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ENDOSCOPIC SINUS SURGERY INSTRUCTIONS INSTRUCTIONS PRIOR TO SURGERY

NO ASPIRIN OR ASPIRIN CONTAINING PRODUCTS TEN DAYS PRIOR TO SURGERY

I. Endoscopic Sinus Surgery allows for directed opening of the anatomic sinus passages, allowing for removal of polyps, opening medically irreversible blockages of the sinuses, and drainage of mucus and pus as well as for biopsy and removal of abnormal tissues. Sinus endoscopes along with monitors allows for good visualization of the anatomy. Specific forceps, suction and microdebriders aid in the removal of diseased tissue using microsurgical techniques. The purpose of the surgical technique is to restore the proper drainage pathways of the complex sinus anatomy so that secondary disease within the sinuses will improve spontaneously over several weeks with appropriate postoperative care. This technique offers the advantage of quicker recovery, less discomfort and in many cases minimal or no packing.

II. Please read and familiarize yourself with these instructions both **BEFORE** and **AFTER** surgery. By following them carefully, you will assist in obtaining the best possible result from your surgery. If questions arise, do not hesitate to communicate with your doctor and discuss your questions at any time. Take this list to the hospital with you and begin observing these directions on the day of surgery.

III. You will report to the hospital according to the instructions given to you by our office. If you are to have a cold or fever, notify us. We would prefer to delay the surgery until your health is improved.

IV. Please remove all jewelry including **all** body piercings.

V. Some patients are given prescribed medications to be taken as directed prior to surgery. The medications you are normally taking should be continued the morning of surgery with a sip of water (except for those on the list to be avoided).

INSTRUCTIONS FOLLOWING SURGERY

I. Every operation is accompanied by some swelling of the surrounding tissues. This is usually greatest the second and third days after the operation. The largest amount of this will subside within a week. There are several things you can do for the first week which will help the swelling to subside.

1. During the day stay upright as much as possible.
2. Sleep with the head of the bed elevated with 2-3 pillows or with a suitcase between the mattress and boxspring.
3. Avoid bending over or lifting anything heavy.
4. Avoid any activity that may cause nasal trauma.

II. Nasal care:

1. Do not blow nose for one week and then you may blow both sides at the same time.
2. Avoid sneezing – if you have to sneeze, “sneeze” through your mouth.
3. During the first night after surgery you can expect that there will be bleeding from your nose.. You will have a drip pad underneath the nose which may have to be changed 7-10 times during the night. You should be sleeping with your head up on an extra pillow which will help the drainage to flow into the drip pad.
4. If you have packing in your nose, you will be breathing through your mouth. Therefore, your mouth may become very dry. Avoid dry foods as they may be difficult to swallow. Try cool, moist foods (e.g., pudding, applesauce, water ice, etc.). Avoid carbonated beverages.
5. If you had nasal packing inserted at the time of surgery you will need to remove these packs on the first or second day after surgery or as directed by your doctor. The nasal packs are essentially slender sponges (tampons) with strings which are taped (attached) to your nose or cheeks. Sit up leaning over the bathroom sink (a soup bowl) and detach the tapes holding the strings. Using a firm steady pull (very firmly and gently pull the strings down towards your lips which will) remove the sponges and allow them (sponges) to fall into the sink (soup bowl that is placed in front of you). Lean over and let the blood drip into the sink (soup bowl) until it clots and stops. This could take up to 15 minutes. Sit up and place a drip pad under your nose and use it as long as you have any dripping. You may need to change the drip pad as often as every hour.
6. Some blood tinged drainage can occur from the front of the nose or down the throat for approximately two weeks or longer. You can use the drip pad as necessary. If the dressings stick to your nose, you can loosen it with a few drops of peroxide. You can expect headaches.
7. During the first week following surgery, you may gently spray nasal saline (Ocean, Ayr, etc) in your nose to help gently remove crusts and debris. Bend over and apply 2-3 sprays in each nostril several times a day as long as there is minimal discomfort. At your first postoperative visit, one week later, your surgeon will decongest your nose and sinuses and perform an endoscopic cleaning. After that visit, you will be encouraged to faithfully perform hypertonic nasal saline irrigations with a baby bulb syringe, which is critical in achieving a good result. Please be sure that you have the specific additional instruction sheet.

