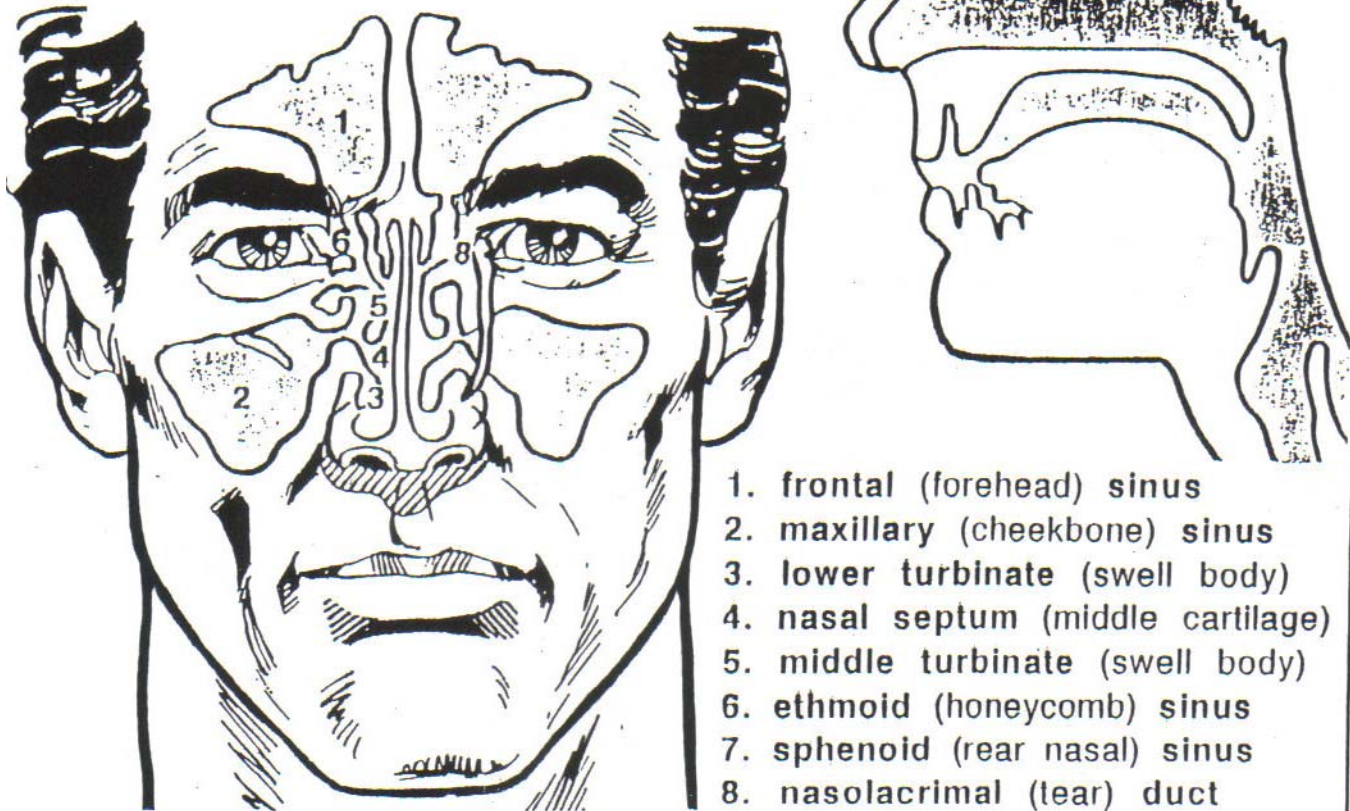


# SINUS ANATOMY



**Nasal and Sinus Anatomy and Physiology:** The above diagram outlines the basic sinus anatomy. See [entcentergr.com](http://entcentergr.com) for details regarding the function of the nose and sinuses

## Prior to Surgery

It is very important that the patient **avoid taking aspirin, Motrin, ibuprofen, Advil, Aleve or naproxen for two weeks before and one month after surgery** as these thin the blood and increase the chance for bleeding during and after surgery. You may take Tylenol (acetaminophen)

