

Postoperative Evaluation of Skin Incision in External Dacryocystorhinostomy

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Purpose: To evaluate the appearance of the skin incision in external dacryocystorhinostomy 6 weeks and 6 months after surgery.

Methods: A prospective, interventional, noncomparative case series of consecutive cases of external dacryocystorhinostomy was performed by 3 surgeons. At 6 weeks and 6 months after surgery, patients were asked to grade their incision, and standardized photographs were evaluated by 3 blinded observers.

Results: Thirty-four consecutive patients were admitted and followed for 6 months. Six weeks after surgery, 9 of 34 patients could not see their incision site (26%), 13 of 34 graded it as minimally visible (38%), 9 of 34 (26%) graded it as moderately visible, and 3 of 34 patients (9%) graded it as very visible (grade 3). Two of 34 patients (6%) were not satisfied with the appearance of the incision. Six months after surgery, 15 of 34 patients (44%) could not see their incision site (grade 0), 16 of 34 (47%) graded it as minimally visible, 3 of 34 patients (9%) graded it as moderately visible, and no patient graded it as very visible. All patients were satisfied with the appearance of their incision. Photographic evaluation of patients 6 weeks after surgery by the 3 observers showed an average score of 1.12, 1.18, and 1.24. There was not a statistically significant difference between the observers ($p = 0.95$). At 6 months after surgery, the average scores were 0.56, 0.74, and 0.79. There was not a statistically significant difference between the observers ($p = 0.43$). The change in appearance of the incision at 6 weeks and at 6 months was statistically significant ($p < 0.044$), as evaluated by patients and observers ($p < 0.001$).

Conclusions: The skin incision in external dacryocystorhinostomy is satisfactory to most patients. Its appearance is improved with time; 86% of the incisions were graded invisible or minimally visible by observers and 91% by patients after 6 months.

External dacryocystorhinostomy (DCR) is the gold standard treatment for acquired nasolacrimal duct obstruction.¹ It can be performed safely in elderly patients under local anesthesia, with minimal blood loss, low economic cost, and a high success rate.²⁻⁶ A visible skin

incision is usually mentioned as one of the disadvantages associated with this procedure and is used as a reason to recommend endonasal or other nonincisional techniques.⁷⁻¹² We conducted a prospective study to evaluate the appearance of the skin incision used in external DCR at 6 weeks and 6 months after surgery in two ways: Three blinded, independent observers evaluated photographs, and the patients subjectively evaluated their own incision.

METHODS

Thirty-four consecutive patients with acquired nasolacrimal duct obstruction were included in the study from three different practices. Patients were excluded if they

Accepted March 26, 2004.

Presented at the American Society of Ophthalmic Plastic and Reconstructive Surgeons Meeting, Anaheim, California, U.S.A., November 14, 2003.

The authors have no financial interest in any of the products or procedures described in this manuscript.

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DOI: 10.1097/01.IOP.0000134274.46764.FC