

Dacryocystoplasty (DCP) by balloon dilatation followed by bicanalicular silicone intubation (IBCN) under regional anesthesia: A simple way to do it!

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Background & Aims: Dacryocystoplasty (DCP) is an interesting alternative in the treatment of acquired partial nasolacrimal duct obstruction. This technique is usually described without the bicanalicular silicone intubation under general anesthesia.

We decided to carry out a comparative study between bicanalicular intubation only, dacryocystoplasty only, and the combination of both techniques (DCP+ IBCN) under regional anesthesia (infratrochlear and infraorbital block) and evaluate the success of this method on a large range of patients.

Methods: This is a prospective study in a single center, Nouvelle Clinique Bel Air, in Bordeaux, France, by a single surgeon, Dr A P FERRON , and one anesthesiologist, Dr. G. DESTRUHAUT . We performed 172 procedures on 137 adult patients between April 2014 and July 2015. Patients with other causes of epiphora were excluded (dry eyes, eyelid malpositions, chronic dacryocystitis , ...).

All patients receive a short sedation by propofol and beneficiate during that time a double troncular anesthesia: an infra trochlear block and an Infraorbital block was performed.

To perform the anesthesia of the nasal fossae, we introduce a gauze tent with an instillation of naphazoline Lidocaine 5%

The surgery was awake, no sedation was added.

Data collected were:

- Patient age
- ASA Status
- Volume of local anaesthetic (LA)
- Propofol sedation (mg)
- Numerical Rating Scale (0-10) at incision (NRS inc)
- Numerical Rating Scale (0-10) at intubation (NRS int)
- Patient satisfaction (Scale 0-10)
- Duration of surgery procedure

Results :

ÂGE	Score ASA	Propofol (mg)	Ropivacaine (ml)	EVS Nasal	EVS (sondage / dilatation)	Durée (min)
59 (+/- 14,1)	1,8 (+/- 0,6)	77 (+/- 13)	5,7 (+/- 0,6)	0,4 (+/- 0,9)	0	7,3 (+/- 2,3)

Discussion: The duration of surgery varied from 5 to 45 minutes (mean 7,3 min). Over the 137 patients included in the study, none had a NRS int >3 and none needed a sedation to complete the surgery.

Patient's satisfaction and acceptance of the procedure was excellent. All patients who had bilateral surgery choose to have the same procedure instead of general anaesthesia.

No complications were noted. The average length of hospital stays was 192 minutes.

Conclusion : The combination of infraorbital and infratrochlear block in addition of nasal dressing is a reproducible and effecient procedure for the Mono or Bicanalicular intubation.