

## INSTRUCTIONS FOR ENDOSCOPIC SINUS SURGERY

Endoscopic sinus surgery is indicated for chronic sinus infections or infections that keep recurring. Usually the CT scan has shown a blockage in the drainage area between the nose and the sinuses. Several sinuses drain in one area of the nose. This area is covered by a structure called the middle turbinate. Often, this has been degenerated with polypoid changes or scarring from recurrent infections, or occasionally just an abnormality that you may have been born with. This surgery is done in the operating room. Fiberoptic scopes are used, thus enabling smaller incisions. The scopes also enable looking around corners, and in conjunction with other instruments can enable removing polypoid tissue from far reaching areas without having to make large incisions in the mouth or face.

This surgery is sometimes done in conjunction with a nasal septoplasty. The reason for this is that the bone and cartilage structure that divides the nose in half internally may be crooked and may be pushing on the middle turbinate, thus blocking the opening to the sinuses. This correction of this defect will improve breathing, and also enable the instruments to access the sinuses.

How long will the surgery take? The surgery may take as short as 40 minutes, but more commonly takes an hour and a half, and may be as long as two and a half to three hours, depending on the amount of work that needs to be done.

Will I have any scars on my face? No, you will not have any scars on your face. You will have minimal swelling of your face after the surgery. This will gradually subside over the next week to 10 days.

What are the risks of surgery? The risk of the surgery include bleeding. Infection is unusual. You are usually covered with an antibiotic for 10 days following the surgery. Most of the surgeries are done to prevent infections, and sometimes for chronic infections, so there may be a residual infection that we are working on clearing at the time. Thus, coverage with antibiotics usually covers that. There have been very few reports of blindness with this surgery. The cause is unknown. There are some theories that it may relate to anesthetic that is injected into the nose, getting spread to the vessels that supply the eye or entering the eye socked through the sinuses. This is very uncommon and unlikely to happen, but should be discussed prior to surgery. There is a risk of injuring the base of skull above the sinuses resulting in a spinal fluid leak or injury to the brain, but this is extremely rare. Regarding bleeding, we encourage not taking Aspirin products for two weeks prior to surgery to discourage any bleeding. Occasionally, you can bleed up to two weeks. We encourage you to stay in town up to two weeks following the surgery so that if anything does occur, we can take care of it promptly.

Your doctor might give you the prescriptions for pain medications and an antibiotic before your surgery. Go ahead and fill these prior to surgery and use as directed after surgery. Also, purchase a bottle of nasal saline: you will need to spray the nose with 2 sprays to each nostril 3 times a day or more, but do so gently. Sometimes a steroid is needed before and after surgery, especially in those with significant polyps.

What to expect post-operative. Post-operatively, you will have pain that will feel like a sinus infection, or a headache. It varies from individual to individual. Some people get adequate pain relief with Tylenol. Most people require something like Tylenol with hydrocodone, and occasionally people require something stronger. If you keep the head elevated for 24 hours following the surgery, this is helpful. We recommend putting two pillows under the mattress of the bed, or sleeping in a reclining chair for the first day or two. Ice to the face is helpful. If you do not have an ice crusher at home, you may consider

getting a couple packages of frozen peas. A thin cloth can be placed over the nose and the package of frozen peas or crushed ice can be placed over this, and then alternated as they thaw between another package in the freezer.

Mustache dressings are changed up to every one to two hours for the first day. If bleeding is greater than this, or more copious, then you need to notify the doctor. Usually, after the second or third day, the mustache dressing can be removed and the drainage will subside. Regarding packing, many times packing is not used. If it is used, it can be removed between the second and the fifth post-operative day. It may need to be replaced if bleeding recurs. If the bleeding is more brisk, it may even require a trip to the operating room to control this. Nasal splints are placed if the septoplasty has been done, and these can be removed at five to seven days. When you come in for the removal of packing or splints, it is wise to take one of your pain medications and have somebody available to drive you. This helps with the uncomfortable feeling that goes with removing the splints.

Long term expectations. Most people experience marked decrease in the number of sinus infections following the endoscopic sinus surgery. It enables us to view your sinuses in the office, and determine whether you need medication such as an antibiotic, allergy treatment, or nasal allergy sprays. Most people have a dramatic decrease in the number of infections, but may have occasional infections following this. Some people can develop scar tissue that will block either the natural opening, or the surgical opening, and may require revision to enlarge this.