



FARMINGTON
EAR, NOSE & THROAT



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POSTOPERATIVE INSTRUCTIONS FOR SINUS SURGERY

The following information is designed to assist you in preparation for your postoperative course.

Nasal Packing

Nasal packing is not routinely used following sinus surgery unless more bleeding has occurred than usual during surgery. It is designed to provide pressure to raw tissue. It is usual for a small amount of bleeding to occur to a point where a drip pad (gauze pad under the nose) must be changed every hour or so. Bleeding into the back of the throat or constant and persistent saturation of the drip pad may necessitate packing. On occasion, an absorbable splinting material is used to keep tissue separated in the nose during healing. This “absorbable packing” may flush out during your postoperative irrigation. **DO NOT BE ALARMED** if this occurs as it is only needed temporarily.

It is important that in the immediate postoperative phase the head be kept higher than the heart and no exertional activity should be undertaken. If these precautions are not followed the chances of bleeding are greater. Bleeding rarely occurs after the first 24 hours and therefore packing is generally removed at that time. The nose will feel stuffy for several weeks after surgery. This is due to tissue swelling.

Postoperative Endoscopy

Approximately 2 weeks following the surgery you will be in our office at which time your nose will be sprayed with decongestant and a topical anesthetic. Following this spray the nose is examined and if needed cleaned under direct visualization. This may be required once or several times following surgery depending on the individual circumstance. There is minimal discomfort involved in this cleaning procedure, which is important to ensure that no scarring occurs in the area of the sinus openings.

Additional Notes

- Nasal stuffiness/congestion/discharge – The nose will be blocked or stuffy for several weeks after surgery. This can also occur after the packing is removed. This clears gradually as normal postoperative swelling decreases and crusting diminishes.
- Bloody discharge from the nose or down the throat (often blood mixed with mucous) may persist for several days or longer. Heavy or persistent steady bleeding should be reported immediately.
- Crusts (scabs) often form inside the nose during the early healing period and will be cleaned out in periodic follow-up office visits. Sometimes they will loosen and come out by themselves. **DO NOT** blow your nose for at least one week or until permission is given.
- While discomfort is common after surgery many patients have no pain at all. Severe pain is unusual and most patients can control what pain there is with Tylenol. Mild analgesics

(codeine type) are needed occasionally. Do not take aspirin or ibuprofen (Advil, Motrin, Nuprin, Medipren, etc.) as they can promote bleeding.

- Steroid (cortisone type) nasal sprays may be prescribed to help reduce swelling, particularly in polyp patients. Some patients need to use these sprays on a regular basis for many years even indefinitely. All patients using such sprays should be checked at least twice a year. Please do not forget to make these appointments. These nasal spray steroids are not significantly absorbed into the system and are generally safe for long term use.
- If polyps recur they can sometimes be controlled by medical measures or by relatively minor surgical removal. Occasionally small pockets of remaining infection are noted and can also be cleaned out. Only a small amount of patients require significant additional surgery.
- Extensive bruising or swelling of the eyelid is not normal after surgery and should be reported to me immediately.
- The surgery on the sinuses is performed in close proximity to the eye as well as to the undersurface of the skull and although complications of the eye, as well as to the undersurface of the skull base, are very rare they can occur. If any **swelling, redness of the eye, changes in vision or changes in the ability to move the eye** occur call the office immediately. Any **severe headaches, changes in mental status, level of consciousness, fevers, neck stiffness or dripping of clear fluid from the nose** occur call the office immediately. **DO NOT** blow nose for at least one week following surgery as air may be forced into unwanted areas and bleeding can occur.

POSTOPERATIVE CARE BY THE PATIENT

It is important in the immediate postoperative phase to keep the nose as clean and free of crusts and debris as possible. The best method to accomplish this is by mechanical cleansing with a normal saline solution. Attached to this sheet will be instructions on how to make the normal saline solution. It should be administered to the nose in the manner of one of the following:

1. An enema bag set with straight tip attachment can be used. Fill the bag with saline solution and hang as high as possible over the sink. Flush both sides of nasal passages equally with head hanging over the sink.

OR

2. An irrigation bottle, such as SinuRinse, is supplied by a pharmacy. The bottle should be full of the normal saline solution and while the head is over the sink, flush each side of the nose by squeezing the bottle repeatedly. Each side should be irrigated with one half of the bottle's volume.

While irrigating, the fluid will come out the same nasal cavity, the opposite side or out the mouth and this is normal. **Continued flushing of each operated side should be performed 4-5 times per day until otherwise directed.** A normal saline spray can be used periodically throughout the day between irrigations. Begin this procedure the next day after surgery unless told otherwise. You will be given several medications to take after your surgery. **Do not drive if taking any narcotic for pain or medication for dizziness in the post op period or after any treatments. The patient fully understands this warning.**

Please call the office if you have any problems or questions. After hours, you can reach me through the hospital switchboard at 573-756-6451.