

Post Operative Instructions for Function Endoscopic Sinus Surgery (FESS)

Post Operative Follow up Appointment is:

(This will take place at our Lincoln Park location: #103 - 49 Richard Way SW, Calgary, AB)

Pain Control

You will be given narcotic pain medication after surgery while in hospital. You will be prescribed pain medication as well to be taken at home after discharge. Take this medication as you need for pain management, and try not to let the pain increase to an intolerable point before taking the medication. If you use all the medication, please contact our office prior to running out to obtain another prescription. Acetaminophen (Tylenol®) is preferred for pain control as narcotics should be used cautiously outside of the hospital setting. Your pain will be significant for at least the first 5-7 days post surgery, but this should improve considerably by 10 days following surgery.

Avoid aspirin, NSAIDs (such as ibuprofen, Advil®, Motrin®, naproxen, or Aleve®), vitamin supplements, or herbal medications for at least two weeks because they can increase your risk of bleeding after surgery.

Diet

The nasal pain and swelling from surgery, which is to be expected, does not tend to affect your swallowing function after surgery. However, you may experience some minor discomfort or irritation in your throat because of the endotracheal tube that was used for your general anesthetic. Nonetheless, your diet should be very much the same as it was before surgery with very little in terms of restrictions.

Antibiotics

You will be prescribed an antibiotic to take for several days. This is used to prevent infection and decrease swelling. Take the antibiotic as directed. If you develop a rash or diarrhea (possible risk of antibiotics and other medications), stop the antibiotic and contact our office immediately

Nasal Splints

Splints are places inside your nose to help the healing process and support the healing tissue. The splints are typically held in place with a stitch in the front portion of your nose. Although splints are used to provide the best long-term outcomes, they can produce some temporary problems. First, the splints often become coated with dried mucus and/or blood. If this happens patients may then be unable to breathe through their nose. The splints themselves or the stitch can cause some discomfort in excess of the typical surgical discomfort. Finally, your nose may also appear wider with the splints in place. All of these are temporary changes that should resolve once the splints and the stitch are removed, usually a week after surgery.

Nasal saline mist and irrigations

Start rinsing your nose with ***nasal saline mist*** the day after surgery. The **saline mist should be used at least 4 times per day and it is recommend to apply polysporin after the mist to help moisturize the nose** . If nasal splints are also placed in the nose (often done if septoplasty is performed), irrigations will start once the splints are removed, typically 5-7 days after surgery. It is important to do saline rinses up to 4 times per day. Nasal saline irrigations are very important because they flush out dried blood, dissolvable packing, and mucus. Irrigations help the healing process and decrease the chance of a postoperative infection, which is a major cause of poor healing and a need for additional sinus surgery. If the irrigations cause substantial bleeding or pain, let our office know right away.

Physical Activity

It is important to walk at least three times a day starting the day after surgery. Walking and spending time out of bed (walking or in a chair) rather than in bed are helpful because they reduce the risks of developing pneumonia or blood clots in the legs. However, it is also very important you avoid strenuous activity for three to four weeks following surgery as it typically raises your heart rate and blood pressure which can increase swelling or cause bleeding.

Sleep with head elevated (at 45 degrees) for at least three days

Elevating your head during sleep decreases blood flow to the head and neck regions. Therefore, it decreases swelling and the associated pain. Elevating the head during sleep may also improve breathing. We recommend elevating your head during sleep at 45 degrees for at least three days following the procedure. Another thing that may reduce swelling is to use ice or something frozen (peas in a bag). If available fill a rubber glove half way and freeze to slush then place on your forehead with fingers down around your nose. Be careful not to put pressure on the rest of the bridge of your nose, as that will not only be painful but can affect the healing process and/or move your septum.

Nausea and constipation

Nausea and constipation are very common after any surgery. The anesthetic medications used during surgery and the pain medication you receive after surgery can cause these. You may try taking laxative and if you still have not had a bowel movement within 3 days after taking laxatives, notify our office.

Proceed to your nearest emergency room as soon as possible or call 911 anytime you think you may need emergency care. For example, call if:

- You passed out (lost consciousness).
- You have sudden chest pain and shortness of breath, or you cough up blood.
- You have severe trouble breathing.
- You develop a teaspoon or more of bleeding that lasts for longer than 15 minutes.

If you have non life threatening questions and are unable to reach me directly by phone, please email the office at sleepsurgerycanada@icloud.com

You can call Alberta Health Link and speak with a nurse 24/7 by dialling 811 if:

- The dressing soaks through with blood and needs to be changed more than every 15 minutes.
- You have a fever with a stiff neck or a severe headache.
- You are sensitive to light, or you feel very sleepy or confused.
- You have pain that does not get better after you take pain pills.
- You have a fever over 38°C.
- You have double or blurred vision, cannot close your eyes, or have eye pain.

