Sinus Surgery Post-Operative Instructions

Summary: The Do’s and Do Not’s

Do:

- Do use over the counter AFRIN (oxymetazoline) topical decongestant nasal spray (3 sprays in each nostril twice daily) for bleeds the first 2-3 days after surgery.
- Do take the pain medication prescribed: _____________ every _____ hours as needed for pain. You can take extra-strength Tylenol in place of the narcotic prescribed if the pain is not too severe and it is sufficient to control your pain.
- Do take the antibiotics prescribed: _____________ - _____ times a day for _____ weeks/days. While taking antibiotics, it is recommended that you take over the counter pro-biotic lactobacillus acidophilus pills or eat yogurt daily to replace the “good bacteria” in your digestive system.
- Do take the steroid if this has been prescribed to you: ________________
- Do make sure you have a follow-up appointment on __________________________.
- Your prescriptions have been sent to: ____________________________
- Do start your irrigations the day after surgery. These irrigations should be performed at least three times a day. It is preferable to rinse even more often if you can. The sinus rinses are essential to the healing process. Please see the last page of this packet for irrigation instructions.
- Do cough and/or sneeze with your mouth open to decrease pressure on the sinuses.
- Do eat a regular diet. A soft diet may be easier to tolerate if you have a sore throat.
- Do take pain medication before the first post-operative visit and bring a family member with you

Do Not:

- DO NOT perform any heavy lifting (nothing greater than 10-15 lbs), bend over, stoop, or strain
- DO NOT blow your nose or pick at your nose until cleared by your surgeon to do so
- DO NOT take any medications which increase risk of bleeding. This includes aspirin and aspirin-like products (Advil, Motrin, Excedrin, Alleve, Celebrex, Naproxyn, etc.)
- DO NOT fly without your doctor’s clearance for at least 10 days after surgery
- DO NOT drink alcohol, drive, or handle heavy machinery while taking narcotic pain medication

Questions/concerns and Emergencies
If you have any questions or concerns, please do not hesitate to contact our office at 914-693-7636 at any time. There is always a physician “On Call” for emergencies outside of normal business hours.

The following signs or symptoms should be reported to the physician/nurse:
   a. Persistent fever over 102 degrees Fahrenheit
   b. Persistent bleeding with more that ½ cup of bright red blood within 30 minutes or causing choking
   c. Severe pain unrelieved by prescribed medication
   d. Changes in vision (i.e. double-vision, visual loss)
   e. Mental changes (i.e. confusion, slurred speech
   f. Neck Stiffness or deep head pain
   g. Continued Nausea or vomiting

If you experience difficulty breathing, shortness of breath, or severe bleeding, call 911 or go to the nearest emergency room immediately.
1. Nasal sprays/Irrigations:
   a. You should use over the counter Afrin (oxymetazoline) topical decongestant nasal spray (3 sprays in each nostril twice daily) for the first 2-3 days after surgery to help with the expected bleeding. If you experience nasal congestion, you can continue to use the spray as needed for 4-5 days total to provide temporary relief until you can see your doctor for your scheduled endoscopic nasal debridement (cleaning) as described below.
   b. The day after surgery you should start using sinus irrigations. There are a number of over the counter sinus rinse (not spray) products available, including the Neil Med sinus rinse kit. These products are available at most pharmacies without prescription. Please read the directions carefully and use distilled water (or boiled water that has cooled to room temperature) and the salt packets that come inside of the box; irrigate at least 3 times per day. A feeling of fullness in the ears or “being underwater” is not uncommon, and could be due to normal post-operative inflammation in the nose or nasal irrigation that is too forceful. If you experience ear fullness or pain with the irrigations, be sure to use less forceful irrigation technique. Please refer to the “Nasal Saline Irrigation Instructions” at the end of this packet for more information.

2. Nasal splints: You may have special nasal splints in your nose following surgery; if so, these splints will be removed at the first post-operative visit. The splints may make breathing through your nose difficult, although the splints used typically have a breathing channel to prevent this. A humidifier or vaporizer can be used in the bedroom to prevent increased throat pain due to mouth-breathing while sleeping.

