ENDOSCOPIC SINUS SURGERY
A Pre-Operative and Post-Operative Guide for Parents and Patients

SOME BACKGROUND INFORMATION

1. What are sinuses?
Sinuses are air filled cavities in the head. Their true purpose is still unknown although possible roles of the sinuses are to make the head lighter and to provide extra mucous to the respiratory tract.

2. What is endoscopic sinus surgery?
Endoscopic sinus surgery is the removal of diseased sinus tissue through the nose. It is a relatively new procedure which replaces more extensive surgery performed in the past. The purpose behind endoscopic sinus surgery is to open the natural drainage passages to the sinuses and promote the sinuses natural ability to heal themselves. Most sinus and nasal mucousal disease will resolve once aeration and drainage are reestablished. Removing the source of the blockage allows the sinuses to heal and return to their normal function.

3. When should endoscopic sinus surgery be performed?
Endoscopic sinus surgery is recommended for patients with recurrent sinus infections and nasal obstruction.

4. Indications for endoscopic sinus surgery are:
   a) continual sinus infections
   b) obstruction to the airway
   c) persistent mouth breathing
   d) severe snoring
   e) severe nasal obstruction
   f) headaches

PREPARING FOR SURGERY

1. What medications should and should not be taken prior to surgery?
   a) Aspirin or aspirin based medications (Advil, Bufferin, Nuprin, Aleve, Motrin, Ibuprofen etc.,) should not be taken for two weeks prior to, and after, the surgery.
   b) Afrin should be sprayed in the patient’s nose two separate times prior to arriving at the hospital. This can be performed when the patient wakes up and when you leave to come to the hospital.
   c) Adult patients will receive a prescription from the doctor labeled Mephyton. Mephyton is a vitamin which promotes the blood clotting system in your body. You should start taking the prescription 5 days before surgery is scheduled.
2. What can the patient eat and drink before surgery?
Children are allowed clear liquids, up to 8 ounces, 4 hours before scheduled surgery time. This applies to all children up to age 18. Clear liquids consist of apple juice, water, clear broth or Jell-O. No solids, juice with pulp or milk products are to be given after midnight prior to the morning of surgery. In the morning, children may brush their teeth, but can not swallow any water.

3. Mandatory blood tests for adults and children:
All adults must have a complete blood count blood test within 14 days of the surgery and no less than three days before the surgery. If other blood tests are needed our office will notify you. Patients above the age of 45, are required to have a chest x-ray and an EKG. In the case of children, a CBC should have been performed preferably within a month of surgery, and no later than 6 months before the procedure date. All results must be faxed into the office at 212-981-9832 no later than three days before the surgery date if testing is done outside the hospital.

4. What should I tell my child about the procedures?
It is important that you discuss the surgery with your child before the day that it is to take place. Reassure your child that on the day of surgery, there will be one parent with them throughout the entire first stage of anesthesia and that there will be no pain felt at all during this time. Make sure your child knows that you will be with him/her and that you will make sure everything is okay. Explain to your child that this surgery is going to help keep him/her healthier in the future. Sesame Street, Mr. Rogers and Curious George all have wonderful children’s’ books about going to the hospital. If you can, get a copy of these books and read them with your child before the day of surgery. Remember to relax! The calmer you feel about this procedure, the calmer your children will be on the day of surgery. Please note that there is a special pre-operative program in New York-Presbyterian Hospital to help prepare you and your child for surgery. You can obtain more information about the program from our office.

5. Clothing and accessory restrictions:
For both pediatric and adult patients, contact lenses should not be worn on the day of surgery. If you wear them to the hospital, you will be asked to take them out before the surgery is started. Patients should abstain from wearing any makeup and earrings.

THE MORNING OF SURGERY AND THE PROCEDURE

When you arrive at the hospital, you will go to the 9th floor of the Starr building, room L-919, the Ambulatory Surgery Center, where you will sign in. Once you are signed in, you will go into a changing area in the back room and change into hospital pajamas. Please leave all valuables at home or leave then with the person that will be accompanying you on the day of surgery. Adults will be brought to the OR by an orderly. Since there are no pre-medications administered, you will be asked to walk or be transported by a wheelchair. An intravenous line will be inserted by an anesthesiologist and anesthetic agents will be administered through the IV as part of the induction phase. You will become groggy and, once asleep, an endotracheal tube will be inserted. Nasal packing will be placed at the completion of the surgery. If possible, your packing will be removed prior to your discharge home. Surgery is usually completed in one to one and a half hours. After surgery, you will be transferred directly to the PACU. Family members or a significant other will be informed when you have arrived in the PACU, however, you will not be reunited with them until discharged to the ambulatory center or transferred to the floor. You will need to be escorted home. The nursing staff will not allow you to leave the hospital unless you have an escort home.
THE RECOVERY PERIOD

The adult patient recovery period in the PACU:
For adults, on arrival to the PACU, oxygen will be administered by nasal prongs to alleviate the effects of anesthesia. The IV will remain in place until you are able to tolerate fluids and you will remain on a cardiac monitor until discharge to the ambulatory center or transfer to a floor. The average length of time in the PACU is 40 minutes if you are any ambulatory patient or until a bed is available if you are to be admitted overnight. Pain medication will be administered at request in the PACU, and vital signs taken every 20 minutes until discharge from the PACU. Patients sometimes complain of feeling cold in the PACU. This is due to the effects of the anesthesia wearing off.

