

Pre-Operative Care

Your physician may prescribe medications that help reduce inflammation. It is important to follow your doctor's instructions and start the medications at the appropriate times before and after surgery. Also, no aspirin products (including Pepto Bismol and Aspergum) or products containing Ginkgo Biloba and/or St. John's Wort should be given for two weeks prior to surgery. No ibuprofen products (Children's Motrin, Children's Advil, etc.) or anti-inflammatory medications (Naprosyn, Aleve, Celebrex, etc.) should be given for 5 days prior to surgery. Use of all of these medications is restricted for two weeks following surgery unless otherwise directed by your physician. Acetaminophen (Tylenol, Tempra, Panadol) may be given as well as over-the-counter cold medications and antibiotics. **Please consult with your doctor about all medications.**

Smoking can affect the outcome of your sinus surgery. It can cause increased scar tissue and poor healing that leads to failure of endoscopic sinus surgery. It is recommended you not smoke 3-4 weeks before and after surgery.

Risks

Pain after surgery is usually mild. The patient should expect dried blood, mucus and crusting to occur inside the nose. Typically, the patient can anticipate an early return to work or school, although activity should be somewhat restricted for a week or two. It will take a few weeks to completely recover.

Potential complications include bleeding, bruising around the eyes, eye tearing, swelling, altered sense of smell, scarring inside the nose and infection.

The location of the ethmoid sinuses between the eyes and underneath the brain creates the potential for these surrounding structures to be injured. The risk of injury to the eye could involve double vision or possible vision loss. Injury to the bone separating the

ethmoid sinus from the brain may result in a leak of cerebrospinal fluid (CSF) into the nose. A CSF leak usually resolves spontaneously; however, meningitis would result if CSF fluid were to become infected. You should notify your physician immediately if you experience a clear, watery discharge running out of your nose when you lean forward after surgery. These complications occur very rarely.

Post-Operative Care

To avoid complications and ensure a quick recovery after surgery, please follow these guidelines:

- Maintain fluid intake to prevent dehydration
- Use a humidifier
- Take any prescribed antibiotics to reduce infection
- Do not blow nose for two to three weeks after surgery
- Do not take any aspirin or aspirin-containing products for at least two weeks following surgery (check with your physician about all medications)
- Nasal saline mist can be used every 3-4 hours after surgery to keep your nose moist
- Your physician may instruct you on nasal irrigations after surgery
- If you have difficulty during the post-operative period, please contact our office

If you are scheduled for surgery and do not have a post-operative office appointment scheduled, please call ENT Specialists, PC, (402) 397-0670, to schedule your follow-up appointment.

If you have a contracted deductible from your insurance carrier, it is your responsibility to pay ENT Specialists, PC the dollar amount unfulfilled seven days prior to your scheduled surgery date.

For questions about surgery scheduling, call **(402) 397-0670, option 2**. You should hear from our surgery scheduler within 48 hours after the decision for surgery is made.



Endoscopic Sinus Surgery


ent specialists pcSM

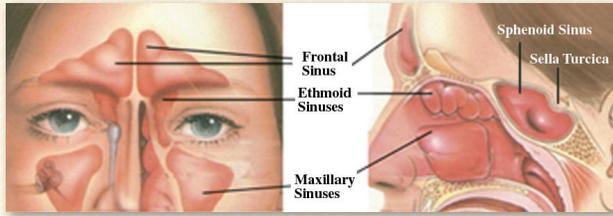
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sinus disease



Sinusitis is one of the most common health conditions in America. Chronic sinusitis is either a result of failure of the lining of the sinuses to clean and protect itself or from obstruction of the outflow tract of the sinuses.

The lining of the upper respiratory system is mucosa. Mucosal membranes filter out foreign debris and germs that we inhale. Dysfunction in the mucosa that lines the nose and sinuses will predispose an individual to infection. Allergies, viral infections, chemical irritants, or certain congenital conditions can lead to failure of the mucosa to protect the upper respiratory system from infection.

There are four sinuses that drain into each side of the nose. The sinuses are called the frontal (forehead), maxillary (cheek), ethmoid (between the eyes), and sphenoid (back of the nose). Each sinus must maintain a continuous exchange of air (ventilation), as well as clearance of the continuous production of mucus (drainage). Obstruction of the outflow tract of the sinuses can lead to infection. This obstruction could be the result of swelling from a viral upper respiratory infection (“cold”), swelling from allergies, nasal polyps, and deviation of the nasal septum or failure of the sinus outflow tract to develop properly (congenital).

Most people develop chronic sinus problems from a combination of a dysfunction of the lining of the nose and sinuses as well as some obstruction of the outflow tract of the sinus. Decongestants, antihistamines, steroid, and allergy shots are attempts to help the lining of the upper respiratory system protect itself. Obstruction of the sinuses may occur temporarily with some upper respiratory infections from swelling. When the swelling

does not resolve as the infection clears or if there is an underlying anatomic obstruction of the sinuses, an operation to drain the sinuses and restore normal ventilation and drainage may be necessary.

Symptoms of Sinusitis

Symptoms of sinusitis include facial pain/pressure, nasal obstruction, nasal discharge, diminished sense of smell and cough. Additionally, sufferers of this disorder could incur fever, bad breath, fatigue and dental pain. Warm compresses are useful in relieving pain in the nose and sinuses.

To obtain the best treatment option, an ENT physician needs to properly assess the patient’s history and symptoms. A clinical history of the patient will be created before any surgery is performed. Your doctor will likely recommend a special x-ray called a CT Scan in order to determine if there is a disease affecting the sinuses. This will also help determine the feasibility of endoscopic surgery.

The patient will need a pre-operative physical prior to surgery.

endoscopic sinus surgery

Endoscopic sinus surgery is used to relieve symptoms associated with:

- Sinusitis
- Septal deviations
- Nasal polyps

Endoscopic sinus surgery utilizes a rigid scope to illuminate and magnify the surgical site for a direct visual examination of the openings into the sinuses. The sinus endoscope allows the surgeon to operate within the ethmoid sinus with magnification and excellent lighting. The goal of the surgery is to remove obstructions that block natural drainage and create an increased risk of infection, as well as to remove inflamed tissue and bone. Endoscopic sinus surgery offers a way to clear

blockages while disturbing as little healthy tissue as possible. Your doctor may also recommend endoscopic surgery to remove polyps or to straighten the septum. Endoscopic surgery usually requires no external incision since the surgery is performed through the nasal cavity.

The advantages of endoscopic sinus surgery are that the surgery is less extensive, minimal normal tissues are removed, and the surgery is typically performed either as an out-patient procedure or with an overnight hospital stay. The surgery usually lasts from one to two hours, and the patient may receive general anesthesia.

Endoscopic sinus surgery generally yields excellent results. Significant symptomatic improvement is achieved in the vast majority of patients.

Preparing for Surgery

The following elements are important when preparing for surgery:

- Tell your surgeon if there is a family history of bleeding tendencies or if you or your child bruise easily.
- Tell your surgeon if the patient or patient’s family has had any problems with anesthesia.
- If the patient is taking any medications, has sickle cell anemia, has a bleeding disorder, is pregnant, or has concerns about the transfusion of blood, the surgeon should be informed.
- A visit to the primary care doctor may be needed before surgery for a pre-operative physical.
- Follow all directions given by your doctor.

