The failure of D.C.R. is rare occurring in most series in less than 10% cases. The management of unsuccessful D.C.R. poses a therapeutic problem. In failed cases when the site is explored one can observe growth of granulation tissue in raw areas.

This process is usually done under local anaesthesia but general anaesthesia is preferred in children. For local anaesthesia, we give 2% Xylocaine with adrenaline (1:1000).

Our present study consists of total 80 cases of chronic dacryocystitis, out of which 20 cases were operated by conventional D.C.R. method and rest 60 cases were put nasal implants. In our study we used "PAWAR" implant. The cases were divided into 2 groups.

**Group A:** Consists of 20 cases of chronic dacryocystitis where conventional method of dacryocystorhinostomy was adopted. In this group out of 20 patients, 2 patients get affected by as shown in sub-group (i) and bilateral chronic dacryocystitis and 18 patients with unilateral dacryocystitis as shown in sub-group (ii).

**Sub-group (i):** consists of two patients having bilateral chronic dacryocystitis.
**Sub-group (ii)** - consists of 18 patients having unilateral chronic dacryocystitis.

**Group B** - It consists of 60 cases of chronic dacryocystitis where D.C.R. implant operations were performed. It is sub-divided into 3 sub-groups as follows:

**Sub-group (i)** - consists of 5 cases of chronic dacryocystitis having bilateral involvement.

**Sub-group (ii)** - consists of 45 cases of chronic dacryocystitis where unilateral involvement occurred.

**Sub-group (iii)** - consists of 10 cases where already D.C.T. was done.

Out of 80 cases which were followed-up for a period of 3-6 months, 20 cases were operated by conventional D.C.R. method, 50 cases were operated by D.C.R. with implants, and 10 cases were operated by D.C.R. with implant, where already D.C.T. was done. Following conclusions were drawn -

1. Chronic dacryocystitis is the disease which is more common in young adults ranging between 21-40 years.

2. Chronic dacryocystitis is the disease which is involving left side more than right eye.

3. Most common site of obstruction was found at the junction of lacrimal sac and naso-lacrimal duct.
4. Females are more commonly affected probably due to long and narrower lumen of the bony lacrimal canal.

5. Diseases of the conjunctival sac and paranasal sinuses also contribute in the obstruction of naso-lacrimal passage.

6. Bleeding occurred during operation was much more in conventional D.C.R. method than the D.C.R. implant method.

7. Conventional D.C.R. is a time consuming process than D.C.R. implant method.

8. The mobility of patient was observed earlier where D.C.R. implant method was adopted than the conventional D.C.R. method.

9. D.C.R. implant method can also be adopted where in patients D.C.T. was already done.

10. D.C.R. implants are very useful cosmetically than conventional D.C.R. method.

11. The patency of naso-lacrimal duct was observed much better results are seen in D.C.R. implant method than the conventional D.C.R. method.

Thus, the D.C.R. implant method is better than the conventional D.C.R.