



Hillcrest Medical Building Atrium  
6770 Mayfield Rd, Suite 441  
Cleveland, OH 44124  
(P) 440-684-9980  
(P) 800-24-SINUS (247-7487)  
(F) 440-449-9279

## Endoscopic Sinus Surgery Instructions

Recurrent sinus problems are often caused by nasal polyps, recurrent infection or a blockage in the area where the sinuses should drain into the nose. These problems can be corrected with ENDOSCOPIC SINUS SURGERY. This delicate surgery is accomplished through your nose by reestablishing the normal air circulation and drainage of your sinuses. The same endoscopic equipment used to examine your sinuses during your office visit is used in the operating room.

Using the nasal endoscopes gives the physician a brightly illuminated and magnified view of the inside of the nose and sinuses. This permits a thorough removal of your sinus disease and the preservation of many of the normal nasal and sinus structures. In this way, much of the normal function of the nose and sinuses can be restored.

Even though you will have no visible incisions and the post-operative swelling and discomfort are minimal, you are undergoing a major sinus surgical procedure. Therefore, you will be required to take certain precautions. This information is provided to help you have a comfortable and successful recovery. No matter what is said in these guidelines, if you have any question about your postoperative care, please do not hesitate to call the doctor.

### PREPARING FOR SURGERY

**ASPIRIN, IBUPROFEN PRODUCTS (Advil<sup>®</sup>, Nuprin<sup>®</sup>, Motrin<sup>®</sup>, other NSAIDS). You must not take any of these products for one week before and one week following your surgery. You should have received a list of additional medications to avoid before surgery. Please read this list carefully. Taking any of these medications may cause cancellation of your surgery.** If you have any questions about your medications, contact your doctor.

**SPECIAL MEDICATIONS.** Bring medication taken regularly with you. If you use medications for high blood pressure, heart problems, asthma or diabetes, check with your surgeon about taking them the morning of your surgery.

**WHAT TO BRING TO SURGERY.** Most patients go home the same day. Since there is a small chance you will need to stay overnight, bring a few personal items such as toothbrush, slippers, and robe. Most patients find it easier to use the hospital gowns rather than personal bed clothes. If you usually wear contact lenses, you will be more comfortable wearing your eye glasses after surgery.

**SURGERY SCHEDULE.** You will be told by the hospital or surgery center when to arrive for your surgery.

**EATING & DRINKING BEFORE SURGERY** Most anesthetics require a time period with no food or drink. You will be advised about your eating and drinking schedule.

**LEAVE VALUABLES AT HOME.**

**ARRANGE YOUR TRANSPORTATION.** Since you should not drive for 24 hours after your surgery, you must have someone available to drive you home.

## **THE DAY OF SURGERY**

**ANESTHESIA.** You will discuss your anesthesia with a member of the anesthesia department before surgery. Also, the doctor will see you before surgery to answer any last minute questions.

**THE HOSPITAL OR SURGERY CENTER STAY.** Following surgery, you will remain in the hospital several hours to be sure you have recovered from surgery and anesthesia.

**PAIN.** Because there is some discomfort after surgery, there will be pain medication for you at the hospital and a prescription for your home use. You may take acetaminophen (Tylenol®) as directed on the label.

**INFORM YOUR FAMILY.** Although your family does not need to be in the hospital while you are having your surgery, the doctor will want talk with them immediately after—either in person at the hospital or by telephone at work or home.

**NASAL DRESSINGS.** After surgery there may be a small, soft dressing or sponge-like tampon in your nose that will be removed before you leave the hospital. There will be a mustache-like dressing on your upper lip to absorb any drainage. It is common to change this dressing often immediately after surgery. Before you leave the hospital, you will be given any supplies and dressings you may need for at home care.

## **THE FIRST WEEK AFTER SURGERY**

**AVOID PHYSICAL ACTIVITY AND EXERTION.** Excessive physical activity raises the blood pressure and can cause nasal bleeding.

**OBTAIN ADDITIONAL REST.** Even though your operation is relatively short, you may be tired and fatigued.

**NASAL CARE.** Do not blow the nose for the first seven days. If there is blood or mucus in the nose, gently sniff it back into the throat.

At the start of your recovery, you will have increased nasal drainage, often with some bright red bleeding. Do not be alarmed. A small amount of bleeding is not unusual and may continue through the first week. If you must change your nasal dressing more than every 10 minutes, call your doctor. Old blood that accumulates in the nose during surgery is reddish brown in color, drains from the nose for a week or more and is of no worry.

A moderate amount of thick and discolored drainage may continue from four to six weeks after surgery. The small mustache-dressing under your nose is for your convenience and may need to be changed frequently. When the drainage slows, you will not need to wear it. Gently wipe or dab your nose with a soft facial tissue. You will have a stuffy, congested nose for several weeks.

Do not insert anything into the nose. If some dried blood has accumulated within your nostrils, gently remove it with a cotton tipped applicator moistened in hydrogen peroxide.

**SNEEZING.** If you must sneeze, do so with your mouth open so there will be less pressure within your nose.

**DRY NOSE.** You must use a salt-water nasal spray (e.g. Ocean<sup>®</sup>, AYR<sup>®</sup>, Afrin Saline<sup>®</sup>) 4 to 6 times per day to keep the nose moist. You cannot overuse the saline. When the air is dry, a cool mist vaporizer will also help keep the nose moist.

**DRY LIPS.** Dry lips caused by breathing through your mouth can be moistened with Vaseline<sup>®</sup> or baby oil.

**AIR TRAVEL.** Airplanes are dry and you must be sure to keep your nose moist by using a salt-water (saline) nasal spray frequently during your flight. If you experience facial pressure during air travel, a decongestant pill (e.g. Sudafed<sup>®</sup>) or using a nasal spray (e.g. Afrin<sup>®</sup>, Neo-Synephrine<sup>®</sup>) may provide comfort.

**DISCOMFORT AFTER SURGERY.** You will have some discomfort after surgery that will be more of an ache and pressure, rather than sharp pain. As the week passes, discomfort may increase due to increased swelling and accumulation of secretions in the sinuses. Keeping your head elevated and sleeping with an extra pillow helps decrease swelling, provides for better nasal drainage and gives you added comfort.

## **THE FIRST OFFICE VISIT AFTER SURGERY**

It is important to keep your follow-up appointment. If you do not have one, please call the office. During your first office visit after surgery, you will have a nasal endoscopic examination. Some patients are anxious about this visit and you may be too. However, there is little or no discomfort involved with the nasal examination because your nose will be anesthetized.

## **THE FIRST MONTHS AFTER SURGERY**

**PHYSICAL ACTIVITY.** Aerobic activity may be resumed after one week. However, **DO NOT SWIM** for one week-since water in your nose may cause a nasal infection. If bright red bleeding occurs, decrease these activities for a few days.

**THE RECOVERY PROCESS.** Your nasal breathing will not be its best until about six weeks after surgery. Some days, the breathing will be good. Other days, it will not. During this time, it is common for your nasal breathing to alternate from one side of the nose to the other.

***Remember, your recovery is a process, not an event.***