



Endoscopic Sinus Surgery Postoperative Issues

1. Pain

Most patients will experience the equivalent of a severe head cold, including congestion, nasal discharge, and headache, for 1-2 weeks after the surgery. Pain is usually mild to moderate; prescription pain medication may be needed for up to one week after the surgery. A prescription will be given at the “pre-op” visit. Mild discomfort may be treated with Tylenol. Please avoid any ibuprofen-based pain medications (**Motrin or Advil**), as well as aspirin, as these can lead to postoperative bleeding.

2. Diet

Some patients may have mild nausea and even occasional vomiting for one to two days following general anesthesia. Once this subsides, the patient can usually eat a normal diet. There may be some soreness with swallowing due to inflammation of the neck and throat muscles, or from the breathing tube used during general anesthesia. This should resolve over 1 – 2 weeks.

3. Activities

It is best to avoid strenuous activities for approximately two weeks following surgery. Significant exertion will raise the blood pressure, again increasing the chance of bleeding. It is also best to avoid blowing the nose. In the event of nasal blockage or discharge, additional saline irrigation may be used. If one has to sneeze it is best to open the mouth rather than let the force of the sneeze to pass through the nose.

4. Bleeding

A small amount of bloody discharge is not uncommon for 1-2 weeks following septoplasty. This may be either from the front of the nose, or down the back of the throat. Bleeding should not be profuse or continuous. Severe bleeding should always be reported to your doctor. It is often convenient to tape a folded gauze “drip pad” to the upper lip under the nose for several days following surgery. This will avoid the need to frequently wipe the nose to clear discharge. In the event of bleeding, it is best to squeeze the soft part of the nose closed, and tilt the head down (forward, not back) for 5-10 minutes. Application of nasal decongestant spray such as oxymetazoline (Afrin) or Neo-Synephrine may also reduce such bleeding.

5. Fever

A low-grade temperature (100.5°F or less) is not unusual following surgery. Higher temperatures may be treated with Tylenol. Again, avoid any ibuprofen-based medications (Advil or Motrin), as these may affect bleeding. High fevers (greater than 102.5°) should be reported to your physician.

6. Antibiotics

Following surgery, the sinuses typically get backed up with blood and mucus. In order to prevent a significant infection, antibiotics are usually prescribed. All prescribed antibiotics should be taken as directed until completed.

7. Nasal Hygiene

Blood and mucus within the nasal passages and the nasal splints themselves can solidify, blocking the nose and making breathing difficult. To reduce this problem an over-the-counter nasal saline spray (available for the purchase in any drug store or our office) should be used, three to four puffs to each side of the nose, every one to two hours during the daytime. This will help moisten the mucus crust and promote drainage. In addition, the nose may be flushed with salt-water using a rubber bulb syringe, 1-2 times per day, to help keep the breathing passages open. Irrigation may initially return large amounts of blood and mucus crust. This is normal, and should decrease in quantity with each day. Nasal breathing usually will improve dramatically once the nasal splints are removed. After splint removal, nasal saline spray should be used at least 4 times per day for the next 4 weeks, and thereafter as needed for mucus crusting. Saline irrigations are usually not necessary at this point, but may be continued as needed.

8. Follow-up

The doctor will let you know when to follow up at the time of release from the hospital if you require at least an overnight stay. The hospital does not typically make the arrangements so you, a friend or a family member should call for an appointment upon release. If the surgery is a planned outpatient procedure, the doctor will let you know when to follow up at the "pre-op" visit. Typically, surgical drains stay a few days and sutures and/or staple are removed after one week.

9. Contact

In case of an emergency please contact (830) 627-3777.

10. Smoking:

DO NOT SMOKE, it prevents proper healing in the neck.