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Endoscopic Nasal Surgery (Sinus/ Septum) Information Sheet

Chronic sinusitis is often caused by an underlying anatomical problem such as a deviated nasal septum, blocked sinus ducts, enlarged turbinates or nasal polyps and inflammation of the sinus linings. The goal of sinus surgery is to correct these problems and reduce inflammation, improving breathing, reducing infections and discharge.

Surgery is done with endoscopes passed through the nostrils. The narrowed sinuses are opened with small cutting instruments, allowing them to better ventilate and drain, leading to better sinus health. If the septum is crooked, or turbinates are enlarged, causing obstruction, the septum may be straightened or the turbinates reduced through cauterization. Surgery is done as a “day care” or ambulatory procedure at the hospital. Packing is usually NOT used. Instead, thin plastic discs (“splints”) are placed to hold the septum and sinuses in position. These splints are removed 7-14 days after surgery. At first, your nose will be very stuffy and you can expect some bloody mucus drainage and crusting from your nose. Pain is variable – some patients need narcotic pain pills and some do not.

You will have labs done 2 weeks prior to surgery, and nothing to eat the after midnight the night prior to surgery. Do not take any aspirin, motrin or advil for 2 weeks prior to surgery (Tylenol is okay). You will receive a prescription for an antibiotic and pain pill. Instructions for these medications are listed on the bottles. Again, aspirin should NOT be taken for 3 weeks after the surgery and also should be avoided 2 weeks prior to the surgery. Tylenol is ok.

It is VERY important that you use saline nasal spray after surgery – 2 puffs in each operated nostril at least 4 to 8 times per day. Start on the night of surgery. You can buy this in any drugstore. This helps break up the thick secretions, helps dried blood to drain out, and helps the sinuses to heal. Continue this for the first month after surgery.

During the first few days, you may wish to keep a gauze bandage taped beneath your nose. Avoid blowing your nose for one week, as this may cause bleeding. Mild bleeding can usually be controlled by ice, gentle pinching pressure, or a decongestant (e.g. Afrin, Dristan or Neo-Synephrine). You may use up to 4 sprays of these if there is active (bright red) bleeding, but do NOT use these sprays for more than 2 days in a row.

Sleeping with your head elevated may decrease pain and swelling. You can eat a regular diet but avoid hot foods that may cause some bleeding. Avoid heavy lifting and exertion during the first week. Cough or sneeze with your mouth open. The anesthesia and surgical effects may make you somewhat tired for 1-2 weeks. Don’t push yourself too hard. Should you develop significant problems including a fever greater than 101 or brisk bleeding which does not resolve with pressure, decongestants and ice, call the office. Do not be discouraged if you can’t breath well through your nose at first; your body is undergoing a gradual healing process which will slowly improve over the ensuing weeks. You will be seen several times in the office after surgery for cleaning of the sinus cavity. This postoperative follow-up is important to ensure the best possible results.