



Physicians' Surgical Center
1500 South 48th St., Suite 201
Lincoln, NE 68506
(402) 488-5812

H. Russell Semm, M.D.
Royce A. Mueller, M.D.
Dana P. Wolfe, M.D.

Christopher A. Cederberg, M.D.
Kathryn L. Rosenberger, M.D.
Benton G. Nelson, M.D.

Rebecca C. Bowen, M.D.

INSTRUCTIONS FOR CARE AFTER ENDOSCOPIC SINUS SURGERY

General Information

Endoscopic sinus surgery is usually performed to open nasal sinuses that are blocked, filled with infection or for nasal and sinus polyps. The procedure is performed through the nose with the surgeon visualizing the areas of concern with small telescopes. Small instruments are used to remove portions of the sinus walls and to enlarge openings. This procedure is usually performed under a general anesthesia or a sedation anesthesia. Occasionally packing material is required in the nose and will be removed sometime in the postoperative period. A septoplasty operation to straighten the nasal septum is sometimes performed at the same time as the sinus surgery.

Recovery Time

The recovery time for a patient varies and depends upon the type of anesthesia used and the amount of sinus surgery required. Some patients require extensive opening of many sinuses and others require only minimal openings. Frequently, a one-week recuperation will be required. Patients whose jobs requirements include extensive physical activities may require a longer recovery period. The individual or family should use their judgment in making the determination when to return to the usual daily activity. Vigorous activities and sports should be avoided for approximately two weeks.

Dietary Instructions

Patients may eat or drink anything they desire after undergoing endoscopic sinus surgery. It is imperative that adequate fluids are given and many patients will need encouragement to be sure that this occurs. Failure to have an adequate fluid intake may require a return to the hospital for intravenous fluids. Contact the ENT office or ENT physician on call if the patient is not taking fluids.

Medications

Patients may resume their normal medications after surgery unless instructed by the physician. Aspirin and ibuprofen products should be avoided unless directed by the physician. Medications prescribed at the time of surgery usually include pain medication and antibiotics. These should be given as instructed. These medications may be held if the patient is experiencing nausea and vomiting. The medications also should be discontinued if a rash or suspected allergic reaction develops.

Pain Management

A prescription for pain medication is typically given after endoscopic sinus surgery. This should be given every four hours to allow for a better control of pain. A child should not be awakened to give them medication, however. In addition, if the patient is doing well, then one may substitute the usual dose of Tylenol for the prescription pain medication at that time to lessen the side effects of the prescription pain medication. Sleeping with the head elevated during the first one or two nights often lessens the discomfort involved. Inadequate fluid intake and less frequent medication use than recommended will often cause the patient to become more uncomfortable. If the pain becomes progressively worse over several days, the ENT office or ENT on-call physician should be contacted.

Nausea and Vomiting

Nausea and vomiting occur occasionally after surgery. Although this is not to be routinely expected, it does occur in a number of patients. This may be caused by the sensations at the surgical site, the medications given for anesthesia, the pain medication or antibiotics given, or occasionally by an unrelated but coincidental intestinal infection.

If nausea and vomiting occur, one should hold off on giving the antibiotics and prescription pain medicines until the nausea and vomiting have subsided. The diet should also be limited to small sips of water or ice chips initially. Clear liquids, such as pop or juice, should be given next after the water is tolerated.

Tylenol suppositories can be given to help with discomfort when a person is having difficulties with nausea and vomiting. The suppositories may be found in the pharmacy without a prescription.

If the patient has been given a prescription to be used in case of nausea or vomiting, this should be given as prescribed.

If vomiting is occurring frequently or has persisted through the night, the ENT office or ENT on-call physician should be contacted.

Nasal Irrigations

Irrigation of the nose has been found to be beneficial after endoscopic sinus surgery. The salt-water solution can be made at home. Irrigation can be carried out with a syringe, a bulb syringe like one would use for a baby or water pik with a special adapter. Irrigation of the nose should be performed at least two times per day. It may be performed more if the patient feels better after the irrigations.

The formula for the irrigation is 1 pint of water mixed with 1/2 teaspoon of salt and 1/2 teaspoon of baking soda. The water should be approximately room temperature.

Other Expectations

Nasal congestion is frequent after endoscopic sinus surgery. If prescription decongestants have been given, these may be used as directed. If no prescription decongestants have been given, the patient may try pseudoephedrine, which is over-the-counter. If this does not provide any relief, then decongestant nasal sprays such as Afrin® may be used for several days.

A temperature rise may occur after endoscopic sinus surgery. We usually do not recommend that the temperature be checked on a routine basis unless the patient is doing very poorly. Use of the pain medication, antibiotics and adequate hydration are needed to help minimize the development of any temperature elevation.

If a temperature elevation is noted, first ensure that adequate hydration, use of pain medication and antibiotics is being carried out. The next step would be to give the patient a cool bath or a cool sponge bath. If several hours after this the temperature remains elevated above 101.5°, the ENT office or ENT on-call physician should be contacted.

It is not uncommon for patients to complain of discomfort or pain in their ears. This is normal and is due to the interconnections of the nerves in the head and neck. No special treatment is required for this. The usual pain medication should be given.

Bleeding

Some oozing of bloody drainage is expected for up to 48 hours. This should diminish gradually after surgery. Occasionally, a patient who has recently been bleeding will vomit and dark blood clots will be noted at this time. The ENT office or ENT on-call physician should be contacted immediately if persistent or profuse bleeding is noted. The family should try to remain calm as the bleeding is usually not life threatening but the situation does require immediate assessment.

Other Concerns

Nose blowing should be avoided for three days and at that time it may be resumed, but the patient must be very gentle. Sniffing is acceptable.

The ENT office or ENT on-call physician should be contacted immediately if bruising develops around the eyes, if there is any swelling of the eye, double vision, or if there is any change in the patient's ability to see.

To contact the ENT office, call 488-5600 between the hours of 8:30 a.m. and 4:30 p.m. Monday through Friday except on holidays. For emergencies after hours, please call 473-7918. One of the ENT physicians is on call 24 hours a day, 7 days a week. Do not call Physicians' Surgical Center for any emergencies.