



SINUS SURGERY

The nasal cavity and the four sinuses on each side may be compared to a hallway (nose) and four rooms (sinuses) with a small opening between them. Sinus disease is usually related to polyps, acute or chronic infection, and rarely tumors. It may cause obstruction, drainage, foul smell or decreased smell, pain and sometimes bleeding. The diagnosis of sinus disease is confirmed by routine x-rays or a CT scan. Surgery is performed to remove or reduce disease in the nose and/or sinuses. Many times allergies contribute to the onset or continuation of nasal and/or sinus disease. Surgery will not remove allergic disease, but most often allergies can be better managed when polyps and infections are removed and/or controlled.

Endoscopic sinus surgery is performed entirely through the nose and is done with a telescope and specially designed instruments. In order to carry out sinus surgery, it is often necessary to remove an obstructing portion of cartilage and/or bone in the nasal septum (the divider between the two sides of the nose.)

No surgeon can ever guarantee results but when carefully selected and adapted to the patient's problem, surgery is usually quite successful. Possible complications of any operation can be excessive bleeding, infection, or anesthesia complications. Two uncommon complications of sinus surgery (particularly ethmoid or sphenoid surgery) are visual abnormalities, including blindness, leakage of cerebral spinal fluid, tear duct obstruction, and loss of smell. Surgery of the nasal septum can rarely result in a permanent opening between the two nasal cavities.

WHAT TO EXPECT AFTER ENDOSCOPIC SINUS SURGERY

1. Nasal Drainage

Right after surgery, you will have drainage from your nose. At first, there may be a small amount of bright red bleeding, but do not be alarmed. A small amount is normal and may continue through the first week. A gauze dressing will be placed on your upper lip to absorb this drainage. It may be necessary to change the dressing several times on the day of your surgery. Any bright red bleeding that lasts more than ten minutes, or is heavy, should be reported to your physician immediately. Old blood, which accumulated during surgery, is dark reddish-brown. It will drain for a week or more. This is normal. Drainage may continue for several weeks. The drainage may be thicker and yellow-green in color. This is also normal and is not a sign of infection.

2. Nasal Congestion

For the first week after surgery, your head will feel stuffy. This is because you will have swelling of the mucous membranes of your nose. This is normal and expected. The stuffiness will gradually decrease over the next few weeks, so please be patient. After this, an improvement in your nasal breathing should be noticed. Nasal packing may or



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may not be left in place after surgery. If you do have this packing, you will need to return when recommended to have it removed by your physician.

3. Discomfort After Surgery

There is some discomfort after surgery. Rather than actual pain, it is more of an ache or pressure. This pressure may increase somewhat during the first week. This is due to increased swelling and the accumulation of sinus secretions. If a pain medication is prescribed, take as ordered. If none was ordered, take acetaminophen (Tylenol) according to package directions. Do not take Ibuprofen, aspirin, or medications that contain aspirin. These products may increase bleeding. It may take five to six weeks or more for full recovery. Please be patient during this time.

4. Medications

Take all medications as prescribed by your physician. You will need to use a saline solution or irrigation post-operatively. It will help to keep the nose clean. To help your nose and sinuses heal faster, clean your nose as instructed and take all medication as prescribed. (Salt Water Irrigation, sometimes a Water Pik with a special tip, is used. Ask your physician about this procedure.)

If you are to use salt water irrigation:

1. Obtain an adult size soft ear bulb syringe from your pharmacy.
 2. Mix three-fourths (3/4) teaspoon salt and one (1) teaspoon baking soda into two (2) cups warm water.
 3. Draw the solution into the bulb syringe.
 4. Stand over a sink. Bend your head forward and instill a bulb-full into one nostril.
 5. Open your mouth. Let the solution run into the sink from both your nose and mouth.
 6. Vigorously flush each nostril with two (2) bulbs-full of solution.
 7. Perform the irrigations 2 or 3 times or more a day until you are instructed to stop.
- After one or two weeks, the liquid should be clear after the flushing.

5. Post-Operative Visits

It is very important to keep all appointments after surgery. At these visits, the physician will clean and examine the operative area. This cleaning prevents scarring. These appointments start about seven days after surgery. The frequency of the visits varies depending on your rate of healing. As a general rule, you can expect three visits during the first month after surgery. We recommend that you eat before arriving for your appointment. Also, take your pain medication one hour prior to the first few visits. If you are taking Tylenol with codeine or other narcotic, have someone drive you. This medication may cause drowsiness.



PRECAUTIONS DURING THE FIRST WEEK

1. **Activity:** Even though your surgery may seem minor, your body needs additional rest for healing. You should stay at home for one day. Observe for bleeding during that time. Call your physician immediately if you have any bright red bleeding which lasts longer than 10 minutes or if bleeding is heavy. If the surgery is done under local anesthesia, you should gradually increase your activities over three to four days. If general anesthesia is used, increase your activities over a one-week period. Physical activity (swimming, jogging, exercise) may be resumed after two to three weeks if approved by your surgeon.

2. **Do Not Blow Your Nose.** It is important that you do not blow your nose. Blowing the nose places too much pressure on the operative site. It may cause bleeding. Usually, you may gently blow your nose after the first post-op visit.

3. **Sneezing:** If you must sneeze, do so through your mouth with your mouth open. Sneezing through your mouth reduces pressure and discomfort of the operative site.

4. **Do Not Lift Heavy Objects: Avoid bending over and lifting heavy objects (over 5 pounds) during the first two to three weeks after surgery. These activities place pressure on the operative site and may cause bleeding.**

SUGGESTIONS FOR COMFORT

1. Keep your head elevated on three pillows. This position will help decrease swelling and allows for better drainage of nasal discharge.
2. Use of a cool vapor humidifier at your bedside for the first week after surgery may be beneficial. This will help loosen secretions and prevent crusting of the nose.
3. Take all medication as prescribed.

CALL YOUR PHYSICIAN IMMEDIATELY IF YOU HAVE ANY OF THE FOLLOWING:

1. Any vision problems, such as:
 - Loss of vision
 - Double vision
 - Black eyes
 - Bulging of one or both eyes
2. Neck stiffness (you are not able to touch your chin to your chest) in addition to fever, confusion, and marked headache.
3. Fever over 102 degrees.