



PLEASE BRING THIS PACKET WITH YOU ON THE DAY OF SURGERY

Pre and Post Operation Instructions for Endoscopic Sinus Surgery

Endoscopic sinus surgery uses endoscopes (optical rods) to find the small natural openings to the sinuses, and make them larger so that they drain easier. The surgery is often done with image-guidance to allow the surgeon to see exactly where the instruments are, as this surgery is done close to the eyes and brain. This surgery facilitates the natural drainage of the sinuses, decreasing the number of infections, and allowing irrigations and nasal medications to more easily enter the sinuses. The septum is often straightened and the turbinates are often reduced at the same time to decrease nasal congestion. If polyps are present, these are removed and sent for biopsy.

BEFORE SURGERY:

- Minimize aspirin, Motrin, Ibuprofen, Advil, Nuprin or any other anti-inflammatory medicine for one week before and one week after surgery. Tylenol is permitted at any time.
- If you take Coumadin or other blood thinners please discuss this with your surgeon.
- Please do not eat or drink anything after midnight the night before surgery, but you may take any prescription medicines the morning of surgery with a sip of water.
- The hospital or surgical center will call you the day before with time and instructions for surgery. Please make arrangements for a ride home after surgery, as you will not be able to drive.

AFTER SURGERY:

- A moderate amount of pain is normal. A feeling of severe congestion and frequent headaches are also to be expected, from the soft silicone splints and dissolvable packing that is usually placed inside your nose.
- The splints will be removed in 4-5 days, but are sometimes left in for 8 days if your septum needs extra support.
- The nose will ooze blood and mucus for the first day or two after surgery, requiring gauze under the nose. Your nose will be stuffy, with a lot of crusting, for around 4 weeks after surgery as your nose heals.
- It is normal to feel like you have a sinus infection for 3-4 weeks after surgery.
- Sleeping with your head elevated about 30 degrees by a stack of pillows or a reclining chair will help with the discomfort during the first week after surgery.
- The pain usually settles quickly after the splints are removed, but the nose will be tender to touch for about 6 weeks.
- No strenuous exercise for two weeks, then ease back into full activity.
- Most people go back to work after the splints come out, generally at one week. The nose will be fragile for about three weeks and tender to any bump for about six weeks.

- **No nose blowing for two weeks after surgery.** You may sniff and use nasal saline sprays, but blowing the nose might dislodge the delicate skin flaps the first two weeks after surgery.
- You may notice some numbness in the upper lip and upper front teeth after surgery. This generally resolves within several weeks.

MEDICATIONS:

- **Pain killers such as Tramadol** will be given to help control pain, and is usually stopped when the splints come out one week after surgery. Pain killers should be taken with some food to avoid nausea.
- **An antibiotic such as Keflex** will be given to help prevent infection. The antibiotic **MUST** be taken for the prescribed length of time. If you do not take the antibiotic, there is a very significant risk of infection destroying the cartilage in the nose!
- **Mupirocin antibiotic ointment** will also be given and should be gently placed just within the nostril three times a day for an entire month, using a Q-tip or a fingertip.
- Use over-the-counter **nasal saline (salt water) spray/mist every two hours while you are awake**, for an entire month. This will help keep the nostrils and splints clean while the splints are in place, and will help your nose heal after the splints come out. A humidifier in the room at night is helpful to keep the nose and mouth moist for the first month.
- **You will Use a Sinus Rinse** (we recommend NeilMed) **at least 2 times a day post procedure for 1 month.** Instructions on how to use this are attached.

