

ENDOSCOPIC SINUS SURGERY

Indications: It has been recommended that you have endoscopic sinus surgery. This is usually recommended if you have been treated with medical therapy and your symptoms of congestion, headaches, pressure, post nasal drip, diminished sensation of smell, and / or recurrent acute infections are not resolving. A CAT scan has usually been obtained and shows persistent sinus disease despite the medical therapy. An alternative to surgery could be continued use of medications such as antibiotics, nasal sprays, decongestants, antihistamines, and possible more aggressive allergy management such as desensitization shots when appropriate.

Material Risk of Surgery: When operating in the sinuses you are operating around the eye and base of the skull. There is a risk of intra operative as well as postoperative bleeding, orbital complications such as visual impairment, blindness and / or double vision, nasal odor, intracranial extension which could lead leakage of cerebral spinal fluid, meningitis, and / or brain injury, excessive tearing related injury to the lacrimal duct, numbness or pain of the teeth, lips, and / or cheek, atypical facial pain, air around the orbit, persistent or recurrent nasal obstruction due to failure to manage polyps, and recurrent nasal or sinus infection scarring of the sinus openings or inability to completely open all the targeted sinuses secondary to bleeding or anatomic variations that may require revision surgery at another date, and anesthesia.

What to expect:

You will be discharged the day of surgery. You will have packing in your nose and you may see the string attached to the packing tied around the front of your nose or it may be cut shorter to hang freely in your nose. You are to start using nasal saline nose drops the day of surgery (These can be obtained at any pharmacy). You cannot overdose on the saline nose drops and they should be used at least 4 times a day. You should not blow your nose. You will have your first postoperative appointment 3 - 7 days after your surgery to have the packing removed and your sinuses may be debrided endoscopically. This may cause some discomfort and if someone can drive you to the appointment then you should take the prescribed oral pain medication in preparation for this. Once the packing is removed you will be instructed to mix ¼ Tsp ordinary table salt and dissolve it in an 8 oz glass of warm water. With your head tilted down so that the water runs out into the sink or a bowl, you are to lavage your sinuses with a soft rubber bulb syringe. This should be done 2 -3 times a day and each time the entire 8 oz mixture should be used. You should not blow your nose for two weeks after the surgery, but if you feel congested you can use the saline mist spray purchased at the pharmacy and sniff in as much as you like. The more lavage and saline you use, the less likely crust will form requiring debridement. If you are also using intranasal steroid spray, the spray should be applied after the nasal lavage. Your next follow up appointment will be in 1 -2 weeks to re evaluate the sinus. You should refrain from smoking since this will affect the healing and long term success of sinus surgery. The postoperative lavages and debridements are as important as the surgery in obtaining long term healthy and open sinuses.

You will be given a prescription for an antibiotic to start the day you have the procedure and pain medicine to use as needed. You may be placed on oral steroids before and after the surgery as well as nasal steroid spray depending on the extent and cause of your sinus disease. You should expect some bloody discharge from your nose, facial swelling, facial discomfort, and nasal congestion early in the postoperative period. You should use a drip pad as needed depending on the extent of the drainage and some intermittent ice packs to your face if there is swelling. If there is sudden increase in swelling, neck stiffness, visual changes, fever, severe headache, or excessive bleeding call the office immediately for instructions (215 - 757 - 7300 or 609 - 890 - 7800). If the doctor cannot be reached in a timely fashion you should go to the nearest emergency room.

You can return back to work or school a week after the procedure. Please refrain from heavy lifting or exercise for 7 days after the surgery.

I have read the above and I had the opportunity to discuss and ask my doctor and/or staff any questions and I fully understand my alternatives and the risk of the procedure.

Patient Signature
(Or authorized signature)

Witness

Date

Date