Risks for Function Endoscopic Sinus Surgery (FESS)

- 1. Bleeding** - Because the nose and sinuses have excellent blood supply, it places patients at risk for nosebleeds following surgery. A major factor in preventing serious bleeding is to avoid the use of aspirin, NSAIDs (such as ibuprofen, Advil®, Motrin®, naproxen, or Aleve®), vitamin supplements, or herbal medications **for at least two weeks before and after surgery**. Minor bleeding should be expected, but the amount of bleeding can potentially be significant or life-threatening. If you have more than a teaspoon of bleeding, you should notify our office immediately. Another procedure may be necessary to control the bleeding. If the bleeding is significant, immediately seek care in the closest emergency department or call 911.
- 2. Infection** - Infection is rare but not impossible after surgery. The antibiotics given to you at the time of surgery will reduce the chance of infection and decrease swelling. Prescription mouthwash may be used as instructed by Dr. Chau. Patients should not use over the counter mouthwashes following surgery because many of these contain alcohol that can irritate the lining of the mouth and interfere with healing.
- 3. Dryness and crusting or change in your sense of smell** - These problems are usually temporary, but they may be permanent. Any surgery inside the nose can occasionally cause alterations in the sense of smell. Because smell plays an important role in taste, the sense of taste may also be affected. Your sense of smell may return, although changes may be permanent.
- 4. Septal perforation** - As the lining of the nose is raised off both sides of the septum, tears can develop in the lining. Because a deviated septum thins the lining of the of nose in the area of deviation, tears are common. However, if tears develop in matching positions on both sides of the nose, a hole can develop after the septum has healed. This can create problems such as crusting or a whistling sound during breathing, although often no treatment is required. Additional treatment can include placement of plastic to plug the hole or additional procedures.
- 5. Septal hematoma** - Septoplasty involves raising the lining of the nose off the septum on both sides with replacement of the lining against each other at the end of the procedure. If bleeding occurs after surgery and the blood is trapped underneath the lining, a collection of blood called a hematoma can develop. This can potentially become infected and then lead to a change in the appearance of the nose. The best way to avoid this complication is prevention. By following the postoperative instructions carefully, the risk of this complication is reduced.
- 6. Tear duct injury** - The tear duct (lacrimal duct) drains tears from the corners of the eye next to the bridge of the nose into the nose itself. This duct is probably damaged more than we think in sinus surgery, but it only creates problems if it is damaged and then scars in a way that blocks the tear duct. A blocked tear duct will not allow tears to pass from the eye into the nose, and tears will leak out the corner of the eye. This can be addressed with a procedure to reopen the tear duct, although the problem could be permanent if the procedure is not successful.
- 7. Change in vision** - Because the sinuses are next to the eyes, it is possible to have changes in vision due to swelling or damage of the muscles that move the eye or the nerve for vision. Changes in vision can include double vision, because the eye muscles are not moving the eyes together, or loss of vision (including possible blindness) if the nerve is damaged. It is not unusual to have some swelling of the eye muscles, resulting in temporary double vision that clears up within 2-3 days following the procedure. **HOWEVER, contact Dr. Chau immediately if you develop any change in vision or eye pain following sinus surgery.**

8. Brain injury - Brain injury is rare after sinus surgery, but it is possible because many of the sinuses are next to the brain.

9. Spinal fluid leak - Most of the sinuses (ethmoid, frontal, and sphenoid) are also next to the space in the head that holds the brain, so sinus surgery may damage the coverings that surround the brain and lead to spinal fluid leakage. It is possible that the bone that normally separates the sinuses from the brain can be missing in certain places or damaged during surgery, either of which can increase the chances of spinal fluid leakage. Risks involved with spinal fluid leakage include; headache and developing infection (meningitis). Spinal fluid leakage can develop many years after sinus surgery so it is important to inform your doctor if you develop drainage from your nose that is both watery (thinner than normal mucus) and especially salty. There are tests that can be performed to determine if this is spinal fluid then your doctor will determine what the best form of treatment would be.

10. Continued symptoms and need for additional procedures - The goal of sinus surgery is to reduce the number and severity of sinus infections while also making them easier to treat. Often sinus surgery improves or eliminates symptoms, but it may not. Another procedure—either performed on the sinuses or on another area—may be necessary to provide the desired relief.