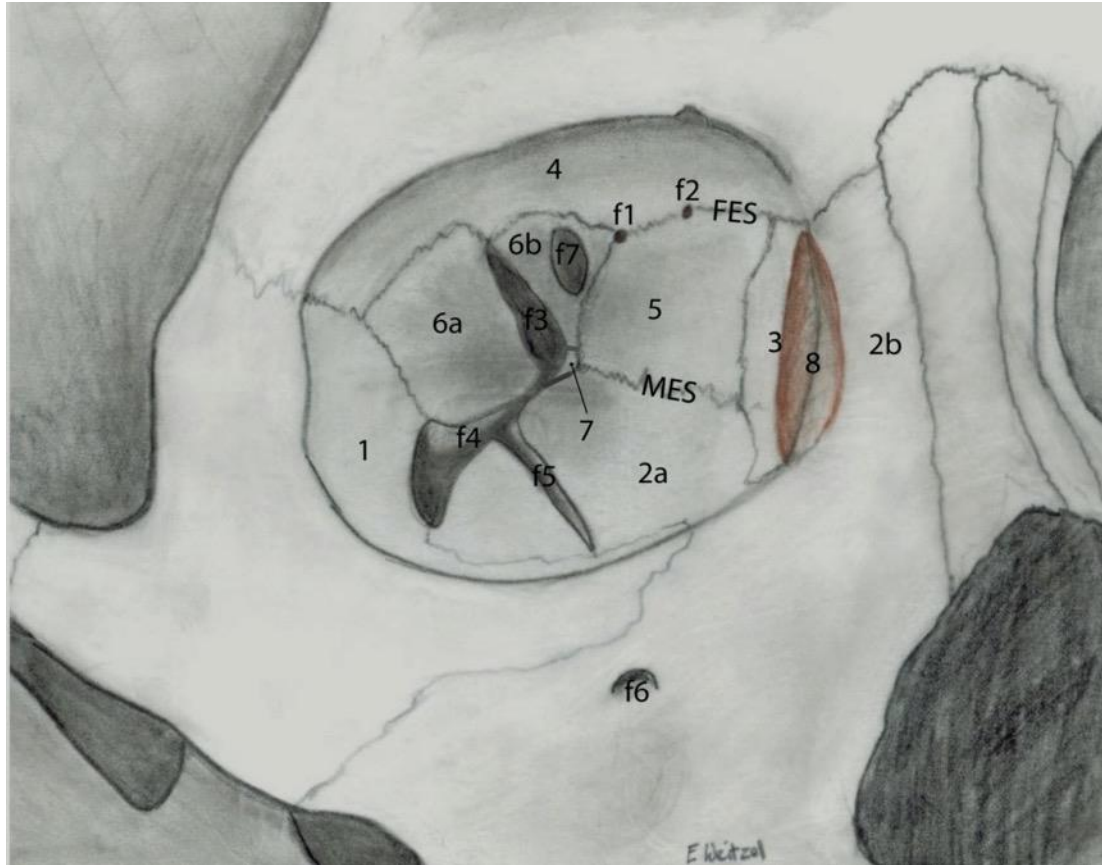




# External Perspective