3. Steam treatments: Frequent hot showers and/or carefully breathing in steam can help soften and clear the mucous and clots that typically build up within the nasal cavities and sinuses after surgery.

4. Bleeding: Slight to moderate trickling of blood with or without mucous in the back of your throat or on your drip pad/gauze taped under your nose is to be normal and expected. You should change your drip pad periodically throughout the day as needed. This may be necessary for the first 3-5 days after surgery. You may discontinue using the drip pad once you have no further drainage. In case of heavy nasal bleeding, use 3 generous squirts of Afrin into each nasal cavity, apply ice to the bridge of the nose, and pinch the nose just above the tip and hold for 20-30 minutes; if heavy bleeding continues, you should contact the office at 914-693-7636 (ENT Faculty Practice). If you experience severe bleeding, please call 911 or go to the closest emergency room immediately.

5. Nasal crusting: You may experience some crusting around the nostrils at the front part of the nose, causing some discomfort and/or nasal congestion. You may gently clean the hair-baring area of the nose daily, as needed, using a Q-tip dipped in hydrogen peroxide or warm soapy water. Keep your fingers out of your nose. Do not probe any deeper into your nose. Do not pull at the splints or the thin suture(s) holding them in place if you have splints.

6. Tooth numbness/tenderness: There may be some tenderness or numbness in your upper teeth. This is not unusual, especially if you have had a septoplasty; this is temporary in the vast majority of cases.

7. Nasal congestion/Decreased sense of smell: You can expect to have a stuffy nose until the nasal splints are removed, with some intermittent congestion for the remainder of the healing period depending on a number of factors. Sense of smell will likely be diminished during this time, and sense of taste will also be affected.
8. **Pain:** Postoperative pain is not uncommon and may last for up to 3 weeks postoperatively. It is not uncommon to have fluctuating levels of pain for the first week or so, after which the pain usually begins to diminish. Narcotic pain medication (Percocet, Vicodin, Tylenol with codeine, etc.) will be prescribed for you to take in the event you experience any significant post-operative pain. You can take extra-strength Tylenol in place of the narcotic prescribed if the pain is not too severe and to avoid the occasional side-effects of narcotics, including nausea, constipation, or grogginess. Do not drink alcohol, drive, or handle heavy machinery while taking narcotics.

9. **Stool softener/Hydration:** While using prescription narcotic pain medication, take an over the counter mild laxative or stool softener such as Dulcolax, Miralax, or Colace to prevent constipation. Avoid straining with bowel movements. It is also important to stay well hydrated after surgery. Drink plenty of fluids throughout the day.

10. **Medications:** Obtain all medications and nasal sprays prescribed and use as directed.
   a. Antibiotics are often used in the initial post-op period to prevent infection while the sinuses are healing. While taking antibiotics, it is generally recommended that you take over the counter probiotic lactobacillus acidophilus pills or eat yogurt daily to replace the “good bacteria” in your digestive system.
   b. Any medications which thin the blood should be avoided. These include aspirin and aspirin-like products (Advil, Motrin, Excedrin, Alleve, Celebrex, Naproxyn, etc.). If you are on Coumadin, or another blood thinner, check with your physician regarding when you should restart this medication.
   c. If you have high blood pressure, it is important that your blood pressure is well controlled. Likewise, if you have diabetes, it is important that you keep your blood sugars under control. If you have concerns about either of these levels, please contact your primary care physician for further recommendations.

11. **Nose blowing:** Do not blow your nose under any circumstance until you are cleared to do so by your doctor.

12. **Head elevation:** Sleep with 2-3 extra pillows, elevating your head slightly. You do not need to sleep sitting up in a chair but you may do so if you find this more comfortable.

13. **Throat discomfort:** Throat discomfort is not uncommon after endotracheal intubation (having a breathing tube in the throat) during general anesthesia. This should resolve on its own within 5-7 days. Throat lozenges tend to soothe the discomfort until it passes. A soft diet helps as well.

