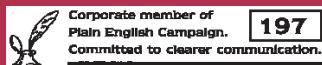


Endoscopic dacryocystorhinostomy

**Understanding NICE guidance –
information for people considering the
procedure, and for the public**

February 2005



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Information from Interventional Procedure Guidance 113

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Issue date: February 2005

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About this information

This information describes the guidance that the National Institute for Clinical Excellence (NICE) has issued to the NHS on a procedure called endoscopic dacryocystorhinostomy. It is not a complete description of what is involved in the procedure – the patient's healthcare team should describe it in detail.

NICE has looked at whether endoscopic dacryocystorhinostomy is safe enough and works well enough for it to be used routinely for the treatment of specific eye conditions (see page 5).

To produce this guidance, NICE has:

- looked at the results of studies on the safety of endoscopic dacryocystorhinostomy and how well it works
- asked experts for their opinions
- asked the views of the organisations that speak for the healthcare professionals and the patients and carers who will be affected by this guidance.

This guidance is part of NICE's work on 'interventional procedures' (see 'Further information' on page 10).

About endoscopic dacryocystorhinostomy

Normally, the tears that wash over the eye drain away through a system that runs from the corner of the eye to the inside of the nose. If there's a blockage in this system (usually in what's known as the nasolacrimal or tear duct), the eye can start watering constantly. Infections can also happen if tears start to stagnate because they can't drain away.

To unblock the area, warm compresses and massage are usually tried first. Sometimes it's also possible to unblock the tear duct by probing it.

If these methods don't work and the symptoms are affecting the person's daily life, surgery may be an option. The aim of endoscopic dacryocystorhinostomy, which is the procedure NICE has looked at, is to make a connection that bypasses the blocked area so that the tears can drain straight into the nose. The patient has a local anaesthetic and then surgical equipment is inserted through the nose. The connection is usually made using a laser or heat. It runs between the nose and the lacrimal sac, which is towards the top of the tear drainage system. Sometimes a silicone tube is inserted to strengthen the connection.

The standard operation for a blockage in the tear duct involves opening up the area rather than working from inside the nose.

How well it works

What the studies said

In one study, endoscopic dacryocystorhinostomy was successful in three-quarters of patients who had it. A year after having the procedure, just over half (59%) of the people who'd had it were free from symptoms such as watering eyes.

In another study, the procedure was successful in around nine out of ten patients. This study was designed to compare the results using lasers with the results using equipment that used heat. The procedure was slightly more successful in people when a laser was used, but the results were very close.

In another study that looked at the results in people with a specific condition called dacryostenosis, 65 out of 78 patients were free from symptoms 1 year after having the procedure. Dacryostenosis is where the system draining the tears has become narrow, making it more difficult for the tears to drain away.

What the experts said

The experts said that endoscopic dacryocystorhinostomy is being used by doctors and that it seems that the chances of it being successful are about the same as for the standard operation. The area may heal more quickly with the new procedure, though.

Risks and possible problems

What the studies said

In studies that looked at endoscopic dacryocystorhinostomy, patients didn't seem to have many problems as a result of the procedure. Some patients had a small amount of bleeding. Problems were not more or less likely if a laser was used. In one study that looked at 78 patients who had the procedure, no one had bleeding or an infection afterwards.

What the experts said

The experts said that infection was possible after the procedure. Also, scar tissue could form where a laser had been used, and this made the procedure less likely to work.

What has NICE decided?

NICE has considered the evidence on endoscopic dacryocystorhinostomy. It has recommended that when doctors use it for people with the eye problems described above, they should be sure that:

- the patient understands what is involved and agrees (consents) to the treatment, and
- the results of the procedure are monitored.

NICE has also said that it's important that doctors who carry out this procedure are trained to do it. The Royal College of Ophthalmologists and the British Association of Otorhinolaryngologists – Head & Neck Surgeons have agreed to produce training standards for doctors.

Other comments from NICE

NICE said that the effects of using a silicone tube to strengthen the connection weren't yet clear. It also pointed out that the evidence it looked at concerned adults and its guidance doesn't cover the use of the procedure in young children with watering eyes.

What the decision means for you

Your doctor may have offered you endoscopic dacryocystorhinostomy. NICE has considered this procedure because it is relatively new. NICE has decided that the procedure is safe enough and works well enough for use in the NHS.

Nonetheless, you should understand the benefits and risks of endoscopic dacryocystorhinostomy before you agree to it. Your doctor should discuss the benefits and risks with you. Some of these may be described above.

Further information

You have the right to be fully informed and to share in decision-making about the treatment you receive. You may want to discuss this guidance with the doctors and nurses looking after you.

You can visit the NICE website (www.nice.org.uk) for further information about the National Institute for Clinical Excellence and the Interventional Procedures Programme. A copy of the full guidance on endoscopic dacryocystorhinostomy is on the NICE website (www.nice.org.uk/IPG113guidance), or you can order a copy from the website or by telephoning the Department of Health Publications Order Line on 0870 1555 455 and quoting reference number N0816. The evidence that NICE considered in developing this guidance is also available from the NICE website.

If you want more information on eye problems, a good starting point is NHS Direct (telephone 0845 4647) or NHS Direct Online (www.nhsdirect.nhs.uk).

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