

Endoscopic Sinus Surgery

Information Brochure

Please keep this as a reference for after surgery

Indication:

The sinuses are four paired cavities below the eyes (maxillaries), next to the side of the eyes (ethmoids), in the forehead (frontals), and at the very back of the nose (sphenoids). Sinusitis is inflammation and swelling of the lining membranes of the sinuses. This is commonly caused by bacterial or viral infections or blockage of the sinus openings by thickened mucosa called polyps. Symptoms of sinusitis include facial pain or pressure, nasal obstruction, discolored nasal drainage, loss of sense of smell, and headaches. The majority of patients with sinusitis can successfully be treated with antibiotics or other medications, treatment of allergies or environmental control. There are occasions when sinus infections are unresponsive to medical treatment and surgery is required.

Endoscopic Sinus Surgery:

This surgery involves using a rigid lighted endoscope that gives accurate visualization of the drainage areas of the sinuses. The surgery involves removing inflamed infected mucosa that blocks these areas and prevents the sinuses from draining into the nose. Once the blockage is relieved the diseased mucosa in the sinuses can heal and return to normal. In the majority of cases the surgical procedure is performed entirely through the nose and no external incisions are necessary.

Evaluation Prior to Surgery:

The decision to perform endoscopic surgery is usually based on a computed tomography (CT) scan of the sinuses. This scan accurately locates the site of infection which is often in the anterior ethmoid sinus, where the maxillary and frontal sinuses connect into the nose.

Prior to Surgery:

In most cases, the surgery is performed as an outpatient procedure with discharge from the surgery facility on the same day. You will be given medications (i.e., antibiotics, a topical steroid spray and sometimes steroids by mouth) in the days or weeks prior to surgery.

For at least ten days before any surgery, the patient should refrain from taking aspirin or medications that contain aspirin. Tylenol can be taken if necessary. In addition, if the patient is taking any other medications the doctor should be advised.

In the Days/Weeks After Surgery:

The nasal packing placed at the time of surgery is dissolvable and does not require removal. If a septoplasty was performed in conjunction with sinus surgery, nasal splints placed during surgery will be removed in the office at the first post-operative visit.

Some light bleeding in the days to weeks after surgery is common. Nasal blockage can also be expected for the first week. This improves once the nasal packing dissolves and the nasal splints are removed. In the first week after surgery it is recommended to use Afrin Nasal Spray, several sprays into each side of the nose several times per day to minimize bleeding and help with nasal obstruction. Additionally, a saline spray such as Ocean nasal spray or Ayr saline spray can be instilled into the nose as often as desired to help clear the nose of dissolvable packing and blood.

The first post-operative visit will be schedule one week after surgery. At that time, you will be instructed to start salt-water irrigations to the nose once or twice a day. After each irrigation, a prescribed topical steroid spray, Flonase or Nasonex (2-4 sprays) should be instilled into each side of the nose. **DO NOT BLOW YOUR NOSE** for 2 weeks after surgery, instead just “sniff in.” Antibiotics and oral steroids prescribed at the time of surgery should be continued. Further follow-up appointments will be scheduled over the next two to six weeks.

Risks and Complications:

Bleeding is a common risk after sinus surgery. This is usually minor and can be controlled with Afrin nasal spray. Rarely bleeding can be severe and require placement of nasal packing and even hospital admission. In all sinus surgeries, especially with extensive disease or severe polyp disease, there is a possibility that the disease may not be cured or disease could recur at a later date. In this case subsequent medical or surgical treatment may be necessary. Since the sinuses are close to the base of the brain and eyes, injury to these areas can result in a very rare complication such as cerebrospinal fluid leak, double vision or blindness. These complications are minimized by the use of the rigid lighted endoscope, which improves visualization.

Instructions for Salt-Water Irrigations:

1. Obtain an adult sized soft ear bulb syringe from your pharmacy.
2. Boil 2 cups of water and allow cool.
3. Mix ½ tsp of salt and ½ tsp of baking soda into the cooled 2 cups of water.
4. Draw the solution into the bulb syringe.
5. Stand over the sink and bend you head forward. Instill a bulb-full of solution into one nostril.
6. Open your mouth and let the solution run into the sink from both your nose and mouth.
7. Flush each nostril until the solution is gone.
8. Perform the irrigations 1 or 2 times per day until you are instructed to stop. After 1-2 weeks, the liquid should be clear after flushing.