

## **SINUSITIS AND SINUS SURGERY**

Sinuses are hollow chambers within the bones of the face and head. Four pairs of sinuses connect to the nasal cavity through small openings. The sinuses connect to the nasal cavity through small openings. The sinuses produce mucus, which drains into the nose. If the drainage path becomes blocked, infection can result.

In healthy sinuses, air circulates freely through the chambers. A thin layer of mucus drains from the sinuses into the nose. Mucus moistens the nose and sinuses. It also helps trap dust, bacteria, and viruses, and removes them from the nose.

If something blocks the passages in the nose or sinuses, mucus cannot drain. Mucus-filled sinuses often become infected.

Some common causes for blocked sinuses include “colds”, allergies, polyps, and a deviated septum.

Some symptoms of sinus problems include congestion, green, yellow, or bloody nasal drainage, fullness in the ears, loss of the sense of smell and taste, frequent headaches and facial pain.

## **ENDOSCOPIC SINUS SURGERY (ESS)**

Endoscopic surgery is done with a special magnifying tool called an endoscope. This device uses tiny fibers or glass (Fiberoptic bundles) to beam light inside your nose and sinuses. This allows the surgery to be performed entirely through the nostrils of the nose with great precision. Because less tissue is harmed with this technique, there is less swelling, bleeding and bruising than with other procedure. There are no visible scars and recovery is quicker.

## **ARE YOU A CANDIDATE FOR ESS?**

To help determine the extent of your sinus problems a full medical history and examination of the nose, ears and throat is necessary. An endoscopic exam with a numbing medication (anesthetic) may be done to evaluate your nasal passages and to check for other problems. A CT scan is necessary to give a detailed view of your nose and sinuses. It also helps show the precise location of the blocked sinuses and serves as an anatomical “map” during surgery.

## **PLANNING FOR SURGERY**

Before surgery, you may need some additional tests such as lab tests and EKG. The surgery is usually performed under general anesthesia that puts you completely to sleep.

**In preparing for surgery, you will need to do the following:**

1. Don't take any medications containing aspirin, naproxen or ibuprofen during the 2 weeks before surgery.
2. Tell the doctor about any medications, supplements, or herbal remedies you take. Ask if you should stop taking them before surgery.
3. Arrange for an adult family member or friend to give you a ride home after the surgery.
4. Don't drink or eat after midnight, the night before surgery.

**DURING SURGERY**

During surgery, an endoscope and other instruments are used to clear your blocked sinuses. Often, more than one area of the nose and sinuses is treated. Polyps may need to be removed before the entrance to a sinus can be widened. If you have a deviated septum, that may need to be corrected to treat the disease within the sinuses.

A **septoplasty** is the procedure to fix a deviated septum. The cartilage and bone that is the middle divider of your nose is reshaped and trimmed. After surgery there is more breathing space. Enough support remains for the nose to maintain its shape.

**Polyps** are growths in the sinus and nose that occur with infection. They may block the sinuses, contributing to the chronic sinus infection. An instrument called a "shaver" or microdebrider is used to remove the polyps without harming nearby tissues.

After the surgery, the blockages will be removed, and air and mucus can drain normally from the sinus cavities.

**RECOVERY FROM SURGERY**

Most patients recover quickly from surgery. This surgery is usually performed in an outpatient surgery center and you will be able to go home the day of surgery. The first postoperative visit is usually one week after your surgery. Any nasal packing or splints are removed at that visit. The sinuses usually heal within 4-6 weeks of surgery.

Keeping your nasal passages clean and moist will help speed the healing process and prevent scarring. As you feel better, you can start returning to your normal activities.

**RISKS AND COMPLICATIONS**

Endoscopic surgery has a high rate of success but does carry the same risks as any other surgery. Problems include:

Infection  
Bruising

*Adult and Pediatric- ENT  
Head and Neck Surgery,  
Voice and Swallowing,  
Hearing and Balance,  
Allergy*



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Excessive bleeding  
Altered sense of taste or smell  
Spinal fluid leakage (very rare)  
Vision loss (very rare)

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