



Special Instructions for Sinus Exposures

Upper teeth near the back of the upper jaw are usually very close to the maxillary sinus, which are air-filled cavities beneath your eyes and behind your cheekbones. A frequent complication of removing upper molar (back) teeth is exposure of the sinus floor. Most exposures will heal spontaneously or with minimal intervention as long as the following instructions are strictly adhered to after the surgery:

- ▶ Some intermittent nose bleeding from the side of the surgery is a normal occurrence. Please do not be alarmed. Treat by leaning your head back; apply an ice pack and direct pressure. Drainage is normal from both the nose and mouth – wipe gently away.
- ▶ Do NOT blow your nose vigorously for 2 weeks. There is a natural communication between your nose and maxillary sinus. Any positive pressure in your nose will directly transferred to the sinus and subsequently to the fresh extraction site. If you feel “stuffed up”, decongestants such as Drixoral, Dimetapp, Actifed, or Sudafed will help reduce pressure in the sinuses and can be purchased from your pharmacist.
- ▶ Do your best to keep your tongue away from the fresh surgical site.
- ▶ Do NOT use straws for two weeks.
- ▶ Do NOT smoke for 1-2 weeks. Breakdown of the oral wound and poor healing is ten times more prevalent in smokers than nonsmokers.
- ▶ When sneezing, please do so with your mouth open, and do not sneeze holding your nose.
- ▶ Anything that causes pressure in your nasal cavity must be avoided. Avoid “bearing down” - as when lifting heavy objects, blowing up balloons, or playing musical instruments that require a blowing action. Scuba diving and flying in a pressurized aircraft should also be avoided.

Failure to adhere to these instructions could result in a permanent communication (fistula) between your mouth and your sinus. This would require an additional surgery that would incur further cost and recovery time. Prevention is always the most prudent option.