

ENDOSCOPIC SINUS SURGERY

RISKS OF NON-TREATMENT

In rare cases, infection in the sinuses may spread to the brain, the eye, the bronchi or lungs. This could result in meningitis, brain abscess, or blindness in that eye. Pus draining into the throat may cause chronic bronchitis or aggravate any existing asthma.

NON-SURGICAL TREATMENT FOR SINUSITIS

Non-surgical treatment includes antibiotics, decongestants, steroid nasal sprays, and salt water rinses of the nasal cavity. Allergy treatment may help some patients with sinusitis.

ENDOSCOPIC SINUS SURGERY—HOW IT'S DONE

Under general anesthesia in the operating room, the sinus scope is passed into the nostrils to provide lighting and magnification for precise surgery. The tissues that block the sinus openings are removed. Normal membranes are preserved to the greatest extent possible. Packing is often placed into the sinus cavity and is removed about one week later in the office.

RISKS OF SURGERY

There can be bleeding, infection or scarring at the surgery site. Rare complications from surgery include spinal fluid leakage, damage to the brain, meningitis, loss of vision, and serious bleeding. Cosmetic changes to the appearance of the nose are possible. There is a slight risk of a septal perforation if straightening of the inside of the nose is required. The most common risk of surgery is that the sinus infections will return. Aspirin, Ibuprofen, and other non-steroidal anti-inflammatory medications aggravate bleeding from surgery and are best avoided during the two weeks before surgery. Use Tylenol instead.

RECOVERY TIME

Elevate the head in bed or sleep in a recliner to reduce the swelling and bleeding. The day after surgery you may be up and about with very limited activity. Most people can return to light duty after the packs are removed (about one week). If the work is strenuous, you may need up to two weeks off work. There will be some bloodstained sinus drainage and crusting for 4-6 weeks.

POST-SURGICAL CARE

1. Rinse the nose with Ocean Spray salt solution 6-8 times daily.
2. Use Oxymetazoline nasal spray if there is significant bleeding following surgery.
3. Take pain medicine and antibiotics (if given) as prescribed.
4. Don't blow the nose, stoop, or strain for one week.

GO TO THE EMERGENCY ROOM IMMEDIATELY IF ANY OF THESE SIGNS APPEAR

1. Sudden, severe pain in the eye or inability to open the eye or move the eyeball.
2. Mental confusion or loss of consciousness.
3. Vision loss or double vision.
4. Severe, continuous bleeding.