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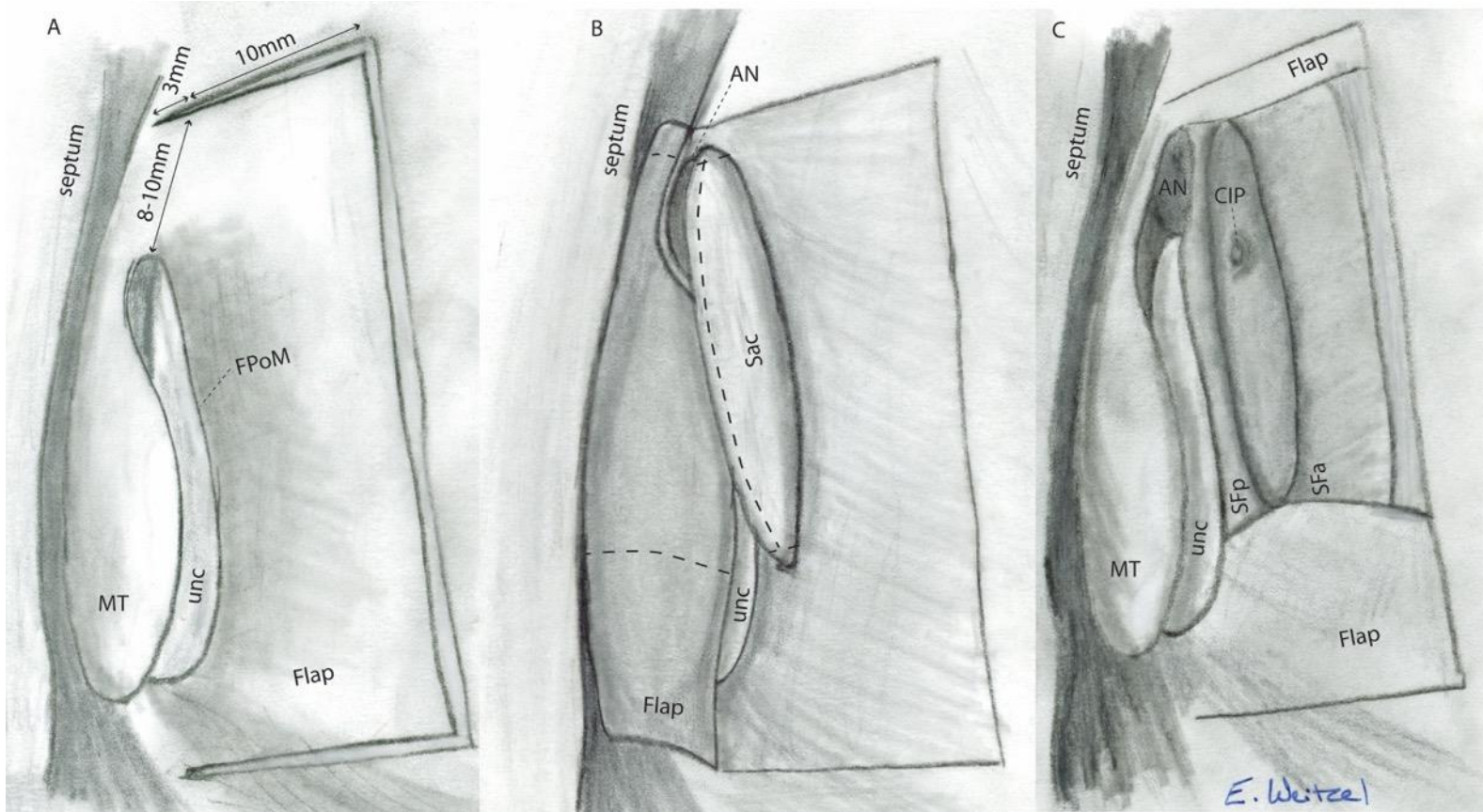




