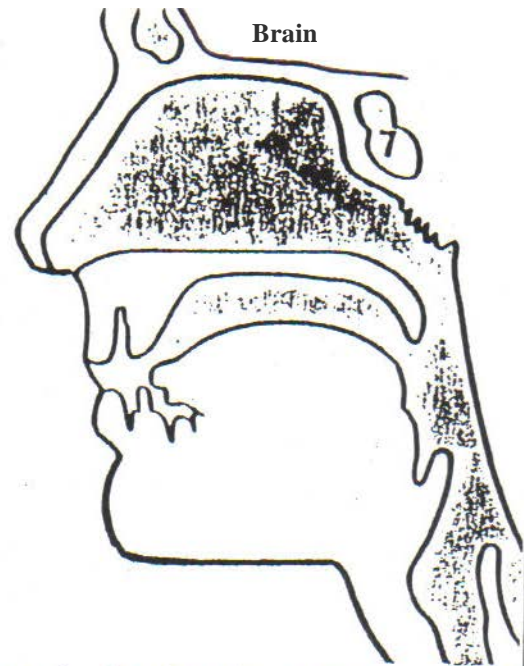
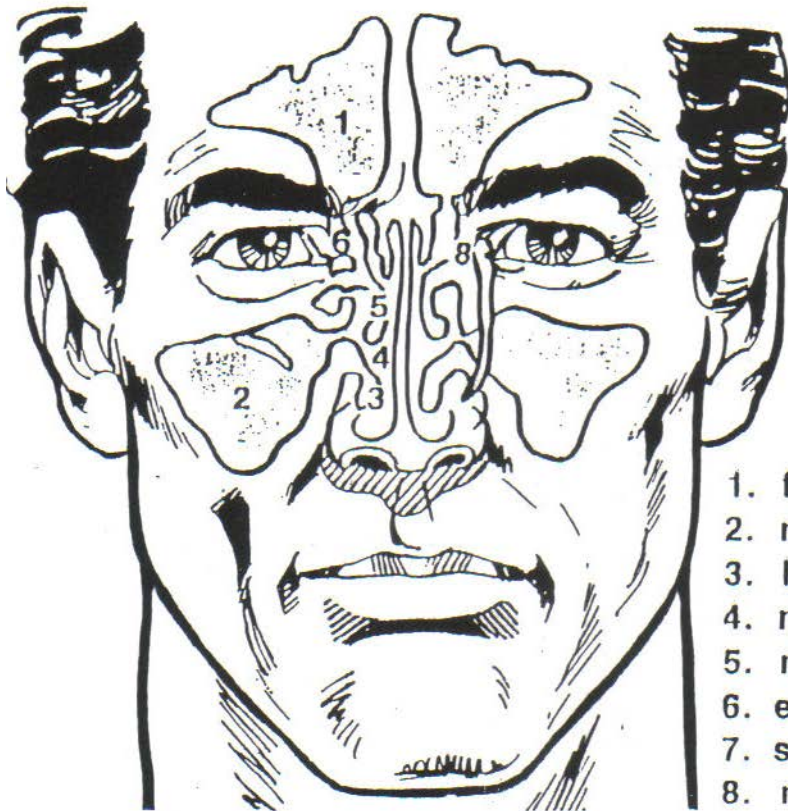


SINUS ANATOMY



1. frontal (forehead) sinus
2. maxillary (cheekbone) sinus
3. lower turbinate (swell body)
4. nasal septum (middle cartilage)
5. middle turbinate (swell body)
6. ethmoid (honeycomb) sinus
7. sphenoid (rear nasal) sinus
8. nasolacrimal (tear) duct

Nasal and Sinus Anatomy and Physiology: See entcentergr.com for details on how the of the nose and sinuses work

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. CLEAR LIQUIDS THAT YOU CAN SEE THROUGH may be taken up to 6 hours prior to surgery. 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.

After surgery, 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, but you should not engage in strenuous activity or blow your nose for 1 week after surgery

Medications

- ___ **Norco** (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) Maximum dose of Tylenol for adults is 4000mg in 24 hours, for your child it is _____mg every 4 hours. Exceeding these doses may cause liver damage/failure. If you have questions on the dosing of Tylenol call the office or ask your pharmacist
- ___ **Keflex** _____ tab twice a day for 10 days
- ___ **Afrin** (oxymetazoline) nasal spray (available over the counter) constricts blood vessels so it is helpful in stopping a nosebleed. If the nose is actively bleeding it go into soak a football shaped quarter sized piece of cotton with the Afrin spray. Next blow the nose thoroughly to get as much of the clotted blood out as possible, then squirt a few Afrin into the side of the nose that is bleeding and place the Afrin soaked cotton back into the nose as far as possible. Pinch the soft part of the nose for 5 minutes by the clock. If this controls the bleeding leave the cotton in for several hours as removing it too soon may lead to another nosebleed. There may still be some mild bloody drainage from the nose, don't let this worry you. If significant bleeding continues then call the office or go to the emergency room.
- ___ **Saline** or salt water nasal spray (available over the counter) helps clean the nose after surgery. The day after the packs are removed use one spray each nostril 3 or 4 times a day for 1 to 2 weeks.
- ___ **other medications** as usual

Regretfully we cannot 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.

- ___ **Septal Reconstruction:** Straighten cartilage and bone in middle of nose, RISKS*: hole in septum
- ___ **Partial Removal of (R L Both) Lower Turbinates:** RISKS*
- ___ **Partial Removal of (R L Both) Middle Turbinates:** RISKS
- ___ **(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 cheek sinus opening inside the upper lip, RISKS*
- ___ **(R L Both) Nasal Polypectomy:** removal polyps from nose RISKS* loss of sense of smell

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

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