RISKS

- Sinus surgery has the rare risks of damage to the eye or eyes causing double vision or blindness, or bleeding around the eye causing pressure that could cause blindness if not relieved. There is a risk of damage to the brain causing drainage of cerebrospinal fluid, and the risk of meningitis, brain abscess, damage to brain tissue, and possibly death. Further surgeries and medications may be required. Damage to the nasolacrimal duct can occur requiring placement of a stent from the corner of the eye to the nose to prevent the tear duct from scarring closed.
- Scarring after sinus surgery may occur, narrowing the openings made at the time of surgery. Sinus infections can still occur even after surgery, but should be less frequent and treated more easily. Again, further surgery may be required. Congestion and poor sense of smell may continue even after surgery.
- If polyps are removed, they almost always grow back, and will need to be removed again at some point. Hopefully this will not be for a number of years. Controlling allergies and using nasal steroid spray such as Nasonex help slow down the return of the polyps. Polyps rarely can become destructive or cancerous, requiring further treatments.
- Failure to take your antibiotic if prescribed can result in an infection in your nose, destroying the remaining cartilage, causing a 'saddle' nasal deformity, a perforation in the septum, and toxic shock syndrome (which is characterized by high fevers, rashes and weakness, and may result in death). Smoking after surgery dramatically increases the risk of infection, deformity, and a perforation.
- Heavy bleeding from the nose is rare and usually not serious. Should it happen, remain calm, keep your head elevated, and apply ice compresses to the side of the bleeding. Place a paper towel under your nostrils to absorb the blood, but do not insert anything into the nostrils as this may cause damage to your nose. Over the counter nasal decongestant spray, such as Afrin, will slow down the bleeding. Please call if you develop continuous bleeding of bright red blood (if the drip pad is saturated every 20 minutes), or vomiting of blood.
- If the septum was straightened, there may be some minor (but improved) congestion, septal irregularity, and septal deviation. One side will be slightly more open than the other. Rarely there can be increased dryness and crusting. Revision surgery is necessary about 5% of the time for continued congestion. This typically is not performed until 9-12 months after the original surgery.

Please call Dr. Gale at **801-328-2522 EXT 1408/1409** if you have any questions, problems, or concerns.

INSURANCE COVERAGE:

As a courtesy to our patients, we will check with your insurance company to find out if this procedure is a covered benefit for you. However, you are responsible to verify these benefits and you also are responsible for any co pays, co-insurance and deductibles related to your surgery. If you contact your insurance to check eligibility, they may ask you for the procedure codes also known as CPT codes, these can be provided to you at your request.

We will contact you by telephone after checking these with your insurance to schedule this procedure. Please allow us 2-4 weeks for your insurance company to get back to us. If you haven't heard from us in this time please do not hesitate to reach out to us.

Please note that some procedures, including Endoscopic Sinus Surgery, sometimes require additional time to gain approval from your insurance company. Depending on your insurance it may take us several weeks to obtain a guarantee of coverage before we can schedule.

BILLING:

Please be aware that all surgical procedures consist of 3 separate bills from - the hospital, surgeon, and anesthesiologist. These are all billed through insurance. If you would like an estimate regarding your out of pocket cost after insurance coverage, we are happy to help you obtain these.

A representative from our office will contact you prior to surgery to let you know your out of pocket cost after insurance coverage for the procedure. They will be collecting this amount from you prior to surgery. If you have any questions for our billing department please contact our billing department manager Tiana at 801-533-0589 Extension 1571

Please Call our office anytime with Questions or concerns, we are always happy to help!

Derrick Gale MD

Assistant:

Maty Fish - Medical Assistant

Phone: 801-328-2522 Extension 1409

Fax: 801-533-0589

Sinus Care Instructions

We recommend the NeilMed Nasal Irrigation System:

1. Take a clean, dry 200 mL NeilMed irrigation bottle and place your salt solution (one packet) in the bottle.
2. Fill the bottle to the 200 mL dotted line with Distilled or Boiled water (if you decide to boil you water you must boil it for a minimum of 5 minutes and let it cool back to room temperature before using.) **DO NOT USE TAP WATER.**
3. Screw the cap back on the bottle with the straw securely fitted into the cap
4. Gently swirl the bottle to dissolve the salt solution.
5. Place your head over the sink and squirt half of the bottle up each nostril. If you are using the rinse post procedure you do not need to squeeze very hard, the rinse will still do its job.
6. At the end of a single rinsing session, your bottle should be empty
7. Rinse out any remaining saline with distilled water and place in a clean area to dry.

Cleaning your bottle

- Before each use make sure to sterilize your bottle, you can clean the bottle with soap and water and place in the microwave for up to 2 minutes to sterilize it or you can place it in the dishwasher on the “hot” setting to sterilize.
- If you fail to sterilize your bottle regularly a slime layer will form on the inside the will be full of bacteria. If it is not cleaned, you will be re-colonizing your nose with bacteria.
- Further instructions on how to sterilize the bottle will be included in the Neil Med sinus rinse Kit, please make sure to read all of these instructions before use.