

Upper Cape Ear, Nose & Throat, PC

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ENDOSCOPIC SINUS SURGERY

Purpose

Chronic sinusitis is a condition where the sinuses are not able to drain adequately. Often anatomic narrowing in the natural sinus drainage areas causes the problem. Chronic sinusitis can be treated medically using antibiotics, mucus thinners, decongestants, and topical or oral steroids. Antihistamines are helpful for patients who also have allergies. *Endoscopic sinus surgery* can often give relief from chronic sinus obstruction and recurrent infections for patients who fail medical management.

Procedure

Endoscopic sinus surgery is done in a hospital or surgicenter. It is usually done using local anesthesia with intravenous sedation, but can be done under general anesthesia. The surgery is done using telescopes and long narrow instruments through the nose. No skin incisions are necessary. Thin pieces of bone are removed to enlarge the sinus openings. At the end of the procedure Packing is usually placed to control bleeding., and to keep the surgical sites open for drainage.

After the procedure the patient goes to the recovery room, and then to a room in the hospital or surgicenter for an observation period. Patients are usually discharged a few hours after the operation as long as they are able to drink adequately and not having problems with bleeding.

Recovery

Patients come to the office 1-3 days after surgery for removal of their packing, if any was placed. After the packing is removed you will be given instructions for post-operative care. Even though the packing is out your nose will be swollen on the inside. You will not be able to breathe out of your nose very well and will continue to have some minor oozing of blood. It is necessary to limit activity for the first week to prevent bleeding. Patients should plan on missing a few days to a week of work or school.

Your nose will have raw surfaces on the inside and it usually takes about 8 weeks to heal. During this period you will have problems with clearing mucus. It is important to keep using the saline spray to clear your sinuses and prevent infection. Infections can occur in the postoperative period. Antibiotics will be prescribed if necessary.

We will see you every 1-2 weeks to examine your nose and remove crusts which may obstruct the normal flow of air and mucus.

Risks and Complications

The ethmoid sinuses sit beside the eye socket. If the wall that separates the sinus from the eye is penetrated, complications can occur. If the eye muscles are injured this could cause problems with double vision. This type of injury is very rare. In very rare instances permanent loss of vision has been reported from injury to the optic nerve.

The ethmoid sinuses sit directly below the brain. If the wall that separates the brain from the sinuses is penetrated, fluid from around the brain can leak into the nasal cavity. If this occurs it is usually recognized during the surgery. Tissue can be rotated to close the leak and then reinforced with packing. If the leak presents after the surgery it can be treated conservatively with bedrest and head elevation. If this is not successful surgical treatment is available to solve the problem. This is a very uncommon complication.

Bleeding can occur after any nasal surgery. Packing is used in the immediate post-op period to control bleeding. Significant bleeding problems are uncommon, but if they occur additional packing can be placed to control it.

Loss of smell and taste is an uncommon complication.

The goal of the surgery is to reduce the number of infections. Most patients experience significant reduction in the number of infections. About 10-15% of patients may continue to have frequent infections despite the surgery.

Patients with nasal polyps may experience recurrence of the polyps despite an aggressive procedure to remove them. Patients with allergies will not be cured of their allergies by the procedure. It will be necessary to continue to treat the allergies after the procedure.

The tear duct runs through the bone next to the sinuses. It is possible to injure this duct and have problems with tearing from the eye. This is usually a temporary problem, but in rare instances it could be permanent. There are procedures available to correct the problem if it occurs.

Follow-up

After the first week a follow-up check will be scheduled for three weeks. If families have questions or problems there is always someone available from our practice to address issues that arise.

I have read, understand, and accept the risks and possible complications of this operation. Alternative treatments have been discussed with me and I want to go ahead with the surgery.

Patient's Signature

Date

Witness