# Endoscopist's Perspective



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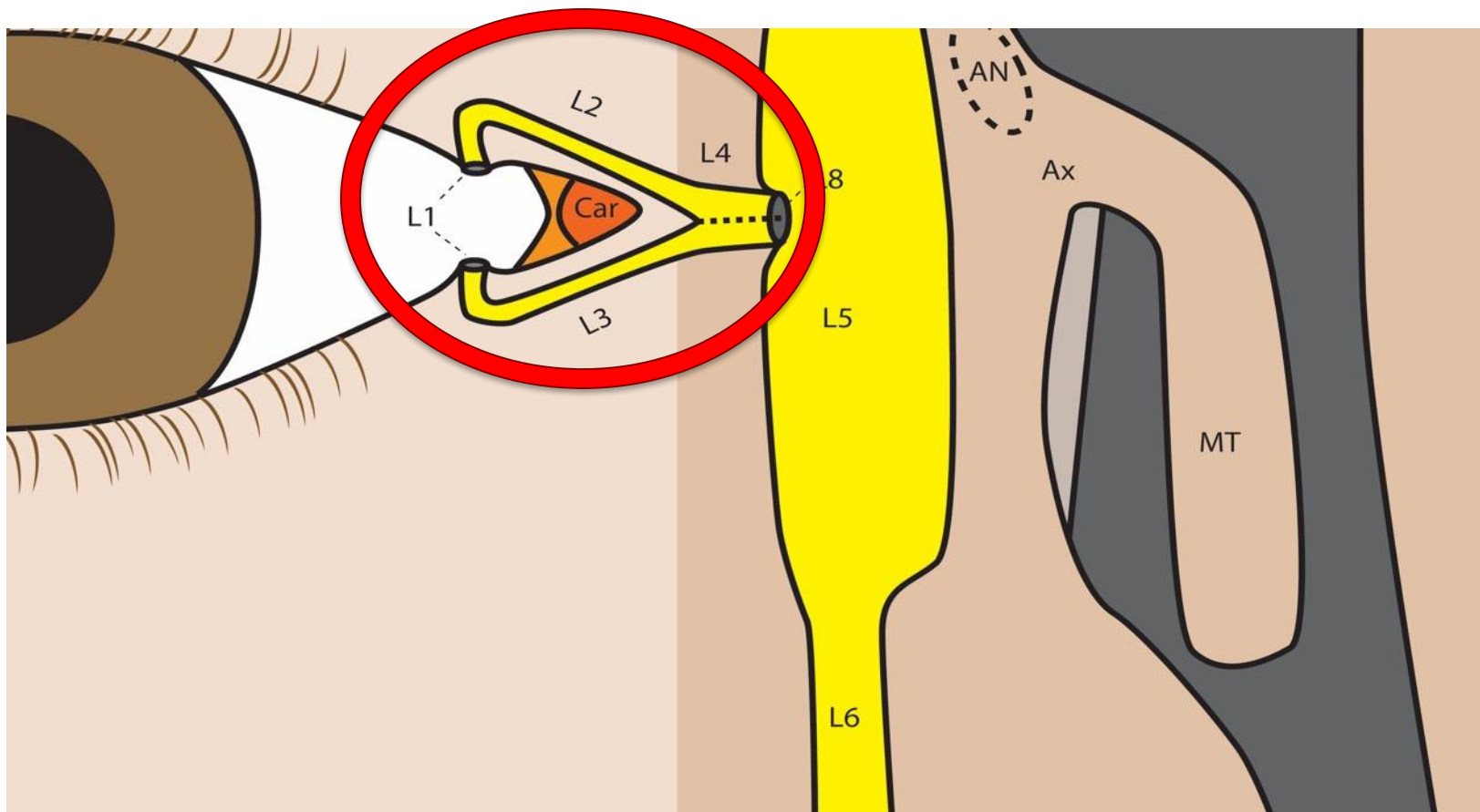




# When Does DCR Not Work?



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# Typical Patient Presentations for Epiphora



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- Babies –
    - Congenital imperforate Hasner's valve
    - Treatment – Tubes only
  - Young Adults
    - Trauma and herpetic canalicular inflammation
    - Jones Tubes
  - Middle aged Women
  - Elderly Women
- Dacryolith
- Stenosis of lacrimal duct
- } Amenable to DCR



