

ENDOSCOPIC SINUS SURGERY

What are the benefits of endoscopic sinus surgery?

Chronic sinus problems are very common. Medications are adequate to treat allergy and sinus problems in many people. Some people, however, continue to have significant sinus problems even on medications. In this situation, endoscopic sinus surgery can often bring considerable relief.

How is endoscopic sinus surgery performed?

The surgery is performed under general anesthesia in the operating room. A preoperative assessment will be done by your physician that may include lab work, an EKG, and a chest x-ray. You may be given a prescription to take before surgery. Do not take aspirin, ibuprofen, vitamin E, vitamin C, or herbal supplements for 7 days prior to surgery. If you require these or other blood thinners for a medical condition then be sure your surgeon is aware of the situation. ***You may not eat or drink anything after midnight prior to surgery.*** The surgery is performed as day surgery, meaning you will be able to go home on the same day as the procedure. You will need a ride home from the hospital because you will not be able to drive after having general anesthesia.

After you are asleep in the operating room, the surgeon will use special endoscopes and instruments to perform the surgery through your nostrils. The endoscopes allow for excellent visualization of the nasal cavity and sinuses. Generally, the surgeon will identify the natural outflow pathways for the various sinuses that are diseased. These pathways will then be widened by careful removal of tissue in this area. Sometimes there will be nasal polyps (fleshy masses of tissue) in the nose as well. These will similarly be removed with the endoscopic instruments. The surgery may last anywhere from 30 minutes to 2 ½ hours, depending on the severity of the sinus disease. Usually, there will not be any packing material placed in the nose.

What should I expect after surgery?

Recovery is relatively quick after endoscopic sinus surgery. It is normal to have some tenderness in your nose and sinuses and possibly a headache for the first few days after surgery. You will be given pain medicine for this. You will also have some oozing of blood-tinged mucus for 2-5 days after surgery. You should use a piece of rolled-up gauze under your nostrils that is held there by tape until the oozing subsides. You may be ready to return to light-duty work in 1-2 days but you must avoid strenuous activity and heavy lifting for 2 weeks.

One day after surgery you should start to use saline (salt water) irrigation. Add one teaspoon of table salt to eight ounces of warm water or purchase over-the-counter nasal saline spray (Ocean spray or generic equivalent). Obtain



a bulb syringe from a pharmacy and gently irrigate your nose on both sides with the saline. Spray each side 2-3 times over a sink and do this at least 3 times a day for 2 weeks.

You will have a follow-up appointment about one week after surgery. At this time your surgeon may look inside your nose again with an endoscope in the office and remove some mucus crusts or inflamed tissue. Please note that this office procedure is called nasal endoscopy with debridement and it is a separate procedure. There will be an additional fee for this procedure.

What are the possible complications?

Sinus surgery is commonly performed in the United States and throughout the world. It is considered to be very safe. As with any surgery, there are some risks to consider. Excessive bleeding is not common but if it does occur, it may require treatment from the surgeon. Sometimes, the sinus disease is severe enough that it will recur in the future even with appropriate surgery. This may lead to more surgery in the future.

Texas law requires that we disclose the following risks associated with endoscopic sinus surgery: (1) Spinal fluid leak. (2) Visual loss or other eye injury. (3) Numbness in front teeth and palate (top of mouth). (4) Loss or reduction in sense of taste or smell. (5) Recurrence of disease. (6) Empty Nose Syndrome (sensation of nasal congestion, sensation of not being able to take in adequate air through nose). (7) Injury to tear duct causing drainage of tears down the cheek. (8) Brain injury and/or infection. (9) Injury to nasal septum (the bone and cartilage dividing the space between the two nostrils). (10) Nasal obstruction.

When should I call my surgeon?

Notify your surgeon immediately if you have:

- a large amount of bright red bleeding from your nose.
- profuse clear watery drainage
- vision changes
- decreased alertness
- any other concerns