III. Other:

1. No swimming, gym or strenuous activity for two weeks. No diving or water skiing for one month. Avoid exertion.
2. Smoking and alcohol should be avoided for two weeks postoperatively.
3. Avoid taking Aspirin, Advil (Ibuprofen) for ten days after surgery.
4. Continue medication prescribed when you leave the hospital, as directed, until the supply is exhausted.
5. It is wise not to pick up small children for two weeks after the operation as they may accidentally hit your nose.
6. Report any of the following:
 - a. Any rise in temperature over 102.
 - b. Any injury to your nose.
 - c. Any heavy severe bleeding that does not stop within 15 minutes.

RISKS OF SINUS SURGERY

Bleeding:

Bleeding is a potential risk in most forms of sinus surgery. Although the risk of bleeding appears to be reduced with the endoscopic (this) technique, on occasion significant bleeding may require termination of the procedure and the placement of nasal packing and completion of your surgery in a second stage at a later date. Bleeding following surgery may require the placement of packing and hospital admission. Blood transfusion is very rarely required.

Failure to cure the problem or recurrent disease:

As in all sinus surgery, it is possible that the disease may not be cured by the operation or that recurrent disease may occur at a later time. This is especially true with severe polyp disease associated with asthma. In this case, continued medical therapy will be required with the potential of subsequent surgical procedures. It is important to realize that the endoscopic procedure is only one part of the total treatment of sinus disease, which may also include treating allergy, reflux disease, asthma as well as multiple other medical conditions.

Postoperative discharge:

Some bloody post-nasal discharge may occur for approximately two weeks after this procedure. This is normal and slowly resolves. You should not blow your nose for approximately one week following the procedure.

Spinal fluid leak:

All operations on the ethmoid, frontal and/or sphenoid sinuses carry a rare chance of creating a leak of spinal fluid (the fluid that surrounds the brain). Should this rare complication occur, it creates a potential pathway for infection which could result in meningitis. If a spinal fluid leak should occur, it would extend your hospitalization and might require further surgery to repair the leak (for its closure), should it not close spontaneously. In general, the risk of spinal fluid leak is considered somewhat higher when ethmoid surgery is performed through the nose rather than by an external incision. However, the use of endoscopes allows improved visualization and therefore should potentially reduce the risk of this complication.

Loss of vision:

Occasional cases of visual loss have been reported after sinus surgery. Although the loss of vision would usually only involve one side, the potential for recovery is not good. Fortunately, such a complication is extremely rare. Temporary or prolonged double vision has also been reported after sinus surgery.

Risks of anesthesia:

General anesthesia is the preferred method for endoscopic sinus surgery. The techniques involved use short acting medications so that the surgery can be safely performed on an outpatient basis unless you have complicated medical conditions. Adverse reactions to general anesthesia do occasionally occur, and although unusual, could be serious. You will have the opportunity to discuss this further with your anesthesiologist on the day of surgery

Blood transfusion:

Blood transfusion is rarely required, but if necessary carries a risk of adverse reaction or the transfer of infection.

Other risks:

Tearing of the eye can occasionally result from sinus surgery or inflammation and may be persistent.

Numbness or discomfort in the upper front teeth may occur for a period of time after some procedures. Occasionally some swelling, bruising or temporary numbness of the lip, or swelling or bruising of the area around the eye may occur. Blowing your nose in the early postoperative period might result in a temporary collection of air under the skin and facial swelling for a period of time. Although the purpose of surgery is to reduce or eliminate the symptoms of chronic disease, should it not be successful, the symptoms could be unchanged or become worsened. These symptoms include further sinus pain or discomfort, increased nasal obstruction or prolonged increase in post-nasal discharge. Decreased sense of smell is also a possibility.

ALTERNATIVES TO SURGERY

In most cases, medical therapy is the first form of treatment for sinus disease, and in most cases it is possible to continue to treat the disease medically. Alternative forms of surgery are also available, and you should discuss these further with your surgeon if you so wish.