

D.C.R. SURGERY DOUBLE FLAP VS SINGLE FLAP WITH INTUBATION : A COMPARATIVE CLINICAL PROFILE

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Abstract

In the present study 68 cases were operated upon by single flap (with intubation) and double flap suturing techniques (34 cases operated by each technique). The results were evaluated by syringing and dacryocystography after an average followup of 48 weeks. On the whole, irrespective of the technique used, the success rate achieved was 83.3%. The single flap technique yielded comparatively better (85.3% success rate) results than the double flap suturing technique (82.4% success rate), but the quality of results were better with double flap method. Maximum failures occurred between 12th and 16th post operative weeks. Earliest failure was seen during 3rd postoperative week. No significant correlation could be established between ostium size and the success. The common complications with significant bearing on results were post operative wound infection, haemorrhage and (ethmoidal) sinusitis. Defective flaps were also found to be notorious. Occlusion of passage by soft tissue growth was the most common finding among the failed cases. Intubation among cases operated by single flap technique was well tolerated.

Key words - Single flap suturing; double flap suturing, intubation, ostium size, complications.

INTRODUCTION

In 1904, Totl introduced the external Dacryocystorhinostomy (DCR) surgery for the obstruction in nasolacrimal duct. This original procedure required the resection of medial lacrimal sac wall, the bone underlying lacrimal fossa and the nasal mucosa attached to it. No suturing, except that of external incision was done. Ohm (1926) improved the procedure by suturing the edge of nasal mucosa to the lacrimal sac mucosa. Dupuy-Dutemps (1921) further refined the approach by dissecting out and anastomosing the anterior and posterior flaps

from the lacrimal sac mucosa to the same from nasal mucosa.

Presently the controversy exists regarding the use of single anterior or posterior flaps or combined anterior and posterior flaps for anastomoses from lacrimal sac and nasal mucosa. Works of Linberg and Burmsted (1982), Illiff (1971), Plco (1971), Leone et al (1979) have suggested that all three procedure gave similar results.

The present study is also intended to work out the facts to the end that how far the use of above variations in mucosal flaps suturing have bearing on the over all results of D.C.R. Surgery. In this study in all the patients operated by anastomosing single anterior or posterior flaps intubation was also done through lower canaliculus, and the passage created by DCR surgery to the nostril of same side.

MATERIAL & METHODS

In the present study 68 cases were selected from the outpatient clinics of the department, of ophthalmology, B.R.D. Medical College in Gorakhpur city and M.G. Institute of Medical Sciences, Sevagram, Wardha. All the patients had distal obstruction of nasolacrimal duct. The selected cases, after detailed history taking, examination and investigation (by syringing, dacryocystography and detailed ENT check up) were operated upon under LA. The standard conventional Double flap and Single flap suturing technique was used. In all cases operated by

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