14. **Diet:** There are no diet restrictions, but alcohol consumption is not recommended. If you have a sore throat, you might find a soft diet easier to tolerate until your throat discomfort improves.

15. **Tobacco:** Tobacco use is discouraged as nicotine decreases blood flow to the healing nasal tissues and can actually compromise wound healing decreasing the success rate of sinus surgery.

16. **Activity:** Please refrain from all heavy lifting (lift nothing more than 10-15 lbs), bending over or stooping to lift, and vigorous exercise until cleared by your doctor (usually a few days after your first post-operative visit. Rest and do not exert or overexert yourself.

17. **Cough/Sneeze:** Cough and sneeze with your mouth open to decrease pressure on the sinuses

18. **Travel:** You should avoid airplane travel for 10 days following sinus surgery; the cabin pressure changes may cause swelling/pain within the sinuses. Check with your physician prior to flying after sinus surgery.

19. **Fatigue:** Generalized fatigue or light-headedness may be experienced after surgery. This is may be due to the general anesthetics used during the surgery, use of narcotic pain medication, or mild temporary anemia due to expected blood loss during surgery. Do not get up quickly out of bed the first few days after surgery. Foods heavy in iron, or iron supplements, are suggested if higher than normal blood loss results in slight, but temporary, anemia. Patients with more extensive surgical procedures (revisions, polyps, etc.) generally will have more blood loss than other patients. However, very rarely will blood transfusions be necessary. Drink plenty of fluids to maintain hydration (6-8 glasses daily at a minimum). Avoid alcohol or caffeine the first week after surgery. Persistent vomiting or fainting should be reported to your physician.
20. **Migraines**: If you suffer from migraine headaches, the trauma of the surgery may trigger secondary migraine headaches, requiring additional attention by an appropriate Neurology specialist. Migraine medication may be indicated to alleviate these symptoms and should be used only after discussion with the prescribing physician. Migraine medication should not be taken at the same time as a narcotic pain medication unless otherwise instructed by your physician.

21. **Infections**: You may express old clots and discolored mucus from your nose for up 3-4 weeks after surgery, depending on how frequently and how effectively you irrigate your nose with the saline irrigation. Signs of a post-operative infection, which may occur within the first few months after surgery, include fever, foul odor in the nose, persistent discolored nasal secretions, facial pain and pressure, post-nasal drip, and cough. If any of these signs/symptoms develop, you should schedule an appointment to be examined by your physician. If it is determined that you have an infection, the pus may be cultured and the appropriate antibiotic may be prescribed based on the culture results.

**Post-operative Visits**
Please schedule your first post-operative visit in 7-10 days. Call 914-693-7636 (ENT Faculty Practice) and specify that you are scheduling a post-operative sinus debridement visit. During this visit, you will have your nasal splints removed if present, and you will have your first endoscopic debridement.

**Endoscopic debridement** of the sinus cavities is a procedure, during which your sinus cavities are cleaned by removing dried blood, mucus, and early scar tissue in order to promote healing, minimize the chance of secondary bacterial infections, and relieve congestion and/or headaches. During the healing period, blood and normal mucous secreted by the mucous glands in the nose and sinuses stick to raw areas, become hardened by air, and then turn into crusts. The crusts then become a focus of bacterial growth and possible infection when allowed to sit long enough in the nose and paranasal sinuses. Persistent crusting is the single most common reason for persistent symptoms of nasal obstruction, congestion, foul smell, and headaches, postoperatively. Therefore, saline irrigations combined with periodic debridement are absolutely necessary.

After your surgery, you will have a series of visits during which you will have this procedure performed in the office, beginning with the first one typically within 7-10 days, followed by a number of subsequent debridements at various intervals. This is only necessary until your sinus cavities are totally healed with functional mucosal lining. On the average, significant crusting requiring endoscopic debridement will generally last about 2 months after surgery, and patients typically have 2-4 total debridements during this time period. A variable degree of postoperative crusting is dependent on the degree of surgery and tissue removal. More debridements may be necessary in more advanced cases of irreversible mucosal damage from chronic infections (revision surgeries, polyp cases, etc.). Also, a prior history of chemotherapy or radiation therapy may prolong the healing period resulting in increased levels of crusting. Significant crusting can last as long as 3-6 months in some of these cases.