## The Day of Surgery

**On the day of surgery the patient should have nothing to eat or drink after midnight.** Please check with your doctor to see if regular medication should be taken the morning of surgery. These medications should be taken with a minimal sip of water. **Failure to follow these directions may cause the anesthesiologist to cancel the surgery.**

**You will need to arrive at the surgical facility well before the scheduled time of surgery.** A day or two before surgery you will be called by someone from the surgical facility to tell you what time to arrive. After you arrive the nursing staff will take some information from you and someone from the anesthesia department will talk with you. An IV will be started and you will go to sleep once in the OR by medicine given through the vein. A breathing tube will then be placed through the mouth. During surgery the patient will be kept completely asleep by breathing gas through this tube under the supervision of an anesthesiologist. Heart rhythm, blood pressure and oxygen levels will be closely monitored throughout the operation. After surgery the patient will be in the recovery room for about 30 minutes. After this the family will stay with the patient in another recovery area for about 2 hours after surgery before leaving for home. For some patients with certain medical conditions plans will be made ahead of time to stay overnight after surgery.

## Once You Are Home

Try to keep your head elevated as much as possible to decrease swelling and bleeding. Replace the pad under your nose as needed. It is common to have a fair amount of bloody discharge. If you are concerned that this is excessive please call the office. Avoid strenuous activity for a week or so after surgery. In most cases you will have nasal packing, our staff will let you know when that should be removed (usually in 1 to 4 days) Please make an appointment ahead of time for this. It may be possible to return to school or work the day after the packs are removed.

### Medications

- \_\_\_ Vicodin (Tylenol plus hydrocodone) 1 or 2 tablets every 4 hours as needed for pain. May be crushed or broken in half to take. May cause nausea or drowsiness.
- \_\_\_ Ultram (tramadol) 1 or 2 tabs every 4 hours as needed for pain, may cause drowsiness
- \_\_\_ Tylenol only for less severe pain for 1 month (no aspirin, Advil, Motrin, ibuprofen, naproxen, Aleve)
- \_\_\_ Keflex \_\_\_\_\_ tabs twice a day for 10 days
- \_\_\_ other medications as usual
- \_\_\_ Afrin (oxymetazoline) and saline nasal spray for use once packs are out (both over the counter)

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**Regretfully we are unable to call in prescriptions for narcotics after hours or on weekends. You'll need to anticipate the need for refills or medication changes and call during business hours.**

### Surgical Risks

- \_\_\_ **Septal Reconstruction:** Straighten cartilage and bone down middle of nose, RISKS\*: nasal obstruction, hole in septum, nasal dryness and crusting
- \_\_\_ **Partial Removal of ( R L Both ) Lower Turbinates:** RISKS\*: nasal obstruction, nasal dryness and crusting
- \_\_\_ **Partial Removal of ( R L Both ) Middle Turbinates:** RISKS\*: nasal obstruction, nasal dryness and crusting
- \_\_\_ **( R L Both ) Middle Meatal Antrostomy:** Open into cheekbone sinus, RISKS\*: tear duct injury, eye injury or blindness
- \_\_\_ **( R L Both ) Ethmoidectomy:** clean out honeycomb sinus next to eye socket, RISKS\*: loss of sense of smell, eye injury or blindness, spinal fluid leak, meningitis
- \_\_\_ **( R L Both ) Sphenotomy:** open sinus in back of nose, RISKS\*
- \_\_\_ **( R L Both ) Frontal Sinusotomy:** open forehead sinus, RISKS\* eye injury or blindness, spinal fluid leak, meningitis
- \_\_\_ **( R L Both ) Maxillary Sinus Endoscopy with Removal of Cyst or Polyp:** RISKS\*
- \_\_\_ **( R L Both MINI ) Caldwell-Luc:** clean out cheek bone sinus through opening inside the upper lip, RISKS\*
- \_\_\_ **( R L Both ) Nasal Polypectomy:** removal polyps from nasal passage, RISKS\* loss of sense of smell

\*Risks of all nasal surgery: anesthesia, bleeding, infection, scar, recurrent sinus or nasal problems

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