

## Patient Education Literature

We recommend that you read this handout carefully in order to prepare yourself or family members for the proposed procedure. In doing so, you will benefit both the outcome and safety of the procedure. ***If you still have any questions or concerns, we strongly encourage you to contact our office prior to your procedure so that we may clarify any pertinent issues. An educated patient is the best patient.***

### Endoscopic Sinus Surgery

#### Definition

Endo = within or inside

scopic = viewing or observing

Sinus = a cavity or hollow in the body

This procedure involves re-establishing openings into sinuses using an endoscope. There are 4 sets of sinuses. One or more of these sinuses may be involved.

#### Purpose of Procedure

There are several reasons why this procedure is done, which include obstruction from abnormal tissue, recurrent infections that don't clear with antibiotics, and previous nasal injury.

#### Preparation

As with any procedure in which anesthesia is administered, you will be asked not to eat or drink anything after midnight on the evening prior to your surgery. If you are on medications that must be taken, you will have discussed this with us and/or the anesthesiologist and instructions will have been given to you. The procedure will not be performed if you are currently taking, or have recently taken any medication that may interfere with your ability to clot your blood (blood thinners, aspirin, anti-inflammatory medicines, etc...). ***Please refer to the attached list and tell us if you took any of these within the past 10 days.*** If your new medication is not on the list, alert us immediately so that we may ensure optimal procedure safety. We will have reviewed all of your current medications with you during the pre-operative consultation. You are obligated to inform us if anything has changed (medication or otherwise) since your previous visit.

#### Procedure

This procedure involves recreating openings into the sinus cavities that are involved in the disease process. Packing moistened with anesthetic solution is placed in the nose. Local anesthetic is also injected into the septum, the tissue surrounding the septum and through the roof of the mouth to help control bleeding and for immediate post-operative discomfort. Using the endoscope and other instruments the obstructing tissue is removed. Normal tissue is preserved as much as possible. Most commonly the ethmoid sinuses contain thick mucus membrane that is carefully removed. Openings into the other sinuses are created as needed and abnormal tissue and fluid are removed if possible. Temporary packing may be used to control bleeding.

#### Post Procedure

Following the operation, ice packs may be used to reduce the swelling and the chance of bleeding. Discomfort will be managed with pain medication. If packing is used, it is usually removed within 2 to 3 days after the operation. Strenuous activity, lifting and blowing your nose are not allowed for 2 weeks following the surgery. Temporary use of over-the-counter nose sprays may be recommended. Irrigation of the nasal cavities with a saltwater solution and over-the-counter nose sprays may be

recommended. Follow-up visits will be scheduled until healing is complete. Post-operative pain medications may include a codeine type medication that may cause drowsiness. Operation of motor vehicles or machinery is not allowed while using this medication. Returning to work or school can occur as soon as pain medication is no longer needed during the day and depending on how strenuous your job is.

### **Expectations of Outcome**

This operation should allow air to pass more freely through both sides of the nose and reduce the frequency of infections. It is not expected to replace the need for allergy medications if they were previously required.

### **Possible Complications of the Procedure**

Endoscopic sinus surgery is safe, however, there are uncommon risks associated with the procedure. While we have discussed these and possibly others in your consultation, we would like you to have a list so that you may ask questions if you are still concerned. It is important that every patient be made aware of possible outcomes that may include, but are not limited to:

- Anesthesia complications: There is always a small risk with general anesthesia. This risk is increased if there is any family history of trouble with anesthesia. The risks can range from nausea and vomiting to very rare life threatening problems. You can discuss any questions with your anesthesiologist.
- Bleeding
- Infection
- Scarring of the inside of the nose
- Pain or numbness of the upper teeth, palate or face
- Rare complications include bleeding around the eye, loss of vision or leakage of spinal fluid from the roof of the nose.

We provide this literature for patients and family members. It is intended to be an educational supplement that highlights some of the important points of what we have previously discussed in the office. Alternative treatments, the purpose of the procedure/surgery, and the points in this handout have been covered in our face-to-face consultation(s).