

Proliance South Seattle Otolaryngology

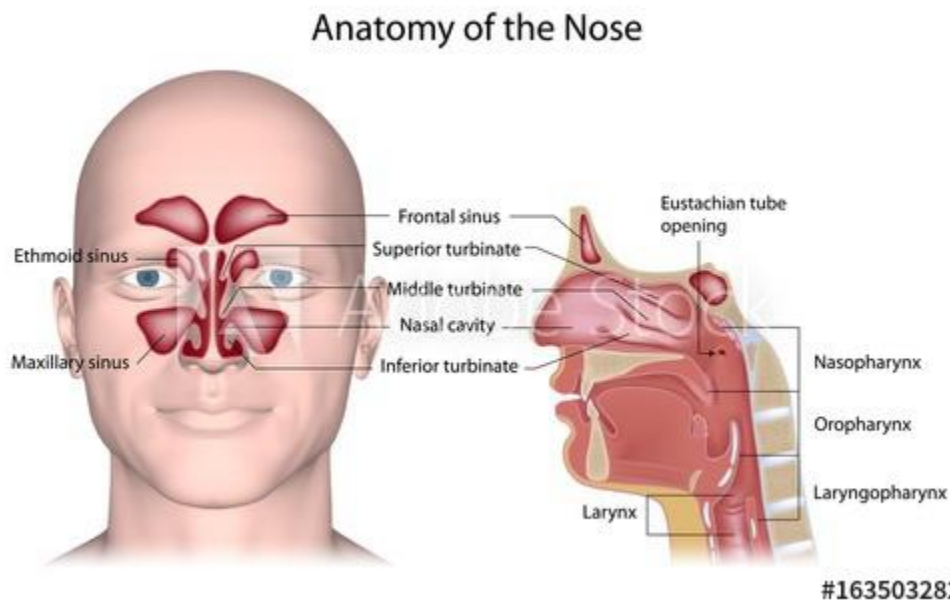
Sinus/Nasal Surgery

Pre-Operative and Post-Operative Instructions

Nasal Anatomy

The nasal cavity and sinuses are a complex set of structures. The nose is divided into two sides by the septum. On each side of the nose there are fin-shaped structures called turbinates which help to direct airflow and humidify air. The nasal cavity is connected to several sinuses throughout the face: Maxillary, Ethmoid, Sphenoid and Frontal. These sinuses are typically air-filled and help to humidify air, protect the brain from injury and make the head lighter.

Patients may require surgery in order to straighten a deviated septum, reduce the size of turbinates and/or widen the opening of sinuses.



Risk of Surgery

Risks involved with sinus surgery are rare but include bleeding, infection, changes in sense of smell, injury to the eye (including vision loss, double vision and/or tearing), injury to the brain (including CSF leak and/or meningitis), scarring, cheek/palate numbness, septal perforation and risks associated with anesthesia. Your surgeon will review these risks with you before surgery.

Before Surgery

- Do NOT take Aspirin or Aspirin-related products (i.e. Ibuprofen, Advil, Aleve, Motrin and Excedrin) for two weeks before surgery as these cause bleeding.

- Do NOT take Vitamin E, Gingko biloba, Garlic or other supplements for two weeks before surgery as these may also cause more bleeding.
- Notify your doctor if there is any personal or family history of bleeding tendencies unusual menses or surgical problems. Notify your doctor if you have had problems with anesthesia in the past.
- Notify your doctor if you are on blood thinners (i.e. Coumadin/Warfarin, Clopidogel/ Plavix and/or Dabigatran/Pradaxa). We must coordinate stopping and restarting these medications with your Cardiologist or Primary Care Doctor.
- Do NOT eat or drink anything after midnight on the day of your surgery. It is okay to take your prescription medications with a sip of water.

Day of Surgery

- Check in at the front desk 90 minutes prior to surgery.
- Do NOT wear jewelry or bring any valuables with you on the day of surgery. Do NOT wear nail polish, makeup or hair products on the day of surgery.
- The surgery is usually an outpatient procedure that lasts 1-3 hours. You will be able to go home after recovering for at least 2 hours.

