Sinus Surgery Instruction Sheet

Sinusitis is an issue for 31 million Americans every year. Those who suffer from occasional bouts of sinusitis can usually be treated with conservative management (observation) or a short medication regimen. However, if sinusitis lasts continually for more than 12 weeks, it is considered a chronic condition. Aggressive medical treatment—which may consist of allergy treatment, antibiotics, nasal irrigation, and/or steroid therapy—is usually attempted first. Should these measures fail, surgery may be helpful.

Although serious complications resulting from sinus surgery are rare, careful planning will help to make your surgery safe and more comfortable. Please read the following document carefully so that you may make preparations for your upcoming surgery. If questions arise, please feel free to contact your surgeon or one of our staff members.

The purpose of sinus surgery is to enlarge the sinus openings to relieve obstruction and allow better drainage. By doing so, this may aid in the removal of infection, polyp, or thick secretions. The underlying cause of sinusitis however is quite variable and sometimes not well medically understood. Allergy and immunology (the ability to fight infections) probably have a role in instigating sinusitis. While surgery can help with sinus flow and drainage, these other underlying factors still need to be controlled.

Surgery is usually performed through the nose with small endoscopic cameras and surgical instruments. However, depending upon the situation, other incisions may be necessary. Commonly a septoplasty may need to be performed to remove a deviated septum to improve breathing and air circulation around the sinuses. In this case a small incision will be made just inside the nostril to gain access to the septal cartilage.

Surgery however is not without some risks. This information is not meant to scare you, as risks are extremely low. However, it would be remiss not to briefly provide them to you. Risks include, but are not limited to:
- Anesthetic risks (rarely as serious as death)
- Infection
- Bleeding
- Need for revision surgery
- Injury to surrounding structures including the eye (ocular muscle, optic nerve) and brain (CSF leak)
- Continued sinus difficulties

The most common complication is continued sinus difficulties. As mentioned above, the underlying cause of sinusitis is multifactorial and often requires a combination of approaches (both medical and surgical) to control the problem. Please discuss with your surgeon for more details.

Quick Reference

**Before surgery:**
- Stop taking aspirin 2-3 weeks before surgery
- If needed, Tylenol (acetaminophen) is the preferred pain medication before surgery.
- Gather needed supplies in advance: cotton swabs, 2x2 gauze pads, tape, nasal saline irrigation (NeilMed, etc), nasal decongestant spray (Afrin®) for minor nasal bleeding, Bacitracin antibiotic ointment.
- Nothing to eat and drink after midnight before surgery

**Immediately following surgery:**
- Irrigate 3-4 times a day (or more) with saline solution to help clear drainage, remove blood clots, and flush nasal passages.
- Expect minor bleeding. May use Afrin to help with bleeding, if excessive.
- You may change the upper mustache dressing as needed. Do not remove, get wet or disturb external splints.
- Elevate head above the level of your heart at all times.
- Antibiotic ointment around the nostrils twice a day with a cotton tip applicator.
- Start with light liquids (broth, soda, crackers, toast, etc) and progress slowly to regular foods.
- Take medications as instructed.
Before surgery:

1. Discontinue the following medications 2-3 weeks prior to surgery.
   - Aspirin containing products (e.g. Bufferin®, Excedrin®, Alka Seltzer®, Goody’s Powder®, etc.)
   - Similar analgesic medications such as Motrin®, Alleve®, Advil®, Ibuprofen®, Nuprin®
   - Vitamin E and all herbal supplements (ginko, ginseng, garlic, etc.)

   These medications may cause excessive surgical bleeding, which makes surgery more difficult to perform. Likewise, these medications should also be avoided immediately after surgery. Tylenol (acetaminophen) is the only non-prescription analgesic that may be used safely before or after surgery. If in doubt, ask your surgeon about which medications you may take. Notify your physician if you are taking other blood thinners such as warfarin (Coumadin), clopidogrel (Plavix), pentoxifylline (Trental).

2. Get plenty of rest, eat a balanced diet, and avoid excess alcohol ingestion and sun exposure the week prior to surgery.

3. Gather needed supplies in advance:
   - cotton swabs,
   - 2x2 gauze pads and ½” paper tape for “mustache dressing”
   - nasal saline irrigation (NeilMed, etc),
   - nasal decongestant spray (Afrin®) for minor nasal bleeding
   - Bacitracin antibiotic ointment

Day of surgery:

1. Do not eat or drink after midnight. Remember not to take any breakfast (including coffee) unless permitted by your surgeon or anesthesiologist.

2. Take only those medications authorized by your surgeon or anesthesiologist. These may be swallowed with a small sip of water.

3. Avoid wearing make-up.

4. Wear comfortable, loose-fitting clothes that button down the front. Avoid wearing clothing in which you must pull over your head. Do not bring nice clothing as stains from ointment, blood, etc. are possible.

5. Leave valuables (jewelry, money, etc.) at home. Bring only essential items.

Immediately following surgery:

Dressings and wound care: You will awaken from anesthesia with an external drip pad or “mustache dressing” taped to your upper lip to catch any drainage. You may change the drip pad using gauze as needed. There may be internal nasal dressings as well, especially if a septoplasty was performed.

It is not unusual to have blood-tinged nasal drainage after surgery. Elevating your head above the level of your heart, especially during sleep, will also serve to minimize discomfort and prevent bleeding. Although it is unsafe to blow your nose, regular use of nasal saline irrigation 4-5 times per day will assist in flushing the nasal passages and prevent crusting. You can start use of the saline as soon as you can after surgery. Immediately after using the spray, sniff and swallow or spit, but DO NOT blow your nose for the first week following surgery. If troublesome bleeding occurs, oxymetazoline (Afrin) decongestant spray will help constrict and tighten the nasal vessels to stop bleeding. Afrin spray may also be used temporarily for nasal congestion, which can be more frequent during the healing process.
Activity: Rest quietly in bed (or in a reclining chair) with your head elevated (above the level of your heart) for the first 48-72 hours. Unnecessary activity will encourage swelling, discomfort, and bleeding. It is common to have low energy levels following surgery. Minimize all activities for several days until these symptoms resolve. Avoid exercise and exertion for the first 2 weeks. Do not utilize your recovery period to catch up on errands and housework.

Diet: Avoid eating or drinking if your stomach is unsettled. Oral intake will make nausea much worse and you may safely postpone oral intake for the first 24 hours after surgery. In most cases, a healthy appetite will return within 24-48 hours of anesthesia. You may begin eating when you start to feel hungry. Start with light liquids (broth, soda, crackers, toast, etc) and progress slowly to regular foods.

Medications: You will be given prescriptions for pain medication and possibly for oral antibiotics. Nearly all prescription pain medications have nausea as a side-effect. Consequently, use regular Tylenol® for light discomfort and reserve the prescription medication for more stubborn pain. Begin taking the antibiotic tablets once you are comfortably tolerating oral intake. Complete the entire antibiotic regimen.

First post-op appointment:

Your first return appointment will be approximately 1-2 weeks following surgery. At the first appointment, your physician may look in the nose and clean out the sinus passages. Frequent use of nasal saline in the post-operative period will may cleaning the sinus passages easier.

You will undoubtedly have questions that arise periodically. Please feel free to contact us at any time.