# Endoscopic Anatomy of Left Lacrimal Sac



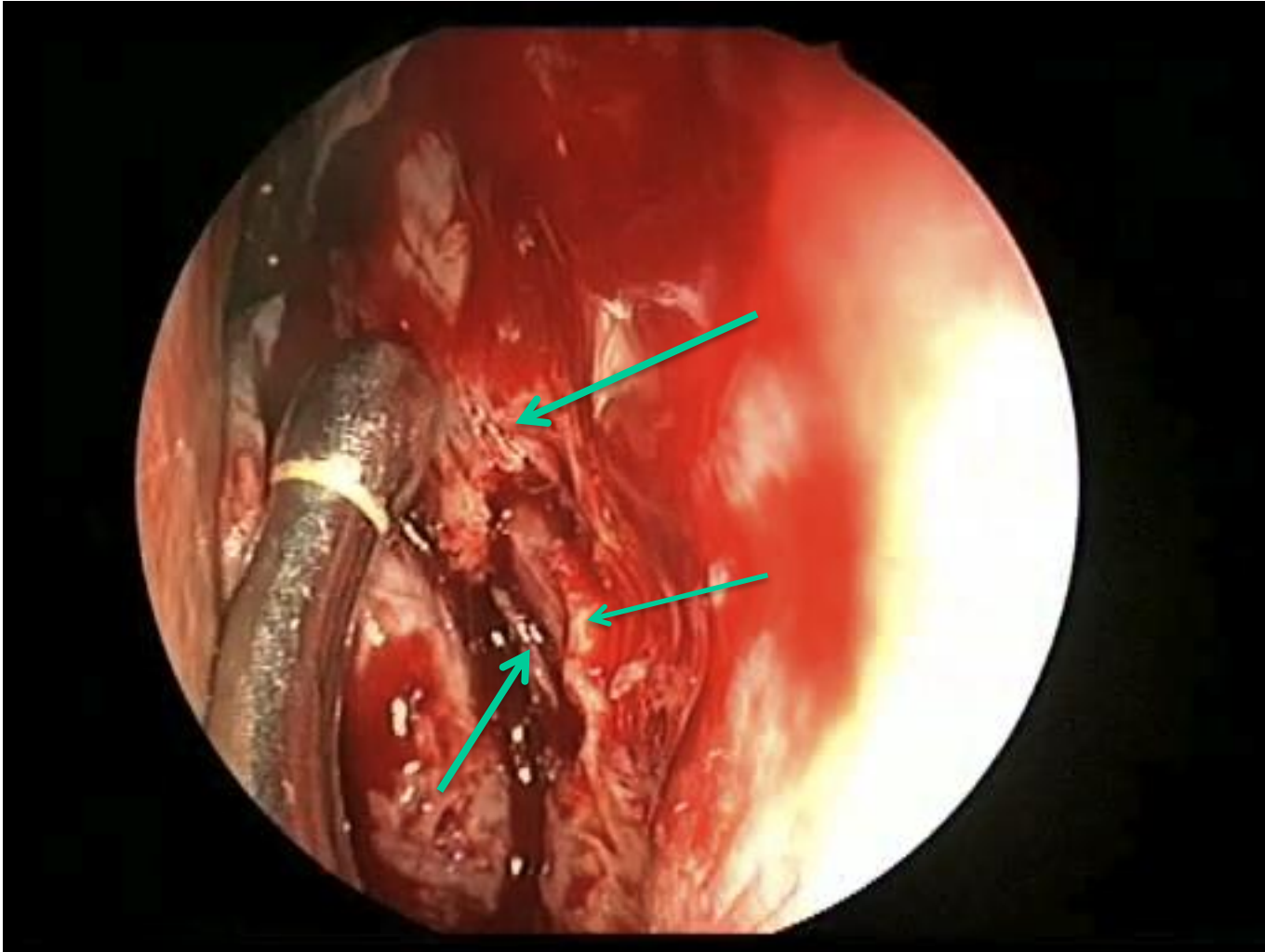
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# Endoscopic Anatomy of Left Lacrimal Sac: [bone yet to be removed]



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# Tubes and Stenting



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- Uncomplicated cases most likely do not require tubes
- Tubes offer little risk if placed correctly
- Can annoy patient/doctor
  
- Tubes are of benefit in complicated cases ---  
inflammatory etiology



# Challenging Cases (our typical case)



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- Sarcoidosis
- Failed previous surgery
- Scarring
- Steroids!
- Extended stenting
- Familiarity with normal anatomy



# Thanks!



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- Phil Chen MD
- Organizers

