

ENDOSCOPIC SINUS SURGERY

Sinus surgery may be performed through either an external or internal (endoscopic) approach. The decision regarding the approach depends on certain technical considerations best decided by the surgeon. In addition technologies such as balloon dilation of sinus openings, and CT guided surgery may be employed in certain special circumstances. Sinus surgery is only performed after it has been determined that medical management has been unsuccessful. During the procedure obstructive tissue at the natural openings to the sinuses is removed. This promotes sinus drainage and ventilation. It allows the diseased lining of the sinuses to recover and heal itself over time. It is hoped to reduce (but it may not eliminate) future sinus infections. There are four sinuses on each side of the nose and any number of these may need to be opened. The surgery can be performed under either local or general anesthesia.

Surgery, medical treatment, and failure to treat sinusitis all have similar risks. They include injury to the eye (visual impairment) or eye muscles (double vision), intracranial injury (brain damage or infection) and recurrent nasal obstruction. Patients who have surgery are at risk for bleeding and for a leak of fluid which surrounds their brain. The incidence of any of these complications varies, but each is significantly less than 1%.

Nasal polyps can be removed during surgery but their etiology is uncertain. Steroid nasal sprays can slow their growth, but subsequent surgeries to remove recurrent polyps are not uncommon.

HEMOCARE

Avoid excessive activity for two weeks.

Keep head elevated at 30 degrees for approximately 24 hours to reduce pain and bleeding.

Do not take aspirin containing drugs.

The drip pad at the end of your nose may be changed as necessary. It may need to be changed 6-12 times during the first day following the surgery.

Packing is placed into the sinus openings during the procedure. The packs are connected to a string which is tied underneath your nose. The packs will be removed approximately five days following the procedure. Splints are pieces of plastic placed along either side of the septum during the surgery. They are usually removed at the same time.

After the packs are removed it is important to irrigate your nose with a saline solution. These can be purchased as over the counter medications at the drug store. You can

make your own saline by adding $\frac{1}{4}$ teaspoon of salt and $\frac{1}{4}$ teaspoon of baking soda to 8 ounces of warm tap water (the ingredients don't need to be sterile). You can instill this in your nose with a small bulb syringe that can be purchased at the drug store. Your nose should be so irrigated 2-3 times a day for the first month following surgery.

If you notice significant bleeding from your nose, sit in a chair and bend forward slightly. It is preferable for the blood to come out of your nose rather than run down your throat. Pinch the end of your nose closed for a full ten minutes. If the bleeding does not subside gently blow your nose to remove the clots and then spray Afrin or Neosynephrine nose spray 5-6 times into each side of your nose. Alternatively you could soak a cotton ball with the medication and insert it into your nose as well. Apply pressure again to the end of your nose for ten minutes. If you fail to control the bleeding, or if you feel uncomfortable with the rate of bleeding call the office at (410)420-0057.

The hospital nurse will contact you the day following your procedure. If you have questions or concerns prior to that, feel free to call us at (410)420-0057.