ENDOSCOPIC SINUS SURGERY

POSTOPERATIVE INSTRUCTIONS

You have undergone a procedure called ENDOSCOPIC SINUS SURGERY in which your sinuses were entered through the nose using small instruments under direct vision with small telescopes. Your sinus openings were enlarged and part of your sinus bones and mucosa (lining of the sinuses) were removed to facilitate drainage and alleviate sinus pressure, pain and future infections. You may have also required surgery to straighten the nasal septum or remove part of the turbinate bones inside your nose to help your breathing. After surgery you can expect to awaken in the recovery room. You will then be transferred to a room where you will be watched carefully. You may begin drinking clear liquids as soon as you are awake. If you excessive bleeding you may need nasal packs inside your nose which will limit air movement through the nostrils. If you have nasal packs, these may be removed by your surgeon before you leave the hospital, or within a few days. You may need to wear a gauze drip pad under your nose postoperatively as it is common to have some oozing of blood. You may also have plastic splints stitched inside your nose that will be removed at your first post-op appointment.

Listed below are questions patients commonly ask concerning the normal postoperative course.

DIET
The single most important aspect of your postoperative diet is ensuring good fluid intake. The postoperative diet should include soft, unsalted, non-acidic liquids and foods for a few days. As soon as you desire, you may resume your normal diet without restrictions. It is very important during the first several days after surgery to drink extra liquids in the form of water or juice.

FEVER
Fever is abnormal after endoscopic sinus surgery. A fever greater than 101.5F orally should be reported to your doctor immediately.

NAUSEA AND VOMITING
Nausea and vomiting are common after general anesthesia. This may start where you begin to eat or drink. If this lasts greater than 24 hours please call the office for further instructions.

PAIN
Pain should be mild to moderate after sinus surgery. Pain medicine will be provided and should be taken as prescribed. If you are experiencing severe pain, or a headache that persists despite pain medication, this is abnormal and should be reported to your surgeon immediately. Do not use aspirin, Motrin, Ibuprofen, Aleve, or any drug which contains these medicines as they all promote bleeding. You may use acetaminophen (Tylenol) or the prescription medicines prescribed by your surgeon.

CARE OF YOUR NOSE
Bleeding from the nose is common and expected after sinus surgery. It is better if you rest quietly with your head elevated if you are having some oozing. You may use Afrin .5% Nasal Decongestant Spray, 6-8 puffs in each side of the nose, up to every few hours to stop the bleeding, if needed. Do not use this for more than 24 to 48 hours. You may need to wear a drip pad for several days after your surgery. When
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the bleeding stops you may stop wearing the pads. If you are bleeding through more than 5 pads in an hour, or bleeding down the back of your throat, please call the office to receive instructions. You may be asked to come to the office or go directly to the emergency room Emergency Room.

Try not to blow your nose after surgery as this may force air into the tissues. You may wipe away any mucus or blood from the inside of the nostrils.

NASAL SALINE SPRAY

Begin using saline spray as soon as you arrive home from surgery. Use a minimum of six times per day; saline may be used, as often as needed there is no maximum of sprays. Your doctor will instruct you as to when to start nasal irrigations. Nasal saline spray is different from the nasal saline irrigation. Follow the instructions on your saline packets for mixing the saline irrigation.

INSTRUCTIONS FOR NASAL IRRIGATION

Your doctor will instruct you when you should begin the saline irrigations. Post operative nasal irrigations are critical to the success of endoscopic sinus surgery. Irrigation decreases the crusting and helps to facilitate removal of clots and mucous.

You will need to purchase a Sinus Irrigating system such as Neil-Med or Ayr. Follow the instructions that are given with the irrigation system for mixing your solution.

Your nose should be irrigated at least 2 times per day with saline irrigation. Stand over a sink or in the shower; insert the tip of the irrigation bottle into your nostril. Aim the bottle at the crown of your head (not straight back) and squirt the saline irrigation into the nose. You should feel the water in your nose and some may run back into your throat. Imagine aiming the stream as though you are trying to squirt the back of your head NOT the top of your head. You may flush out old blood clots, fresh blood, crusts, and mucous. This suggests that you are doing an adequate job of irrigating the entire nose. Warm saline solution is preferred as it is much more comfortable.

The benefits of the hypertonic saline solution are three-fold:

1. **It is a solvent.** It cleans mucous, blood clots, crusts and other debris from the nasal passage.
2. **It decongests the nose.** Because of the high salt concentration, fluid is pulled out of the membrane. This shrinks the membrane which improves nasal air flow and open sinus passages.
3. **It improves nasal drainage.** It has been shown that saltwater cleansing of the nasal membranes improves cilia beating so that normal mucous is transported better form the sinuses through the nose and into the throat.

If you are instructed to use a prescription nasal steroid such as Flonase, Nasacort, or Nasonex you should always cleanse your nose with the saline irrigating before utilizing the nasal spray. Wait approximately 30-45 minutes after irrigating before using the spray. The nasal steroid is most effective when sprayed onto clean nasal membranes. It reaches deeper into the nose after cleansing.

SHOWER/BATH

Normal bathing activity may be resumed the day following surgery.
ACTIVITY
Resumption of normal non-strenuous activity is encouraged as soon as possible. It is advised to take a few days off from school or work. Sports or vigorous physical training should be avoided for three weeks after surgery. You should not swim until cleared by your doctor.

DANGER SIGNS INDICATING A NEED TO CALL THE DOCTOR
1. Any change in activity or alertness of the patient.
2. A temperature greater than 101.5°F orally or 102.5°F rectally.
3. Any active bleeding that does not stop with conservative pressure for 20 minutes and or Afrin nasal spray.
4. Continuous nausea, vomiting or refusal to eat or drink fluids.
5. Severe or persistent headache after taking pain medication.
6. Eye pain especially when accompanied by swelling, bruising, or bleeding, or any change in vision, loss of vision, or double vision.

PAIN MEDICINE:
Take as prescribed.

ANTIBIOTICS:
Take as prescribed.

DECONGESTANTS:
If prescribed, take as directed.

*Once medication is finished do not save. Take unused medication to pharmacy for destruction.*

*Keep all medications away from children*

Post-operative Follow-up Appointment

Your follow-up appointment is scheduled on:

DATE: 

TIME: 

Dr. Thompson Dr. Walton Dr. Ellis Dr. Challis