**Introduction:** Congenital nasolacrimal duct obstruction that fails to resolve spontaneously by 12 months of age is treated with probing, intubation, or balloon dilation of the nasolacrimal duct. When probing fails, external approach, or in some cases endoscopic-endonasal dacryocystorhinostomy may be offered. In this study we report a case series of children undergoing non-endoscopic-endonasal (without an endoscope) dacryocystorhinostomy (NEN-DCR).

**Methods:** Children undergoing an NEN-DCR for failed probing and intubation were identified from the surgical database and retrospectively reviewed. Data was collected on the gender, laterality, age at surgery, previous surgical procedure, and postoperative outcomes. NEN-DCR in this study was performed by the same 2 ophthalmic surgeons in all cases under general anaesthetic. The procedural steps are outlined in figures 1-11.

**Results:** There were 5 patients: 4 males and 1 female who had a total of 6 NEN-DCR procedures. The mean age at time of NEN-DCR: 5.2 years. All patients required previous interventions: syringe and probe and/or probe and intubation. Mean post-operative removal of silicon tubes was 4.7 months. Total average post-operative follow-up: 6.7 months. 4 out of 5 patients had symptom resolution. 1 patient was lost to follow up but reported minimal symptoms at last visit.

**Discussion:** The majority of patients who underwent NEN-DCR had good outcomes. Although one patient required a re-operation and had subsequent failure of treatment, there were no post-operative complications or need for additional treatments or hospitalizations.

**Conclusions:** NEN-DCR is a promising, safe, and minimally invasive approach to children with nasolacrimal duct obstruction that requires simple, inexpensive instrumentation.

**References:**