Post-Operative Instructions Following Sinus Surgery

General:

The sinuses are hollow areas in the skull occupying the space above, between and below the eyes. They are connected to the nose and can get inflamed or infected leading to drainage, congestion, decreased sense of smell, fatigue and pain. The underlying cause of the inflammation may be air pollution, allergies, polyps, abnormal internal nasal and sinus anatomy or swelling inside the nose.

Medicines, including nasal sprays, decongestants, antibiotics, antihistamines and steroids will often improve nasal and sinus symptoms. Sinus surgery is recommended only after appropriate medical therapy has failed to provide long term control of inflammation and relief from symptoms.

On rare occasions immediate sinus surgery is warranted. Sinus infections which have spread to or are threatening the brain or eye, trauma and tumors of the nose or sinuses require surgical intervention without delay. Additionally, surgery may be the only option for some patients whose sinus condition aggravates other medical problems such as asthma.
Endoscopic Sinus Surgery

This procedure is usually performed with the patient asleep (general anesthesia). A CT scan of the sinuses provides a road map for the surgery. Sometimes a computer is used in conjunction with the CT scan to act as a navigation system, a "GPS" for the nose, so to speak. Small telescopes are gently inserted through the nostrils to illuminate and magnify the nasal and sinus cavities on a video monitor. The surgeon uses delicate, angled and curved instruments to open or dilate the sinus drainage pathways. Irreversibly diseased tissue and obstructing bone fragments can be carefully removed with the instruments under magnification. The most important principle in endoscopic sinus surgery is to preserve as much normal tissue as possible, allowing the sinuses to recover normal function. At the same time, diseased tissue is removed, and the sinus cavities are opened to improve drainage and ventilation.

If infected sinus cavities are encountered, they can be drained and washed out with sterile saltwater or antibiotic solution during the procedure. Polyps, malignant and benign tumors, fungus balls and stagnant mucous buildups can also be removed. Rarely, tumors, trauma and unusual infections may require an incision somewhere on the face for additional access. These incisions can usually be hidden in the eyebrow, scalp, and a forehead wrinkle or under the lip.

Before Surgery:

Three days before surgery begin applying bactroban ointment (mupirocin) inside the nostril twice a day. This ointment will be prescribed by Dr. Zimm.

Following Endoscopic Sinus Surgery

Removal of diseased tissue from the sinuses leaves “raw” areas. Because of this, you should expect some bloody nasal discharge initially. This will change into some stringy blood tinged drainage and can persist for up to 5 days or longer. Surgery in the sinuses also causes swelling of the tissues. Because of this, you can expect a feeling of congestion and fullness throughout the nose and sinus areas.

The procedure generally takes one to three hours and most patients go home the day of surgery. Nearly all patients do not require nasal packing after the surgery. Patients can eat a normal
diet and are allowed to perform light activity including walking the day after surgery.

Prescriptions and Post-Operative Equipment

1. **Pain Medication:** Percocet, Vicodin, or Tylenol #3 (Tylenol with codeine) - however you are encouraged to take extra strength Tylenol or plain Tylenol for mild pain or discomfort to prevent constipation and nausea.

2. **Antibiotics for 7-14 days:** Depending on your allergies to antibiotics and the degree of sinus disease, antibiotics will be prescribed to you.

3. **Mupirocin Ointment:** Apply to nostrils 2x a day 3 days prior to surgery AND 1 week after surgery.

4. **Nasal Steroids:** Nasal steroids such as Flonase, Nasonex, Nasacort AQ, Rhinocort aqua, or Veramyst will be prescribed to you to start 6-7 days after surgery. They will be used two times per day after the sinuses have been irrigated for the first month after surgery. During the second month after surgery, the nasal steroid spray will be used one time each day after the sinuses have been irrigated.

5. **Saline irrigations:** Irrigations will not start until 6-7 days after surgery after your first post-operative visit with Dr. Zimm. There are several preparations available including Neil Med Sinus Rinse. The first month after surgery saline irrigation will be done twice a day. The second month after surgery irrigation will be done once a day.

6. **VICKS Personal Steam Inhaler:** Steam inhalation will be necessary the first week after surgery. Its purpose is to keep the nose moist and decrease crusting in the opened sinus cavities. The first week after surgery steam inhalation should be done 10-15 minutes every hour while you are awake. Thereafter, it is done twice a day the first month after surgery, then once a day the second month after surgery.

7. **Medrol dose pack or Prednisone:** Oral steroids may be necessary to decrease the swelling and inflammation in the sinuses after surgery, especially if you have nasal polyps. Dr. Zimm will notify you if this is necessary.

A follow up visit one week after surgery allows for cleaning of the nasal and sinus cavities.

Post-operative care of the healing nose and sinuses is just as important as the surgery itself. Scheduled visits to remove crusts and clots minimize scar tissue and post-operative infection. The first post-operative visit and cleaning can be mildly uncomfortable and we recommend that patients take a dose of the prescribed pain medicine prior to the appointment. Patients should also have someone accompany them to the first visit and drive them home. Patients generally experience some relief after the first post-operative cleaning. Most patients return to normal activity, including exercise regimens, in 10-14 days.
THINGS YOU SHOULD DO

1. Wear a cotton gauze pad under your nose for the first few days after surgery in order to catch drainage from the area.

2. You should humidify the air you breathe (humidifier or vaporizer) since you will not be able to breathe through your nose for several days following surgery.

3. Sniff back any nasal secretions rather than blow your nose. **DO NOT BLOW YOUR NOSE AFTER THE SURGERY UNTIL OTHERWISE INSTRUCTED BY DR. ZIMM, THIS CAN LEAD TO BLEEDING.** If you have to sneeze, do so with your mouth open.

4. Sneeze or cough with your mouth open.

5. Take all your medications as instructed.

6. Take your pain medication 1 hour before your first post-operative visit.

7. You should plan to take off work for about 1-2 weeks after surgery.

THINGS YOU SHOULD NOT DO

1. You should not participate in any activity which will increase the pressure of the sinuses (i.e. blowing the nose, sneezing with the mouth closed, bending over, lifting heavy objects, straining, etc.)

2. **You should not take any aspirin products or aspirin like products** (Excedrin, Anacin, Advil, Motrin, Bayer, Alka Seltzer, Alleve and Mediprin.)

3. You should not use the nasal steroid spray until day 7 or as instructed.

EQUIPMENT TO BE ACQUIRED PRIOR TO SURGERY (will optimize your results)

- Neil Med Sinus Rinse
- Vicks Personal Steam Inhaler

Most pharmacies may have the supplies, but in case of any difficulty call:

**Pasteur’s Pharmacy:** 806 Lexington Ave (62nd /Lex), New York, NY 10021  
Tel: 212-838-2500  Fax: 212-888-3128

53 East 34th Street, New York, NY 10016  
Tel: 212-684-0357  Fax: 212-679-3123

Call us immediately if any of the following occur:

* Change in vision  
* Increased swelling around the eyes  
* Neck stiffness or deep head pain  
* Continued Nausea or Vomiting  
* Bright red blood that lasts more than ten minutes or causes choking  
* Fever over 101.5 degrees Fahrenheit