

Associates in ear, Nose, Throat & facial plastic surgery, P.a.

Facial Plastic and Cosmetic Surgery • Electronystagmography
Head and Neck Surgery • Pediatric Otolaryngology

ENDOSCOPIC SINUS SURGERY INSTRUCTIONS

INSTRUCTIONS PRIOR TO SURGERY

NO ASPIRIN OR ADVIL (IBUPROFEN) TEN DAYS PRIOR TO SURGERY

- I. Endoscopic Sinus Surgery is surgery performed for opening the sinuses and draining the sinuses, removing polypoid disease a removing sinus disease by using fiberoptic telescopes. This is microsurgery with less morbidity and pain to the patient in order to perform proper drainage of the sinuses. If the underlying cause of disease is corrected, secondary disease will improve spontaneously.

The surgery offers the advantages that it is less radical than older methods, there is less removal of normal tissues, and there is frequently no nasal packing. The endoscopes give better visualization and allow the sinus problems to be viewed directly and disease tissue to be removed directly.

- II. Please read and familiarize yourself with these instructions both **BEFORE** and **AFTER** surgery. By following them carefully, you will assist in obtaining the best possible result from your surgery. If questions arise, do not hesitate to communicate with your doctor and discuss your questions at any time. Take this list to the hospital with you and begin observing these directions on the day of surgery.
- III. You will report to the hospital according to the instructions given to you by our office. If you have a cold, cough, or fever, notify us. We would prefer to delay the surgery until your health is improved.
- IV. Please remove all jewelry including **all** body piercing.
- V. Some patients are given prescribed medications to be taken as directed prior to surgery. Most medications you are normally taking should be continued the morning of surgery with a sip of water.

INSTRUCTIONS FOLLOWING SURGERY

- I. Every operation is accompanied by swelling of the surrounding tissues. This is usually greatest the 2nd and 3rd days after the operation. The largest amount of this will subside within the week. There are several things you can do for the 1st week, which will help the swelling to subside.
 - 1) During the day stay upright as much as possible
 - 2) Sleep with the head of the bed elevated with 2 or 3 pillows or with a suitcase between the mattress and box spring.
 - 3) Avoid bending over or lifting anything heavy.

- II. Nasal Care
 - 1) Do not blow nose for 1 week and then you may blow both sides at the same time only.
 - 2) Avoid sneezing-if you have to sneeze, “sneeze” through your mouth.
 - 3) During the first night after surgery you can expect that there will be bleeding from your nose. You may have to change the drip pad underneath your nose 7 to 10 times during the night. You should be sleeping with your head up on an extra pillow, which will help drainage to occur into the drip pad.
 - 4) Some blood-tinged drainage can occur from the front of the nose or down the throat for approximately two weeks or longer. You can use the drip pad as necessary. If the dressings stick to your nose, you can loosen it with a few drops of peroxide. You can expect headaches.
 - 5) If you had nasal packing inserted at the time of surgery you will need to remove these packs on the first day after surgery or as directed by your doctor. The nasal packs are essentially tampons with strings, which are attached to your nose or cheeks. Sit up leaning over a soup bowl and detach the tapes holding the strings. Very firmly and gently pull the strings down toward your lips, which will remove the sponges and allow the sponges to fall into the soup bowl that is placed in front of you. Lean over and let the blood drip into the soup bowl until it clots and stops. This could take up 15 minutes. Sit up and place a drip pad under your nose, and use it as long as you have any dripping.
 - 6) The use of a nasal salt-water wash will eliminate crusting and aid in the healing process. Please buy a baby bulb syringe or aspirator which can be purchased at a drug store. Use it twice a day in both nostrils if both were operated upon. Make a solution of warm salt water with one teaspoon of salt to one pint (16 oz) of water. You can use 6-8 ozs. Irrigation on both sides. The irrigation works best if you hang your head way over the sink such that your head is almost upside down. This will allow the irrigation fluid to get up into the various recesses of the sinuses.