After Surgery

Medications

- Do NOT take Aspirin or Aspirin-related products (i.e. Ibuprofen, Advil, Aleve, Motrin and Excedrin) for two weeks after surgery as these may cause bleeding.
- Take pain medications every 3-4 hours for the first several days after surgery. It is harder to manage pain if you fall behind on a dose.
- As the pain starts to improve, you may reduce the frequency of the pain medication.
 - Your doctor may prescribe pain medications. Otherwise use Acetaminophen or Tylenol to relieve pain.
 - If you were prescribed any antibiotics or steroids, start these on the day AFTER your surgery.
 - If you typically use a nasal steroid spray (i.e., Flonase, Rhinocort, Nasonex or Nasacort), discontinue the spray until your follow-up appointment unless your doctor instructs you otherwise.
 - Ask your doctor when to restart other medications and CPAP.
- Apply nasal saline spray (i.e., Ocean, Ayr, etc.) 6 times a day to maintain nasal moisture. This will help reduce crusting, improve healing and make cleaning your nose easier.
 - Gently irrigate your nose twice a day starting 2 days after surgery using NeilMed sinus rinse system. Be sure to use the included salt packet. Dried blood and mucous may rinse out of the front of your nose or the back of your nose and into your mouth. At first these irrigations may feel unusual, but soon you will find them to be comfortable and soothing.

Diet

- Staying well hydrated is most important. Dehydration may cause increased pain, a low grade fever, reduced urination and constipation.
- Plain water is NOT enough.
- Suggested liquids: Juice, Gatorade, Powerade, Pedialyte, lukewarm tea, flat soda, broth and smoothies.

Activities

- Avoid strenuous activity, heavy lifting or bending for two weeks after surgery. Plan to rest at home for at least the first week.

- Nasal saline spray/rinse is often prescribed. Use this as instructed to gently wash blood or mucous from the nasal passage.
- NO nose blowing or snorting/sniffing air through the nose for two weeks after surgery. It is ok to breathe through nose if no packing material is present. If you have to sneeze, keep your mouth open.
- NO smoking. Smoking slows healing and promotes infection.
- NO travelling for at least two weeks after surgery. Unexpected bleeding while airborne would be dangerous.
- Sleep with your head elevated by at least 30 degrees to help reduce swelling.
- You may require more sleep than usual while recovering.
- You may shower or bathe normally, but avoid using very hot water as this can cause bleeding. Do not use CPAP until directed.

Post-Operative Symptoms

- The nose will feel raw and swollen for up to 2-3 weeks following surgery. Any improvement in nasal breathing should not be expected until this swelling has gone down. It is common for snoring to worsen for several days after surgery.
- Expect the pain to last for approximately 10 days. The pain medication will help relieve some of the pain but cannot eliminate it.
- You may have nasal packing or splints placed at the time of surgery to help with healing. You also may feel a small stitch in the front of your nose. Do NOT manipulate these. The packing may cause some eye tearing and ear fullness, which is normal.
- Some patients experience nausea and vomiting after anesthesia. This typically resolves 24-36 hours after surgery. If an anti-nausea medication has been provided, use it as instructed. Please call if your nausea does not resolve.
- It is common to have a sore throat and bad breath for 2 weeks after surgery. This is frequently due to nasal obstruction and mouth breathing. Using a humidifier can help.
- A low-grade fever (< 101.5 F) may occur after surgery. Frequently this is due to dehydration.
- Pain medications, dehydration and reduced diet can result in constipation. Increasing fluid intake, prune juice and milk of magnesia can be helpful.

Bleeding

- It is common to have some bleeding and bloody mucus from the nose 7-10 days after surgery. This drainage is greatest during the first three days. Use gauze dressing under the nose to catch any of this drainage.
- Bleeding can be prevented by maintaining nasal moisture. Apply nasal saline spray at least three times daily.
- Active or persistent bleeding requires that you immediately go to the nearest Emergency Room (use Highline Medical Center Emergency Room if it is close), Call 911 if there is significant active bleeding.

Follow-Up

- You should schedule a follow-up appointment with your doctor within 5-7 days if your surgery. At this visit your nasal packing and/or splint (if present) will be removed. Any nasal crusting or post-operative debris will also be removed.
- Some patients experience mild discomfort with this nose cleaning. You may take Tylenol (Acetaminophen) one hour prior to your visit. Do NOT take prescribed pain medication unless someone is driving you to and from your appointment.

Reasons to Call the Office, (206) 242-3696

- Fever greater than 101.5 F.
- Constant, clear, watery drainage from the nose, eye swelling or changes in vision.
- Continued nasal bleeding.

Please call (206) 242-3696 or talk to your surgeon directly if you have any additional questions or concerns about your surgery or recovery.