ENDOSCOPIC SINUS SURGERY

Sinus surgery is usually done under general anesthesia. Patients may be irritable for several hours after surgery. Some may remain sleepy for much of the rest of the day. Nausea and vomiting are occasionally seen and often improve by the evening of the surgery without intervention. Some surgeries are done with image-guidance systems to improve accuracy. Some surgeries are done with balloon sinuplasty (balloon catheters gently enlarge openings into the sinuses) to minimize trauma to surrounding tissue.

BEFORE SURGERY: No aspirin, Motrin, Ibuprofen, Advil, or any other anti-inflammatory medicine for one week before and one week after surgery. Also avoid Vitamin E, herbal supplements, herbal teas, and red wine for one week prior to surgery. Tylenol is permitted at any time. If you take Coumadin or other blood thinners please discuss this with your surgeon. Please do not eat or drink anything after midnight the night before surgery, but you may take any prescription medicines the morning of surgery with a sip of water. The hospital or surgical center will call you the day before with time and instructions for surgery. Please make arrangements for a ride home after surgery, as you will not be able to drive.

PAIN AND PRESSURE are the most common symptoms. A feeling of severe congestion and frequent headaches are also to be expected. Ice packs across the bridge of the nose and the cheeks for 15 minutes up to every hour or two for the first three days after surgery will ease pain and keep swelling down.

DIET may be resumed as soon as the patient feels up to it. It is advisable to eat a few small bland meals (i.e. saltines, chicken soup) before resuming a regular diet.

BLEEDING from the nose is common and you will probably be sent home with a drip pad under your nose. If you are soaking this pad, changing it more than every 15 minutes, or if you have excessive blood in the back of your throat, call our office. An over the counter nasal decongestant spray, such as Afrin, will help decrease the bleeding. To use the Afrin squeeze two generous sprays into each nostril every 5 minutes. Repeat three to four times.

NASAL OBSTRUCTION will be present for several weeks. Dissolvable packing is usually placed in the sinus openings, and the remnants of this are cleaned out a week or two after surgery. If your septum was straightened at surgery, silicone splints may be left in place for 4-5 days. After these are removed, the congestion is due to post-operative swelling and mucous/blood crusting. Sleeping with your head elevated about 30 degrees by a stack of pillows or sleeping in a reclining chair will help with the discomfort. Use over the counter nasal saline (salt water) spray every hour while you are awake. You do not need to wake up at night to use it. If you do not already have a sinus rinse kit then purchase a Neilmed Sinus Rinse Kit from the pharmacy and use it according to the directions beginning on the day after your surgery. If you are experiencing dry mouth while sleeping, use a cool mist humidifier to help alleviate the discomfort.

FEVER is fairly common the day after the surgery. If a fever of more than 101.5 persists for more than 1-2 days, call our office.

MEDICATIONS Pain medication will be given to you to help control pain and an antibiotic will often be given to help prevent infection. Please take these as directed and finish all your antibiotics. As discomfort decreases you may alternate between Tylenol and the pain medication. Do not take them at the same time. Do not take the pain medication on an empty stomach; doing so can induce nausea and vomiting. Do not use ibuprofen (Motrin, Advil, or other anti-inflammatory medication) for at least one week before and two weeks after surgery as this can cause bleeding. Pain medications are constipating. Please use a laxative if you are prone to constipation or find that you need to use pain medication regularly.

RISKS Sinus surgery has the rare risks of damage to the eye or eyes causing double vision or blindness, or damage to the brain causing drainage of cerebrospinal fluid, and the risk of meningitis, brain abscess, damage to brain tissue, and possibly death. Further surgeries and medications may be required. Damage to the nasolacrimal duct can occur requiring placement of a stent from the corner of the eye to the nose to prevent the tear duct from scarring closed. Scarring after sinus surgery may occur, narrowing the openings made at the time of surgery. Sinus infections can still occur even after surgery, but should be less frequent and treated more easily. Again, further surgery may be required. Congestion and poor sense of smell may continue even after surgery.

GENERAL INFORMATION • DO NOT drive, make important decisions, use power tools, drink alcohol, tend children, or climb ladders for the first day or two after surgery. Your judgment or alertness is probably seriously impaired. • Fainting or lightheadedness may occur. Use caution and move slowly when getting up from a bed or chair. • Avoid strenuous activities or lifting any object heavier than 20 pounds for the next 2-3 weeks. Avoid bending at the waist as much as possible. These may contribute to bleeding. • Call our office with any questions or concerns. • In case of emergency go to the nearest Emergency Room or call 911.

FOLLOW UP APPOINTMENTS ARE IMPORTANT. Please schedule your follow up appointment for 1 week from your surgery. This is usually done at the time of your surgery scheduling or at your pre-operative appointment. If it was not please call to schedule or have them schedule when you are in the hospital recovering from your surgery and before you leave the hospital.