III.

Other.

- 1) No swimming, gym or strenuous athletic activity for 2 weeks. No diving or water skiing for 1 month. Avoid exertion.
- 2) Smoking and alcohol should be avoided for the 2 weeks post-operatively.
- 3) Avoid taking aspirin, Advil (Ibuprofen) for ten days after surgery.
- 4) Continue medication prescribed when you leave the hospital, as directed, until the supply is exhausted.
- 5) It is wise not to pick up small children for 2 weeks after the operation as they may accidentally hit your nose.
- 6) Report:
 - A) Any rise in temperature over 102.
 - B) Any injury to your nose.
 - C) Any heavy severe bleeding

RISKS OF SURGERY

Bleeding:

Bleeding is a potential risk in most forms of sinus surgery. Although the risk of bleeding appears to be reduced with this technique, on occasion significant bleeding may require termination of the procedure and the placement of nasal packing and completion of your surgery in a second stage at a later date. Bleeding following surgery may require the placement of packing and hospital admission. Blood transfusion is rarely required.

Failure to cure the problem or recurrent disease:

As in all sinus surgery, it is possible that the disease may not be cured by the operation or that recurrent disease may occur at a later time. In this case, subsequent medical or surgical therapy might be required.

Post-operative discharge:

Some bloody post-nasal discharge may occur for approximately two weeks after this procedure. This is normal and slowly resolves. You should not blow your nose for approximately one week following the procedure.

Spinal fluid leak:

All operations on the ethmoid and/or sphenoid sinuses carry a rare chance of creating a leak of spinal fluid (the fluid that surrounds the brain). Should this rare complication occur, it creates a potential pathway for infection, which could result in meningitis? If a spinal fluid leak should occur, it would extend your hospitalization and might require further surgery for its closure, should it not close spontaneously. In general, the risk of spinal fluid leak is considered somewhat higher when ethmoid surgery is performed through the nose rather than by an external incision. However, the use of endoscopes allows improved

visualization and therefore should potentially reduce the risk of this complication.

Loss of vision:

Occasional cases of visual loss have been reported after sinus surgery. Although the loss of vision would usually only involve one side, the potential for recovery is not good. Fortunately, such a complication is extremely rare. Temporary or prolonged double vision has also been reported after sinus surgery.

Risks of anesthesia:

One advantage of the endoscopic technique is that it can sometimes be performed under local anesthesia. Adverse reactions to local anesthesia are very uncommon. If general anesthesia is required, you would be subject to the usual risks for general anesthesia. Adverse reactions to general anesthesia do occasionally occur, and although unusual, could be serious. You may discuss this further with your anesthesiologist, if you so desire.

Blood transfusion

Blood transfusion is rarely required, but if necessary carries a risk of adverse reaction of the transfer of infection.

Other risks:

Tearing of the eye can occasionally result from sinus surgery or inflammation and may be persistent.

Numbness or discomfort in the upper front teeth may occur for a period of time after some procedures. Occasionally some swelling, bruising or temporary numbness of the lip, or swelling or bruising of the area around the eye may occur. Blowing your nose in the early postoperative period might result in a temporary collection of air under the skin and facial swelling for a period of time. Although the purpose of the surgery is to reduce or eliminate the symptoms of chronic sinus disease, should it not be successful, the symptoms could be unchanged or become worsened. These symptoms include further sinus pain or discomfort, increased nasal obstruction or prolonged increase in post-nasal discharge. Decreased sense of smell is also a probability.

ALTERNATIVES TO SURGERY

In most cases, medical therapy is the first form of treatment for sinus disease, and in most cases it is possible to continue to treat the disease medically. Alternative forms of surgery are also available, and you should discuss these further with your surgeon if you so wish.

I have read and understand the above information. I have been given the opportunity to ask any questions regarding this surgery.

Signature: _____

Witness: _____

Date: _____

Date: _____