

Dr. Pargot Dr. Sanders Ph: 406-204-2409 Fax: 406-422-5611

FUNCTIONAL ENDOSCOPIC SINUS SURGERY (FESS) is a procedure designed to open and provide improved ventilation and drainage to the nose /sinuses. It is often a part of a comprehensive treatment which may or may not include allergy testing, septoplasty and continued medical therapy. You will not be "instantly cured" as it takes 4-8 weeks for complete healing, but it is an essential procedure in relieving refractory sinusitis symptoms. Sometimes revision procedures are necessary depending on post-op healing and how much scar tissue forms. All in all, this procedure provides good improvement of symptoms and is well tolerated.

FESS is a fairly recent innovation in sinus surgery and has proven to be more effective and less painful than previous sinus surgery techniques. It is done entirely through the nose with nasal endoscopes and headlights, with no external incisions. The procedure is performed under general anesthesia in the operating room, usually on an outpatient surgery basis.

Submucous reduction of the inferior turbinates: The nasal turbinates are large important structures in the nasal airway. Attention to the turbinates and correctly dealing with them can be the difference between success and failure in nasal surgery. The procedure is done by passing a small probe, like a wire, under the surface of the turbinate. On the tip of the wire is an electrode that in conjunction with a very special frequency and voltage of electricity, forms a sodium ion plasma from the electrolytes in your tissues. This plasma cloud acts to vaporize tissues and coagulate vessels. It accomplishes this with less heat than standard cauterization techniques that have been used for decades. There is very little discomfort and the results may be seen in just a week or two.

Before surgery:

- All forms of aspirin (e.g. Bufferin, Anacin, Excedrin, Alkaseltzer, etc.) should be avoided for two weeks. If your physician has prescribed aspirin products for you, it may be necessary for you to consult with him/her regarding your medication prior to surgery. Therefore, you must inform this office regarding aspirin intake and other medications you are currently taking.
- All non-steroidal anti-inflammatory medications (NSAIDS) such as ibuprofen, Motrin, Advil must be stopped one week prior to surgery. These medications thin the blood and may cause significant intra-operative and post-operative bleeding. Tylenol (acetaminophen) does not and is the analgesic of choice.



• Nothing should be taken by mouth (including water) the night before surgery after midnight.

POST OPERATIVE INSTRUCTIONS:

After surgery, time is spent in the recovery room (usually 45 minutes to 1 hour) followed by several hours in the outpatient surgery area. Family members are allowed in the waiting are but not in the recovery room. Only occasionally it is necessary for you to remain overnight for observation.

PAIN/CONGESTION: Typically after sinus surgery, there will be significant nasal congestion, stuffy nose, facial pressure or headaches, blood stained mucus (usually dark colored) with crusting and clotting. The blood clots and crusting create congestion and facial pressure. In addition to the prescription pain medication or Tylenol decongestants (not antihistamines), warm packs, cold packs, and a warm shower may be used to relieve post-operative symptoms, to expedite one's recovery, relieve the congestion and pressure, and maximize the healing process. Healing may be significantly delayed or permanently compromised if you smoke.

DIET: After surgery, essentially a normal diet may be resumed. You may still have some GI upset from the anesthesia so advance the diet wisely.

ACTIVITY: After surgery, do not do any bending, lifting or straining. Also, if you have to sneeze, sneeze with your mouth open. **DO NOT** blow your nose! You may <u>very gently</u> blow your nose to remove a large clot (think of it as <u>very gently</u> sniffing in reverse).

BLEEDING: It is normal to have bloody-mucus drainage after surgery. It is normal to have to replace the nasal gauze secured with tape every 15-20 minutes for 6-8 hours following surgery. It will appear as dark red drainage with some clots. If it is bright red blood, then gently blow your nose and apply a firm pinching pressure to the tip of your nose. If it does not stop promptly after 10-15 minutes, call the office or the physician on call. Occasionally there is bleeding one to two weeks after surgery requiring cauterization; therefore, it is important to keep the nose moist and to irrigate frequently.



Nasal Irrigations: Good post-operative irrigation on your part is essential to a successful outcome!

- Use the Irrigation bottle or with a saline solution 4-6x/day if you are a patient of Dr. Pargot and 6-8x/day if you are a Dr. Sanders patient.
- Use distilled water to make up the saline solution according to the instructions.
- Use the salt packet that came with the bottle or mix your own with the recipe below.

Hypertonic Saline:

- 3 teaspoons of canning/pickling salt (non-iodized salt)
- 2 teaspoons of baking soda
- 1 quart of boiled or distilled water

Instructions:

- 1. Mix the saline solution in the bottle
- 2. Stand over the sink/tub. Bend over at the waist (head facing towards the floor). Insert the tip of the bottle into the nose. Open your mouth.
- 3. With gentle pressure, push the solution into your nostril.
- 4. Let the solution run into the sink/tub from your nose and mouth.
- 5. Irrigate each nostril with a full bottle of solution 4-6x/day if you are a patient of Dr. Pargot and 6-8x/day if you are a Dr. Sanders patient until you are instructed by your surgeon to decrease frequency by .

Nosebleed care

- Sit upright and lean forward. By remaining upright, you reduce blood pressure in the veins of your nose. This discourages further bleeding. Sitting forward will help you avoid swallowing blood, which can irritate your stomach.
- **Pinch your nose.** Use your thumb and index finger to pinch your nostrils shut. Breathe through your mouth. Continue to pinch for 10 to 15 minutes. Pinching sends pressure to the bleeding point on the nasal septum and often stops the flow of blood.
- To prevent re-bleeding, don't pick or blow your nose and don't bend down for several hours after the bleeding episode. During this time remember to keep your head higher than the level of your heart.
- If re-bleeding occurs, blow out forcefully to clear your nose of blood clots and spray both sides of your nose with a decongestant nasal spray containing oxymetazoline (Afrin, Mucinex Moisture Smart, others). Pinch your nose again as described above and call our office to speak with a nurse or the provider on call.



RISKS /COMPLICATIONS OF SURGERY: ENDOSCOPIC SINUS SURGERY

The flowing are possible complications and risks associated with this procedure. As with any operative procedure, there is a possibility of unforeseen complications and general anesthesia risks in addition to those listed.

- Postoperative Bleeding: There is a small risk of bleeding, usually within the first 24 hours. It is normal to have a dark red to brown colored mucus drainage and a small amount of bright red drainage, but a large amount of bright red blood is abnormal. There is small possibility of delayed bleeding up to approximately two weeks after surgery.
- Blindness: When operating in the sinuses, there is a thin wall of bone between the sinus cavity and the eye. There is a slight possibility of entering the orbit with resultant bleeding, with the worst result being blindness in that eye.
- CSF Leak: The roof of the sinus cavity is also the floor of the brain. When operating there is a slight risk of entering through this bone as some people have thinner bone than others. Cerebrospinal fluid (CSF) bathes the brain, and there can be a resultant leak of clear watery fluid from the nose. This is usually repaired at the time of surgery but may require bedrest and additional treatment. If a leak does occur, there is a possibility of meningitis, with the worst possibility being death.
- Infection: The sinus cavity may become infected during the healing process which would require antibiotics.
- Scarring: Small areas of the sinus cavity may narrow with scar tissue. If this results in drainage problems, the sinus cavity may need revisions which can often be done in the office.
- Loss of Taste and Smell: Permanent loss of taste and smell is rare, but it is normal to have a temporary loss of taste and smell for several weeks to months after the surgery.

If you have read this completely and agree to proceed with surgery, please place your signature below.

Patient or Legal Guardian_____

Date__



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