**Instructions/expectations for debridement visits:**
Please make sure that you have eaten something and you are well hydrated prior to arriving for your debridement visits to prevent low blood sugar and possible fainting; it is suggested that you take one or two narcotics pills about one hour prior to your first debridement appointment (do not take pain medication on an empty stomach), when your nasal cavities are still swollen and tender. This will decrease the discomfort of the procedure. However, you will need a ride to and from the first post-operative appointment if you take narcotic pain medication.

Topical anesthetic spray will also be used in the office prior to all debridements to minimize discomfort. The nurse may spray your nasal cavities prior to the doctor seeing you in the examination room for the procedure. After the first visit/debridement, the discomfort levels during this procedure decrease as the immediate postoperative swelling and inflammation begin to dissipate.
It is normal to have some light bleeding and pink or dark red drainage after your initial debridement for a few hours to several days. You may have to temporarily wear a drip pad (as you did right after surgery) to protect your clothing. Severe bleeding is rare and needs to be reported to your physician and possibly treated in a nearby emergency room.

After a debridement visit, you may be asked to start topical antibiotics (in spray form or mixed in your irrigations), nasal steroid sprays or irrigations, allergy treatments, or a combination of these treatments. You may also be placed on culture-directed oral antibiotics, depending on how your sinus cavities are healing.

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The following signs or symptoms should be reported to the physician/nurse:
  h. Persistent fever over 102 degrees Fahrenheit
  i. Persistent bleeding with more that ½ cup of bright red blood within 30 minutes or causing choking
  j. Severe pain unrelieved by prescribed medication
  k. Changes in vision (i.e. double-vision, visual loss)
  l. Mental changes (i.e. confusion, slurred speech)
  m. Neck Stiffness or deep head pain
  n. Continued Nausea or vomiting

If you experience difficulty breathing, shortness of breath, or severe bleeding, call 911 or go to the nearest emergency room immediately.

Over the counter medication and supplies to purchase at your pharmacy while filling your prescription medication:

1. Afrin (oxymetazoline) topical decongestant nasal spray – to be used for 2-3 days then as needed for 4-5 days total (Item 1a above)
2. Neil Med sinus rinse kit (Bottle and salt packets) – to be used starting two days after your surgery (Item 1b as above)
3. Throat Lozenges – for sore throat (Item 13 above)
4. Stool softener such as Dulcolax, Miralax, or Colace to prevent constipation with narcotic use (Item 9 above)
5. Tylenol (Acetaminophen) – use for mild pain instead of the prescribed narcotics (Item 8 above)
6. Humidifier – to prevent dry mouth and throat during sleep (Item 2 above)
7. Gauze and tape for drip pad replacements – (Item 4 above)
Nasal Saline Irrigation Instructions

You can use the packets that come with the Neil Med Sinus Rinse squeeze bottle (see Neil Med box instructions) to make the saline irrigation solution with either distilled or boiled tap water (cooled down of course). You may also use the following recipe to make saline solution.

Recipe:

1 liter boiled or distilled H2O (must be sterilized)

1 teaspoon canning/pickling/kosher salt (non-iodized)

1 teaspoon baking soda

To make 1 gallon, quadruple the above recipe. It may be convenient to mix larger quantities of the saline solution and store it in your refrigerator, warming up each days supply prior to use. Consider buying one gallon of distilled water and adding 4 tsp of salt and 4 tsp of baking soda.

Irrigation Instructions:

Irrigate each nostril with 4oz (Neil Med squeeze bottle contains 8oz) of the above solution twice daily. While in the shower or leaning over a sink, aim the squeeze bottle (see figure 2) diagonally (away from the septum). The fluid will circulate in and out of your sinus cavities, coming back out the opposite nostril being irrigated. To accomplish this focus on making a “k” sound while you irrigate. This will close your palate so the irrigation does not wash out your mouth. The irrigations help to clean the clots from your nose and prevent scarring after surgery.