

We have evaluated you and identified a possible sinus problem. Here are some answers to commonly asked questions about sinus disorders and sinus surgery.

WHAT ARE THE SINUSES?

The sinuses are air-filled cavities in the skull. The sinuses are lined with a mucus membrane that produces mucus, which drains into the nose. Nobody actually knows why we have sinuses, but in health the sinuses are filled with air and drain their mucus freely into the nose. We make around a ¼ gallon of mucus every day that is swallowed with our saliva. We usually only notice the mucus if it becomes abnormally thick, and then complain of congestion and postnasal drip. We have four sets of sinuses on each side: The frontal (forehead), ethmoids (between the eyes), maxillary (cheek) and sphenoid (behind the eyes).

WHAT ARE THE SYMPTOMS OF A SINUS INFECTION?

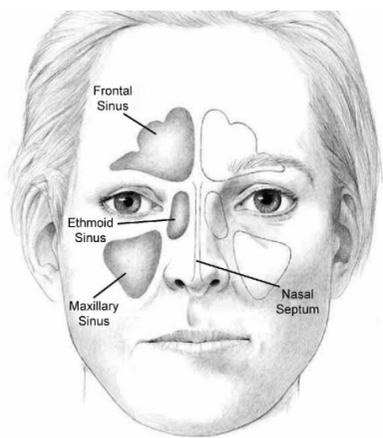
The symptoms of a sinus infection can be similar to a cold or allergies causing confusion in patients and doctors. Symptoms of a sinus infection include: Facial pressure or pain, nasal congestion, postnasal drip, thick colored nasal discharge, decreased sense of smell, fever, bad breath, and pain in the upper teeth. Cold symptoms lasting over 10 days may also indicate a sinus infection. Headache in the forehead area is often associated with sinus problems, but there are many other causes of headache unrelated to the nose and sinuses. If you have more than three symptoms of a sinus infection you should be checked by your doctor.

WHAT ARE NASAL POLYPS?

Nasal polyps are small bags of tissue in the nose and sinuses. They are caused by chronic inflammation in the nose and sinuses from allergy, chronic sinusitis or other specific diseases (e.g. cystic fibrosis). The polyps may cause nasal congestion, loss of the sense of smell, or block the sinus drainage leading to sinusitis. Occasionally a nasal tumor may be mistaken for polyps, and this is why examination by an ENT specialist is so important.

WHAT TESTS CAN BE DONE TO DIAGNOSE MY SINUS CONDITION?

There are various tests used to diagnose sinus conditions and we will tell you which ones are appropriate for you. All patients are thoroughly examined by us, and often some spray is applied to the nose to shrink the tissue improving the view. CT scans of the sinuses are very useful in diagnosing chronic sinusitis and complications of acute sinusitis. Nasal endoscopy is often performed by us in the office. A small telescope is gently placed in the front of the nose providing us with important information about the anatomy and any disease in the nose. This is associated with only minimal, if any, discomfort.



BEFORE SURGERY

Patients are evaluated by us and a decision that sinus surgery is appropriate is made. The surgery is then arranged by our office. It is important to inform your surgeon about any medical disorders or bleeding problems. Blood thinners such as aspirin, plavix or ibuprofen should be stopped two weeks prior to surgery unless you are otherwise instructed by the doctor. You should have nothing to eat or drink after midnight on the night prior to surgery. Please show up at the scheduled time arranged by the surgery center/hospital.

AFTER SURGERY

Most patients can go home a few hours after surgery. You should expect to feel groggy and tired the rest of the day, and may have nausea from the anesthetic. Your prescriptions for pain relievers and antibiotic should be used as directed. Call to schedule a follow-up appointment with us to remove packing and/or check your nose for proper healing. You should rest for the first few days after surgery. Many patients can return to work after approximately one week, but heavy lifting (over 20 pounds) or straining should be avoided for two weeks. Forcefully blowing your nose should also be avoided for two weeks. There may be some bleeding after surgery that soaks into a gauze “moustache” dressing under the nose. There is always some nasal congestion from swelling after surgery, and this will resolve over a few weeks. If you have any concerns or problems following surgery, please call our office for assistance. In case of an emergency we are available 24 hours a day through our answering service (313) 396-0615. You should remember that no surgery is 100% effective and that there are risks to all surgical procedures. Since some risks only actually happen very rarely, they cannot all be mentioned. We hope this pamphlet helps you better understand your condition, the recommended procedure and its risks. If you have any questions about your procedure or its risks, please call us prior to your surgery.

WHAT IS ACUTE SINUSITIS?

Acute sinusitis is a bacterial infection of one or more sinus cavities. It often follows a cold or allergy attack that causes swelling in the nose and starts the process of sinusitis. The sinuses can't drain properly and mucus becomes trapped and then infected, causing pain and pressure. Some patients become very ill or have severe pain with acute sinusitis. Treatment includes a full course of antibiotic (10-14 days). Other medications, such as a decongestant pill or nasal spray are often used to reduce symptoms. Surgery is only needed rarely to treat severe acute sinusitis that does not respond to medications. Occasionally a complication develops, such as spread of infection to the eye or meningitis. Although complications of sinus infections are rare, they remind us how important recognizing and properly treating the disease is.

WHAT IS CHRONIC SINUSITIS?

Chronic sinusitis is a low grade infection of the sinuses that has been present at least three months. Chronic sinusitis may be the result of an acute sinusitis that was not fully resolved, or from ongoing drainage problems in the nose and sinuses from allergy, inflammation or anatomical problems in the nose and sinuses. Symptoms are similar to those of acute sinusitis, but usually less severe. Chronic sinusitis symptoms are often confused with allergies and sometimes special tests are needed to make the diagnosis. Many patients only complain of nasal congestion and postnasal drip. In chronic sinusitis there is permanent damage to the mucus membrane lining the sinuses. This causes thickening of the tissue and of the mucus, worsening the sinus drainage. Chronic sinusitis should initially be treated medically with antibiotics, prescription nasal spray and nasal irrigations (washes). Unfortunately, medical therapy often fails and surgery is then required for treatment of chronic sinusitis.

WHAT IS ENDOSCOPIC SINUS SURGERY?

Endoscopic sinus surgery is a state of the art technique that is more effective and requires much less recovery than traditional sinus surgery. It is used to treat chronic sinusitis, nasal polyps and occasionally acute sinusitis. Surgery is considered the last option and is used for patients who fail medical therapy or when medical treatment is inappropriate. Endoscopic sinus surgery is performed through the nostrils using small telescopes and delicate instruments, and significantly improves sinus symptoms in over 85% of patients. We perform these procedures using a special state-of-the-art 3D image guided computer navigation system to improve accuracy and patient safety. We also perform the minimally invasive balloon sinuplasty procedure when appropriate. In surgery the natural sinus openings are enlarged and the sinuses are cleaned out to improve drainage and prevent future blockage. The surgery usually takes 1-2 hours and is done as an outpatient procedure under general anesthesia. Often some nasal packing is left in the nose to minimize bleeding after surgery and is removed in the office a few days later. The risks of surgery include anesthesia, bleeding and infection. Since the sinuses are in the skull and surround the eyes, there is a minimal (less than 1%) risk of eye injury and leakage of the fluid that surrounds the brain (CSF). Infection can still occur after successful sinus surgery, but the symptoms are usually less severe, and the infection is less dangerous and easier to treat. It is unusual to require any revision surgery with the exception of patients with polyps. Unfortunately polyps tend to regrow and may need further surgery in the future.