



EAR, NOSE & THROAT PLASTIC SURGERY CENTER

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Endoscopic Sinus Surgery

FAILURE OF THE OPERATION: These operations have a high success rate (~75%), but the sinuses are inherently not well designed, and there may be recurrent problems. If your problem is caused by allergy, you may have to take allergy treatment.

INFECTION: This may cause prolonged drainage or crusting, or even poor healing of nasal tissues. Usually infections can be easily treated with antibiotics, and aren't serious, but poor healing may be a problem.

CRUSTING AND DRAINAGE: This is normal part of the healing process and usually gets better quickly, but it may persist for a longer time than we desire.

BLEEDING: Bleeding may occur from these operations. It is very rare, but may be serious and can require a blood transfusion. Blood banks are very careful with the blood they release, but there is a very small risk of transmitted infection from blood transfusion. Occasionally, your face will be bruised.

NUMB OR SORE TEETH: May happen after sinus surgery. Usually this improves quickly, but is permanent in a very small number of people.

VISUAL PROBLEMS: The eye socket is very close to some of the sinuses, and the bony dividers are very thin. Some surgeons have reported injury to the eye in these operations: blindness has even occurred. We have never had a visual disturbance with any sinus operations, but this is a risk of the operation.

CEREBROSPINAL FLUID LEAK: The brain is close to the ethmoid sinuses. In cases of severe, prolonged sinusitis, polyps, or anatomic abnormalities: cerebrospinal fluid (brain fluid) can leak from the nose after surgery. This is very rare, but appropriate repair is usually needed.

ANESTHESIA COMPLICATIONS: These are rare, but may be serious. You may discuss questions with the anesthesiologist.

POST-OP INSTRUCTIONS FOR: Nasal Surgery

Diet

A normal diet as tolerated may be consumed.

Activities

Rest for 48 hours, then resume light activities. No bending over, heavy lifting, or forceful nose blowing until instructed. Sneeze with your mouth open and keep your head elevated. If there is any swelling of the eyes, use crushed ice in a zip-locked baggie for 24 hours. Elevating the head off the bed at night is advised. Do **NOT** smoke.

Pain/Medication

Nasal and facial pain is common. Prescription medication should be used as directed. Non-aspirin pain medication may be substituted as pain eases.

Bleeding

There may be some blood-tinged mucus or saliva, and dressings should be changed as needed. However, if there is any fresh bleeding which persists greater than 10 minutes, call the office. Do not blow nose or pick nasal crust formations.

Follow-up

On discharge, if your packing is left in overnight after surgery, we recommend taking two pain pills before having it removed. If you are coming into the office, please have someone else drive.

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After Surgery

You will spend one to two hours in a recovery area with a nasal dressing to absorb bloody drainage, which should be minimal. When you are no longer too groggy from the anesthetic and have no unusual nausea and bleeding, you will be discharged. Be sure to have someone drive you home.

Home Recovery

Taking a few precautions during the first few weeks after surgery can prevent complications and speed your healing. Take it easy for about a week, during which time you may take the prescribed medication for pain and prescribed antibiotics to prevent infection. For the first few days, sleep with your upper body elevated to keep pressure off your head. You will be given instructions about ongoing care, which can help you minimize future infections or allergies and their effects.

Follow-up Schedule

You will need frequent, brief visits after endoscopic surgery to clear out old blood and mucus. This promotes faster healing and helps to prevent complications. Consult your doctor about additional, long-term follow up.

Call your Doctor or go immediately to the emergency room if:

1. You are bleeding excessively.
2. You have signs of infection, such as fever, yellow or greenish drainage, unrelieved headaches, or increased pain.
3. You have decreased or double vision, a stiff neck, or you feel extremely fatigued.

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MEDICATIONS TO AVOID

Due to bleeding problems encountered during surgery, please make sure that patients scheduled for surgery discontinue taking any of the following medications or any that are related to them for **TWO WEEKS BEFORE AND AFTER SURGERY.**

SALICYLATES

Aspirin
Bufferin
Anacin
Alka Seltzer
Easorin
Zorprin
Ascriptin
Ecotrin

IBUPROFEN

Motrin
Advil
Nuprin
Rufen
Medipren

OTHERS

Naprosyn
Persantine
Coumadin
Clinoril
Indocin
Ticlid
Toradol
Tolectin
Nalfon
Feldene
Norgesic
Voltaren

Medications containing acetaminophen such as Tylenol are acceptable.