Dallas ENT Group

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Long Term Post-Op Considerations following Endoscopic Sinus Surgery
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Pre-operatively you should have been given instructions for post-op Nasal Surgery and Endoscopic Sinus Surgery. Hopefully, these instructions will be helpful in the immediate post-op care (first 2-3 weeks). Even though I discuss with patients the extent of recovery most patients remain puzzled by the length of time and complexity of the healing process.

Experience through the last 16 years of Endoscopic Sinus Surgery and 1600 cases has prompted me to explain in detail what to expect during recovery and long-term follow-up. The goal of any sinus procedure is three-fold: first, decrease the frequency of infections, second, reduce the severity of the infection, and third, decrease the length of the infections when infections do occur. Sinus surgery does **not** eliminate all infections in the future. Most sinus disease is related to an anatomical obstruction, which can be effectively dealt with and corrected by the procedure. However, mucosal (sinus lining) disease such as polyps and mucoceles present a special problem, which will be discussed later.

The nasal and sinus cavities are lined with a membrane that is "dynamic," functioning to continuously move mucous out of the sinuses and nose to the back of the throat where it is swallowed involuntarily. All of us experience "sinus drainage" which is entirely normal. Sinus surgery invariably disrupts the membrane resulting in various degrees of loss of function. The membrane of the nose and sinus has on its surface microscopic hair-like fibers called "cilia" that beat rhythmically to move mucous and clear the cavities. Disruption of the membrane then causes poor movement of the mucous and stagnation of this mucous in the cavities. This is noticed by the patient as crusting and occasional yellow-green drainage. Saline irrigation and suctioning in the office helps to minimize the accumulation of mucous and symptoms of nasal and facial fullness with drainage.

Surgical disruption of the membrane also causes a "raw surface." Two opposing raw surfaces have a tendency to "stick together" in the healing process. The "sticking together" of the surfaces results in scar band formation that can block the opening of the cavities. One of the postoperative surgical objectives is to keep the cavities wide open with a healed and clean nasal/sinus membrane that easily drains mucous normally produced and excess mucous occurring with nasal allergies and viral infections.

The Post Operative Endoscopic Sinus Surgery instruction packet describes the details of post-op care. The patient will need to be seen every 2-3 weeks for 8-12 weeks to remove the crusting and prevent scar band formation. Occasionally the patient will experience yellow-green drainage indicating an accumulation of a crust, blockage of the cavity, and secondary infection. The initial treatment at home should be vigorous irrigation with saline. Call the office for an antibiotic and if the facial fullness and drainage have not cleared within 2 days, then I will need to see you in the office for cleaning and suctioning of the cavity. During the first 10-14 days you will notice at times a brownish drainage resulting from the normal breakdown of a gelatin material placed in the sinus cavity to minimize bleeding. This does not represent infection and is entirely normal.

Polyps and mucocele formation require a slightly different approach using several medications long-term to control the marked thickening of the lining of the sinus that can occur relatively soon after a complete endoscopic sinus procedure.

1. If the patient is not a diabetic then a course of steroids is begun 1 weeks prior to the procedure. One-week post-op steroid therapy is again initiated for 1 month.
2. All patients are placed on long-term inhaled nasal steroids for up to 6 months or longer.
3. In addition to the inhaled steroid, Astelin, an inhaled antihistamine will be used for 6 months. Astelin has been shown to limit the inflammatory process leading to polyp formation.
4. A form of Erythromycin, an antibiotic, EES 400 will be prescribed orally once Daily as a prophylactic antibiotic that also inhibits mucosal polyps.
5. A nebulizer, either SinuNeb or RhinoFlow, may be used to deliver antibiotics and/or steroids to the cavity if healing appears delayed.

In conclusion, sinus surgery is not a “quick fix” resulting in complete healing in a short period of time. Postoperative care is as important as the procedure itself and may continue for several weeks. Please notify my office nurse if you continue to experience problems or have any questions.

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