



Greenville Ear, Nose & Throat

Endoscopic Sinus Surgery

The paranasal sinuses are a collection of air cells that open into the nasal cavity. There are generally four pairs of sinuses: frontal, ethmoid, maxillary and sphenoid.

Sinusitis occurs when there is inflammation and/or infection of the paranasal sinuses. Blocked drainage sites, abnormal sinus lining or both cause this condition. Problems with the sinus lining include environmental allergies, reduced ability to fight infection, production of thick mucus and tendency to form polyps. Causes of blocked drainage include narrow openings, abnormal anatomy and polyps.

Endoscopic sinus surgery can treat some cases of chronic sinusitis when medical therapy has not worked. This surgery uses small endoscopes and special instruments that allow a surgeon to operate on the paranasal sinuses through the nasal cavity. In select cases, a computer-guided imaging system assists the surgeon.

Endoscopic sinus surgery can open blocked sinuses by enlarging natural openings or by correcting abnormal anatomy. The surgery also is performed to remove polyps and small nasal and sinus tumors. Endoscopic sinus surgery cannot cure all chronic sinusitis because it cannot directly change the nature of the sinus lining.

Other procedures, such as septoplasty or treatment of the turbinate bones, may make use of endoscopic sinus surgery to improve the nasal airway or allow access to the paranasal sinuses.

Risks and Complications

- Bleeding
- Infection
- Eye complications (bleeding around the eye, double vision, vision loss, chronic tearing)
- Brain complications, including spinal fluid leak and meningitis
- Scarring of the sinus cavities or nasal cavity
- Changes in sensation of smell and/or taste
- Change in voice quality
- Anesthetic complications, including arrhythmias, breathing problems and death

BEFORE SURGERY

- Do not eat or drink after midnight the evening before surgery. You may take medication as instructed by the anesthesiologist at your pre-operative visit.
- Call our office if you develop a cough, fever or other signs of a respiratory infection.
- Do not take aspirin, aspirin-containing products, ibuprofen or other non-steroidal anti-inflammatory medications for two weeks.
- Make plans to remain in town for two weeks after surgery.

AFTER SURGERY

- Take antibiotic and pain medication as directed.
- Use saline nasal irrigation: Begin with 2-3 puffs of saline nasal mist (Ocean, Ayr, etc.) every 2-4 hours while awake and as needed. If instructed by your surgeon, start nasal saline irrigation using a bulb syringe 4-5 times a day.

Recipe for Saline Irrigation

- 1 tsp. non-iodized salt (sea salt, canning salt, etc.)
- 1 tsp. baking soda
- 1 pint of water

Boil ingredients in water for 2 minutes. Keep at room temperature for up to 1 week.

- Limit physical activity for 2 weeks. Avoid heavy lifting or straining.
- Do NOT blow your nose for 2 weeks.
- Sneeze with your mouth open.
- A small amount of nasal or postnasal drainage is common. If you want, tape a drip pad under the nose until the drainage stops.
- Avoid aspirin, aspirin-containing products, ibuprofen (Motrin, Advil), or similar anti-inflammatory medications for 2 weeks. You may use Tylenol.
- Call our office if you have heavy bleeding, vision problems, swelling, bruising around the eye or a temperature above 101.5°F.
- Avoid extreme exposure or fatigue, which may increase your chance of getting an upper respiratory infection.
- Please call our office to confirm your follow-up visit: Patewood (864) 454-4368, Greer (864) 797-9400, Powdersville (864) 631-2799 (opening 2013).