

F. Parker Thornton, M.D., L.L.C.

Georgetown Medical Building
8901 W. 74th St., Suite 121, Shawnee Mission, Ks. 66204
913-261-2223, Fax 913-261-2224

Adult and Pediatric E.N.T., Audiology and Hearing Aids

Endoscopic Sinus Surgery

Postoperative instructions

Day of surgery:

You or your significant other has undergone a procedure called Endoscopic Sinus Surgery during which some or all of your sinuses were surgically opened. This procedure is done with an endoscope through the nose using small instruments to surgically enlarge the bony openings of your sinuses. Frequently this is also combined with nasal septal reconstruction and possibly partial turbinate resections. If all you had was endoscopic sinus surgery you will have dissolvable packing material up in the sinuses but this should not completely occlude your nasal breathing. Your nose will be congested but should not be completely plugged. However if you had partial turbinate resections you will have a sponge like packing completely blocking your nasal breathing which will be removed the day after surgery in my office. If you had a nasal septal reconstruction you possibly may have a small plastic splint placed on each side of your septum sutured together to sandwich the septum in place, this generally is removed one week after surgery.

The day of surgery you can expect to have bloody colored mucus drainage from your nose. You will have a drip pad under your nose which may need to be changed several times. As long as it is not a dripping of bright red blood it usually is not concerning. If bleeding is excessive Afrin (oxymetazoline) spray may be used a couple of sprays each nostril. This may be repeated a couple of times per day but should not be used for more than three days. Excessive use of this spray will actually worsen nasal congestion. Nasal saline spray can be started the day of surgery. This will help thin secretions and moisturize the nasal cavity. This should help with nasal congestion. There is no limit to how often or how much saline spray can be used.

Most patients will complain of a pressure type headache. This will probably be worse if you had turbinate resections and have complete nasal packing. You will be sent home with a pain medication, most commonly Lortab (Tylenol combined with hydrocodone), this medication will be adjusted based on patient medication allergies. Take as prescribed. Most patients will need this anywhere from a few days to a couple of weeks. You may take plain Tylenol (acetaminophen) but do not take this in addition to Lortab as this can lead to toxic Tylenol levels. Do not take aspirin, ibuprofen, motrin, aleve or other nonsteroidal anti-inflammatory medications as these promote bleeding.

You will be given a prescription for an antibiotic, most commonly Omnicef (Cefdinir), this may be changed based on medication allergies. This typically will be taken for three weeks after surgery.

Do not blow your nose. This significantly increases the risk of postoperative bleeding. You may sniff secretions back. Keeping your head elevated the first 24 to 48 hours after surgery also will help with congestion and drainage. If you need to cough or sneeze or do it with your mouth open to reduce any pressure to the nasal cavity.

Potential serious concerns for which I need to be notified immediately would include severe bleeding, eye pain, any change in vision, double vision, swelling around the eyes, severe persistent headache, continual nausea and vomiting, temperature greater than 102F.

Aftercare:

You will most likely be scheduled for your first postoperative visit approximately one week after surgery. If you had turbinate resections you will be seen the day after surgery for packing removal.

Your physical activity needs to be limited for two weeks after surgery. The primary concern postoperative is bleeding and any activities which elevate your heart rate and blood-pressure significantly increase your risk for bleeding. Also nose blowing should be avoided until at least the first postoperative visit one week after surgery. Do not plan on flying for at least two weeks after surgery.

Liberal use of saline spray the first week after surgery will significantly help with your congestion and secretions. Use of nasal irrigation such as NeilMed or a neti pot is okay to start the day after surgery. You will continue to get discolored secretions and some crusting intermittently for up to a month after surgery. It typically will take four to six weeks for most patients to heal. You will have approximately four office visits over eight weeks after surgery.

Most patients will take anywhere from couple of days to a week off after surgery prior to returning to school or work. Be patient and realize that healing takes time.

Feel free to call my office during normal business hours for routine questions and someone is always available 24/7 for emergencies.