CORRESPONDENCE

DACRYOCYSTORHINOSTOMY

To the Editorial Committee of the BRITISH JOURNAL OF OPHTHALMOLOGY

SIRS—Romanes (1955) has described an incision for this operation which is placed quite far forward on the side of the nose and is almost vertical. A rough picture of this incision has been shown in a recent book on plastic surgery together with an indifferent description of the operation, which has been absorbed, it seems, for no apparently good reason, into the widening frontiers of this branch of surgery.

I feel challenged to defend the old incision which conforms to and is about 2 mm. medial to the curve of the anterior lacrimal crest. Most incisions in eyelid skin heal well and in a few weeks are invisible or almost so. Such is generally the case with a carefully made incision over the anterior lacrimal crest which has been accurately sutured in two layers. The majority of such scars are quite inconspicuous. Mr. Romanes states that this curved incision "is under tension as it is crossing a relative cavity. This condition is responsible for a tendency to the formation of keloid". After the orbicularis muscle has been sutured, the skin edges become almost approximated and easily come together without the slightest tension. The cavity over which the orbicularis and skin are sewn is indeed quite "relative" when the depth of the wound is packed with gelatine sponge and a firm pressure dressing has been applied.

Although I have not seen as many as fifty patients with the vertical incision at the side of the nose, those who have presented themselves for attention have all had a visible scar. Moreover this incision takes the operator either among or unpleasantly close to the angular vessels, whereas such a vascular embarrassment is avoided by the curved incision over the anterior lacrimal crest.

I doubt the value of suturing a No. 3 Jacques catheter into the ostium. The results, about 90 per cent. relief from epiphora and discharge, are as good without the irritation of this intra-nasal foreign body as with it. The ostium may be kept clear of clots by gentle swabbing with cotton applicators moistened in ol. parolein when the necessity arises. The site of the anastomosis may be inspected either by illumination from a urethroscope or by Rycroft's rhinostomy lamp.

The presence of a catheter will not stop oedema around the end of the canaliculus which usually subsides in a week and permits the passage of a cannula for gentle irrigation of the anastomosis.

Yours faithfully,

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REFERENCE

ROMANES, G. J. (1955). *British Journal of Ophthalmology*, 39, 237.