DISCHARGE INSTRUCTIONS

1. Limit activity:
After discharge from the hospital or ambulatory unit, you are to go home immediately. Adults should remain home and quiet for one week. Please be aware that most patients do not feel fully recovered for about ten days. Exposure to the sun should be avoided as it may cause some bleeding. For the first 5-7 days, it is helpful to use a vaporizer or humidifier when your sleeping. This improves breathing, reduces crusting in the nose and reduces drainage and bleeding.

2. Diet:
Although there is no specific diet, we recommend light meals to start as you may feel slightly nauseated from the anesthesia. Soft foods are encouraged for the first 2-3 days. Occasionally, you may vomit one or two times immediately after surgery. However, if vomiting persists, your doctor may prescribe medication to settle the stomach.

3. Medication for pain and infection prevention:
   a) Your child should experience minimal pain from this surgery. The patient will be mildly uncomfortable the first evening after surgery such as a feeling one would experience with a stuffy head from a bad cold. Tylenol is usually sufficient. Tylenol should be administered every four hours as needed. Check with your doctor for doses. If your child is not receiving adequate pain relief, please contact the doctor in order for Tylenol with codeine to be prescribed.
   b) You will be given a prescription for antibiotics which your child will need to continue on for a full 10 days after surgery
   c) Use Vaseline or Chapstick on the patient’s lips to prevent drying.
   d) Please start saline nasal spray 2 days following surgery and use that several times per day. This spray should not be painful to your child.
   d) No not use aspirin (Motrin, Ibuprofen etc.,) throat gargles or aspergum during the recuperation phase. These products may interfere with blood clotting capacity which may lead to bleeding. Read all medication labels carefully to insure that they do not contain aspirin.

5. In the event of bleeding:
If you notice any significant bleeding coming from your child’s nose, please call your doctor. There may be a slight oozing of blood from the nose. This is normal. If the bleeding is continuous or a significant amount is noted, apply ice. Contact us immediately if bleeding persists or is severe.
6. Things to avoid:
Avoid sneezing and violent blowing of the nose for these actions may cause bleeding. If sneezing is imperative, it should be done with the mouth open.

7. Vaporizers and humidifiers:
Have a vaporizer or humidifier going in the patient’s bedroom the night following surgery. You should sleep with your head elevated.

8. Please make an appointment for one week from the day of surgery.
During this doctor’s visit, the patient’s nose will be cleaned of any dried secretions.

**COMMON CONCERNS, QUESTIONS AND POSSIBLE COMPLICATIONS**
* If there are any concern or questions regarding your post-operative care, please read the following post-operative care instructions and information below. If further information is required, please contact our office:
  Jacqueline E. Jones, MD
  (212)996-2559

1. Why is the patient nauseous and/or vomiting?
It is common for this to occur due to the anesthetic and the swallowing of small amounts of blood during the operation. We will give your child medication to control the vomiting. If your child is vomiting at home, there are things you can do to help. Encourage rest. Do not give any fluids or food for 30 minutes and then slowly start to give small amounts of clear fluids. If vomiting persists 24 hours after surgery, or is severe, please call your doctor.

2. What should I do if my child is running a fever?
A low grade fever is normal after any surgery. If your child has a fever higher than 38.5 C/101.5 F by mouth, or 38 C/100.3 F underarm, and has not had Tylenol within the past three hours, give your child some Tylenol (the amount recommended by the doctor.) If the temperature is higher than 101.5 F after treatment with Tylenol, please call your doctor. Occasionally, post-operative infection occurs. The infection will present itself as unrelenting pain and fever about 102 F and/or headache. If this happens, again, please call your doctor.

3. Is it normal for the patient to be drowsy or dizzy after the surgery?
Yes, after the operation, your child may be drowsy and/or dizzy. This will usually improve prior to the time of your child’s discharge. Because your child may be a little unsteady at the time of discharge and the 24 hours after surgery, it is important to support him/her until your child can walk safely. Supervise your child to prevent falls or injuries during this time.

4. Will the patient’s voice be affected from the surgery?
Sinus surgery may result in a slight voice change. This is usually temporary, however, in rare instances, it may be permanent. Certainly, your child will sound less nasal once the sinuses have healed.

5. Is it abnormal for my child/myself to be “stuffy” following surgery?
No, this is normal. Many children have nasal stuffiness following surgery. The nasal stuffiness may last for several months as swelling decreases.

6. Why is my child snoring after surgery?
You may notice persistent or even louder snoring for several weeks. This occurs because of tissue swelling in the back of the nose and the soft palate because of the surgery. As swelling decreases, snoring should subside.

7. **Can my child go swimming after surgery?**
Children should not swim or dive for 10 days following the surgery.

8. **Can adults swim after surgery?**
Swimming is tolerated in adults if the head does not go under the water. No diving should be done in the 10 days following surgery. After 10 days, normal swimming and diving activity may resume.

8. **Should bathing or showering be regulated?**
Bathing and showering are perfectly fine after endoscopic sinus surgery. While showering is tolerated, no water should be directed into the nose from a shower head as this may disturb the healing process.

9. **What are the rules for airplane travel?**
For both adults and children undergoing endoscopic sinus surgery, flying is prohibited for 2 weeks following the procedure. Flying is restricted because patients are unable to equalize the pressure change experienced in the air the way that they normally do because of swelling in the nasal cavity and sinus areas.