The practice of dacryocystorhinostomy (DCR) surgery by ophthalmologists in the United Kingdom (UK).

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Abstract

PURPOSE: To study the practice of dacryocystorhinostomy (DCR) surgery by ophthalmologists in the United Kingdom (UK) looking at the evaluation techniques used, surgical variations, and follow-up management of DCR cases.

METHODS: A mail-shot questionnaire was designed and distributed to every UK consultant ophthalmologist on the specialist register held by the Royal College of Ophthalmologists. The questionnaire consisted of eight questions and an image of a typical DCR candidate so respondents could illustrate details of their surgical incision. The data received was entered into a database and analyzed with the SPSS statistical package. The variation in incisions was divided into various sub-types and quantified accordingly. The chi-square test and analysis of variance (ANOVA) were used to calculate significance, which was set at $p < 0.05$.

RESULTS: A response rate of over 75% was achieved amongst the 800 questionnaires dispatched, almost one-third of which perform DCR surgery. Of these, almost 50% were non-lacrimal specialists. The majority never use the endonasal approach, with 59% never performing preoperative nasal endoscopy. Most respondents use a standard incision 10-15 mm long with routine silicone intubation. Lacrimal specialists tended to remove tubes earlier (week 4 to 8) and suture posterior flaps more often than non-specialists. Significant differences in practice were found between lacrimal and non-lacrimal specialists in most parameters, in addition to differences between members and non-members of the National Oculoplastic Surgery Society.

CONCLUSIONS: A minimum of 200 DCR surgeons are practicing in the UK where almost 50% are non-lacrimal specialists. Marked variations exist in the perioperative DCR practice.

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