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## Endoscopic Sinus Surgery Post-op Instructions

After sinus surgery it is important to keep your sinus cavities clean. Debris that develops in your nose (dried blood and mucus) must be removed to promote healing and prevent formation of scar tissue that can block the sinus openings. This blockage may result in persistent or recurrent sinus infection. The most efficient way to keep this debris to a minimum is by sinus irrigation. Your long-term outcome will be dependent on how well you keep your sinus cavities clean. Mild bleeding and oozing from your nose is part of the normal healing process for the first few days after sinus surgery. The sinus openings and mucosal membranes are somewhat raw. You should review the accompanying epistaxis (nosebleed) information sheet to optimize healing and prevent excessive bleeding. If bleeding accelerates and does not respond to the conservative measures outlined on the sheet, then notify your physician.

Saline irrigation should begin the day after surgery. Any of the following are acceptable: infant (blue bulb) ear syringe with saline solution, sinus irrigating kits, or Water Pic dental irrigation device with sinus irrigating attachment. The most important point is frequent irrigations (2-4 times per day) until all sinus openings have healed. If you choose to mix your own saline, one teaspoon of salt and one teaspoon of baking soda should be mixed with one quart of water. Pour 1/4 to 1/2 cup mixture into a clean bowl or jar. Irrigate from this source, but do not put the used syringe back into your saline jar or bowl, as this will contaminate your solution. For comfort, water temperature should approximate that of body temperature. You should discard any remaining solution after one week and start with new mixture.

Technique: Stand over a sink with your head bent forward. While irrigating, fluid will return through both nostrils and down the back of your throat. Let the water come back out of your nose and mouth. Try not to swallow the fluid. Alternate between sides while irrigating. When finished, lean forward to allow the fluid to drain out your nose. Do not be alarmed if some of the fluid does not come out until later. If you were using a topical steroid spray such as Flonase, Veramyst, Nasacort, Rhinocort or Nasonex prior to surgery, then you should generally restart your spray one week after surgery. After completing your morning irrigation, apply two sprays topical steroid to each nasal cavity.

Please schedule an appointment to see your doctor one week after surgery.

The days following surgery:

- Avoid bending, stooping, straining, heavy lifting or physical exertion for 10 days or until your doctor permits you to do so. An elevation in blood pressure can trigger a nosebleed. As you increase mobility, you may see a return or increase of pain.

- Avoid my excessive fatigue or unnecessary exposure, which may cause you to catch a cold. If this should happen, notify your doctor with any ear symptoms.

- DO NOT blow your nose for one week. Begin nasal saline washes the day after surgery (Four or more times per day - You cannot use too much).

- Sneeze with your mouth open. Do not try to suppress the sneeze in any way as this puts pressure on your sinuses.

- There are no bathing restrictions. Avoid swimming until your doctor permits you to do so.

- Foods: Normal diet may be resumed if no nausea and/or vomiting has occurred. Gradually work up from clear liquids and crackers to foods that are tolerated. Remember to drink plenty of fluids if you have no restrictions to do so. Water is best!

Answers to frequently asked questions.

- If you develop excessive nausea/vomiting or lightheadedness call your doctor immediately-

- Swelling inside the nose is expected and may completely block the nose. This may last up to 10 days. Blood-tinged mucous may drain from the nose and down the throat.

- Breathing complications with children after general anesthesia occur rarely. The symptoms are croupy sounds when breathing in, noisy gasping sounds or abdominal tension with breathing.

- If you were given steroids during surgery or prescribed steroids after surgery, you may experience an elevation in anxiety or sleep disturbances. Less common symptoms are hallucinations.

- If you were given narcotics/pain medication during surgery or prescribed narcotics after surgery, watch for urinary retention. This is especially common in males over 50 or males with a history of prostate problems. Contact your physician if you are unable to urinate within hours of your surgery.

- In all patients, common symptoms with narcotics/pain medications are itching without rash and nausea. If rash or vomiting develop after taking a medication please contact your physician

Medications:

- If your doctor ordered medication, take as directed. If you have questions regarding your medication, please check with your pharmacist or doctor.

- Tylenol is usually adequate for children.
- Do not take Aspirin products.
- Motrin may be taken for breakthrough pain if absolutely necessary, but can tend to thin the blood so do not use in cases of excessive bleeding.
- Do not drive or operate any machinery or drink alcoholic beverages for 24 hours or while taking narcotics.
- If you experience excessive nasal bleeding, use 2-4 sprays of Afrin in each side of the nose and hold pressure on the soft part of the nose for 10 to 20 minutes.