



INSTRUCTIONS FOLLOWING SINUS SURGERY ARIZONA SINUS CENTER

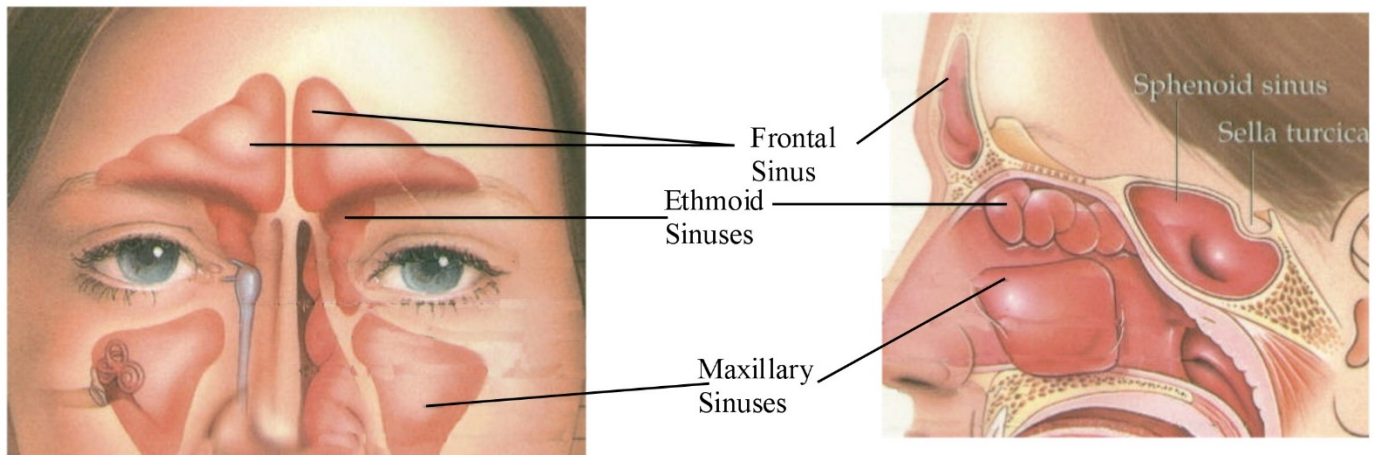
Background

The sinuses are hollow areas in the skull occupying the space above, between and below the eyes. They are connected to the nose and can get inflamed or infected leading to drainage, congestion, decreased sense of smell, fatigue and pain. The underlying cause of the inflammation may be air pollution, allergies, polyps, abnormal internal nasal and sinus anatomy or swelling inside the nose.

Medicines, including nasal sprays, decongestants, antibiotics, antihistamines and steroids will often improve nasal and sinus symptoms. Sinus surgery is recommended only after appropriate medical therapy has failed to provide long term control of inflammation and relief from symptoms.

On rare occasions immediate sinus surgery is warranted. Sinus infections which have spread to or are threatening the brain or eye, trauma and tumors of the nose or sinuses require surgical intervention without delay. Additionally, surgery may be the only option for some patients whose sinus condition aggravates other medical problems such as asthma.

Historically, surgeries requiring an incision under the lip (Caldwell-Luc) or through the face (external ethmoidectomy) were used to access sinus cavities. Today, technology allows most sinus surgeries to be accomplished entirely through the nostrils, without facial and forehead incisions.



Endoscopic Sinus Surgery

This procedure is usually performed with the patient asleep (general anesthesia). A CT scan of the sinuses provides a road map for the surgery. Sometimes a computer is used in conjunction with the CT scan to act as a navigation system, a "GPS" for the nose, so to speak. Small telescopes are gently inserted through the nostrils to illuminate and magnify the nasal and sinus cavities on a video monitor. The surgeon uses delicate, angled and curved instruments to open or dilate the sinus drainage pathways. Irreversibly diseased tissue and obstructing bone fragments can be carefully removed with the instruments under magnification. The most important principle in endoscopic sinus surgery is to preserve as much normal tissue as possible, allowing the sinuses to recover normal function.

If infected sinus cavities are encountered, they can be drained and washed out with sterile saltwater or antibiotic solution during the procedure. Polyps, malignant and benign tumors, fungus balls and stagnant mucous buildups can also be removed. Rarely, tumors, trauma and unusual infections may require an incision somewhere on the face for additional access. These incisions can usually be hidden in the eyebrow, scalp, a forehead wrinkle or under the lip.

Endoscopic surgery can also be utilized to open blocked tear ducts, relieve compression of the optic nerve and eye, repair cerebrospinal fluid leaks, and reconstruct defects in the wall between the brain and sinuses.

Following Endoscopic Sinus Surgery

The procedure generally takes one to three hours and most patients go home the day of surgery. Most patients do not require nasal packing after the surgery. If packing is placed it is removed in the office 1-2 days following the procedure. Mild nasal oozing is expected during the first 48 hours. Patients can eat a normal diet and are allowed to perform light activity including walking the day after surgery. Patients begin rinsing the nose and sinuses with saline solution at least 3 times daily on the day after surgery. A follow up visit one week after surgery allows for cleaning of the nasal and sinus cavities. Post-operative care of the healing nose and sinuses is just as important as the surgery itself. Scheduled visits to remove crusts and clots minimize scar tissue and post-operative infection. The first post-operative visit and cleaning can be mildly uncomfortable and we recommend that patients take a dose of over-the-counter (OTC) or prescribed pain medicine prior to the appointment. Patients should also have someone accompany them to the first visit and drive them home. Patients generally experience some relief after the first post-operative cleaning. Most patients return to normal activity, including exercise regimens, 10-14 days following the surgery.

THINGS TO DO

- Take OTC pain relievers such as acetaminophen (Tylenol) or ibuprofen (Advil, Motrin) as directed unless you have an aspirin, ibuprofen or NSAID allergy.
- Take prescribed pain medication if your pain is not controlled with the OTC regimen of pain relievers (do not take the prescribed pain medication and OTC acetaminophen at the same time)
- Take antibiotics if prescribed
- Call our office (602) 258-9859 to confirm your post-operative appointment if you don't hear from us by phone 2 days after your surgery.
- Start your nasal saline irrigations the day after surgery. Use Neil Med Sinus Rinse 3-5 times daily.
- Sneeze or cough with your mouth open
- Eat a regular diet
- Take pain medicine 30 minutes before your first post-operative visit (acetaminophen, ibuprofen or prescription pain reliever)

THINGS TO AVOID

- Any heavy activity including lifting children and exercise for 1 week
- Blowing your nose or picking at your nose
- Flying without your doctor's clearance for 3 days after surgery

Call the ON Call Doctor (same as office telephone #) Immediately if any of the following occur:

1. Change in vision
2. Increased swelling around the eyes
3. Neck stiffness or deep head pain
4. Continued Nausea or Vomiting beyond the first evening after surgery
5. Flow of bright red blood that lasts more than ten minutes or causes choking
6. Fever over 101 degrees

Contact Information:

Office Phone Number: (602) 258-9859

Website with map and more patient information: www.arizonasinus.com