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Comparative study on Dacryocystorhinostomy (DCR) surgery with silicone tube intubation and without silicone tube intubation at Geta Eye Hospital

Ravi Dhar Bhandari, Suresh Raj Pant, Bidya Prasad Pant and Ramesh Chandra Bhatta Geta Eye Hospital, Nepal

Aim: To compare the outcome of dacryocystorhinostomy surgery with silicone tube intubation and without silicone tube intubation at Geta Eye Hospital.

Methods: This is a hospital-based retrospective comparative case study in which data from 87 subjects operated for dacryocystitis were analyzed of which 49 subjects were with silicone tube intubation and 38 were without silicone tube intubation. Study data were obtained from hospital records in which subjects were followed up on one week, one and a half months, and three months postoperatively.

Results: Three months after surgery 72 of 87 (82.76%) were followed up. Of 39 with silicone tube 35 (89.7%) had patent ducts and 33 without silicone tube 29 (87.9%) had patent ducts on lacrimal syringing which was considered as success of the surgery. Only 4 patients in each group 10.3% silicone tube and 12.1% without silicone tube had regurgitation of mucous or pus (failure) on lacrimal syringing. The two groups did not differ significantly on success rate (p=0.54)

Conclusion: Dacryocystorhinostomy with silicone tube intubation and without silicon tube intubation procedure offer similar success rates or outcomes.

Recent Publications

- Liao L S, Kao S C S, Tseng J H S, Chen M S and Hou P K (2000) Results of intraoperative mitomycin C application in dacryocystorhinostomy. Br J Ophthalmol. 84(8):903-906.
- 2. Maniah Qadir, Andleeb Ahangar, Mohamed Ahsan Dar, Sumaya Hamid, Manzoor and Qadir Keng (2014) Comparative study of dacryocystorhinostomy with and without intraoperative application of Mitomycin C. Saudi Journal of Ophthalmology 28(1):44-48.

- 3. Allen K and Berlin A I (1989) Dacryocystorhinostomy failure: association with nasolacrimal silicone intubation. Ophthalmic Surg. 20(7):486-489.
- 4. Walland M J and Rose J E (1994) The effect of silicone intubation on failure and infection rates after dacryocystorhinostomy. Ophthalmic Surg. 25(9):597-600.
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Biography

Ravi Dhar Bhandari has completed his MD at Lumbini Eye Institute, Lumbini, and at Geta Eye Hospital, Kailali, Nepal as a General Ophthalmologist. He has completed his fellowship in Glaucoma and Cataract (Phacoemulsification) at Aravind Eye Hospital. He has joined Ramlal Golchha Eye Hospital, Biratnagar, Nepal as a Medical Director. After finishing term at Ramlal Golchha Eye Hospital he has returned to Geta Eye Hospital as a Glaucoma and Cataract Consultant. He has reviewed articles for *International Journal of Ophthalmology* since last four years. He is the Editorial Board Member of *Journal of Ocular Sciences and Ophthalmology.* He has Published research in domestic and foreign journals as well presented them in national and international conferences. He is the invited as a Chair of the session at World Ophthalmology Congress 2018, Barcelona, Spain. His clinical fields of interest include glaucoma; cataract; oculoplasty; lacrimal drainage system; neurophthalmology and ocular oncology.

drravi_np@hotmail.com