



Septal, Turbinate and Sinus Surgery

After 20 years, Dr. Atkins has found that patients who follow these instructions have the smoothest postoperative course and best outcomes. This handout will answer the most common questions about your sinus surgery and recovery. If after reading this you still have questions, please call our office and speak with our surgery coordinator. She will either know the answer or get the answer for you.

Before surgery

- If you are over 50 or have significant medical problems, we will ask that you undergo a complete physical exam with your family doctor or internist prior to scheduling your surgery. They will make sure you are healthy enough for surgery and help us manage your regular medications and alert us to any potential problems.
- Depending on the type of surgery you are having, you may need an updated or special sinus CT Scan. Patty will coordinate this.
- In general, patients should avoid all medications that increase bleeding 14 days prior to surgery. These medicines include:
 - **Analgesic (Pain) Tablets** - Aspirin, Alka-Seltzer, Anacin, Arthritis Pain Formula, Arthritis Strength Bufferin, ASA Compound, Ascriptin, Ascriptin A/D, Aspergam, Athropan Liquid, Buffaprin, Bufferin, Ecotrin, Emperin Compound, Excedrin, Fiorinal, Fiorinal Compound, Goody's Headache Powder, Measurin, Motrin, Phenaphen, Pyroxate, Vanquish
 - **Cold/Cough Preparations**- Alka-Seltzer Plus, Bayer Children's Cold Tablets, Bayer Decongestant, Congespirin, Contact, Coricidin, Dristan, Sine-Aid, Sine-Off, St. Joseph Cold Tablets for Children, Super Anahist, Triaminicin, 4-Way Cold Tablets
 - **Sedatives (Sleep) Tablets** - Cope, Dolcin, Dolor, Duragesic, Emagrin, Excedrin PM, Fizrin Powder
 - **Holistic & Homeopathic Medications** - The safety and side effects of these medications is frequently unknown or unclear; therefore, they should be discontinued prior to surgery.
 - **Vitamins** – Only those that contain Vitamin E.

The day of surgery

- Your surgery will be done on an outpatient basis.
- You will be completely asleep (general anesthesia is used).
- Most patients go home within 3 or 4 hours after their surgery.
- Plan to arrive at the surgical center at least 1.5 hours prior to your surgery.
- Do not eat, drink (including water) or smoke after midnight, although you may take any usual a.m. medications with a sip of water.
- If you are taking asthma inhalers or other chronic medications, please bring them with you.
- Bring a copy of your insurance card and a picture id.

- Every patient must be accompanied by a licensed driver. Patients will not be allowed to drive themselves home and policy does not allow patients to be driven home by cab.

- At least one family member or friend should remain in the waiting room so that Dr. Atkins can discuss your surgery or any special instructions with them.
- All surgery is done through the inside of your nose, using a small fiberoptic telescope; therefore you will not have any external scars or stitches. Facial bruising can occur but is very rare.
- Dr. Atkins may use an Image Guidance System for your surgery. This is similar to a GPS system. Just like a GPS shows where your car is located on a map, this system tells him where his instruments are relative to vital structures (like your eyes or brain). Dr. Atkins believes this technology makes the surgery much safer.
- After the procedure, you will stay in the recovery room for approximately 2-3 hours until it is safe for you to be discharged.
- Your nose may be blocked as a result of swelling so you might be required to breathe through your mouth for a while.
- The hospital nurses may place a drip pad under your nose when you are discharged from the hospital. This drip pad should be changed whenever it becomes soiled. If you develop brisk bleeding call our office or seek assistance at the nearest emergency room.
- Dr. Atkins will not place packing in your nose; instead he uses a gel solution that coats the nose to control any bleeding. The gel will dissolve with the use of saline spray.
- If you had a septoplasty, he will have sewn splints in place to keep your nose straight while it is healing. The splints have holes in them which will allow you to breathe through your nose. The splints are not visible from the outside. They will be removed in the office in one week. Removal of the splints is usually painless (you will not need to take any pain medications for this).

After Surgery Instructions

General Instructions

- Your nose will be stuffy and feel blocked; this is normal and usually resolves within 2 weeks.
 - Keep your head elevated as much as possible. SLEEP WITH THE HEAD ELEVATED 30-45 DEGREES for 1 week following your surgery. To accomplish this, place two or three pillows under the head of the mattress and one or two on top of the mattress. Some patients find a reclining chair to be more comfortable than a bed during this period.
 - Sit, stand and walk around as much as is comfortable starting the day after surgery.
 - AVOID BENDING OVER OR LIFTING heavy things for two weeks. In addition to aggravating swelling, bending and lifting may elevate blood pressure and start bleeding.
 - AVOID STRAINING DURING ELIMINATION. If you need a laxative it is okay to take one. Proper diet, plenty of water and walking are strongly recommended to avoid constipation.
- AVOID EXERCISE (see Activities below).
 - DO NOT BLOW YOUR NOSE. If you need to clear your nose, you may sniff inward.
 - Moderate bleeding may occur for a few days after surgery. After this, old clots may form and will be washed out with nasal spray (explained below).

- If crusting develops in the front of your nose, it can be removed with a Q-tip and Hydrogen Peroxide. DO NOT insert the Q-tip further than the end of the cotton.
- If you have to sneeze, please do it with your mouth open. This prevents excessive pressure build-up and bleeding from the nose.
- AVOID ACTIVITIES THAT INCREASE BLOOD PRESSURE. Any work, home, social or sexual activities, that raises one's blood pressure, should be avoided for fourteen days or more.
- Call Dr. Atkins' office if you experience:
 - vision problems
 - active, persistent bleeding
 - foul smelling discharge from the nose or other evidence of infection
 - a persistent temperature above 101.5 degrees that is not relieved by Tylenol®
 - development of any drug reaction

Use of Nasal Saline Spray

You should purchase 2-3 bottles of Simply Saline® before your surgery from your pharmacy or grocery store (no prescription needed). The most important thing you can do after nasal surgery is to begin using liberal amounts of Simply Saline® (salt water) spray. This spray will dissolve any blood or mucous in your nose, reduce swelling and improve your ability to breathe through your nose and speed up your healing and recovery. Spray each nostril every 2 hours while you are awake, beginning the first evening after surgery and continuing for several weeks. Failure to use the saline spray will delay your healing process and may promote infection, which could lead to longer recovery and additional visits to our office (some of which may not be covered by your surgical fee).

Swelling

The amount of swelling varies from person to person. Swelling after sinus or septal surgery is usually noticed as a stuffy or blocked nasal passage. Mild to moderate swelling of the outside of the nose is normal and usually is worse the second to third day after surgery.

Pain Medications

Even though you may not feel much initial discomfort following your surgery, pain medication should be taken as prescribed for the first 24 to 36 hours after surgery. We find that many patients initially feel very well following surgery and are reluctant to take any medication for pain. Unfortunately, the patients who "tough it out" often develop discomfort 18 to 24 hours after the procedure, which may then last for 3 to 4 days. Those patients who take their medicines faithfully, as instructed, have very little, if any, discomfort. After the first 24 - 36 hours following surgery, Extra Strength Tylenol® may be taken every 4 - 6 hours as an alternative to the pain medication or alternated with pain medication. For pain that is not relieved by medications, please call our office. (Do not take Aleve, Motrin, aspirin or similar products.) Taking your pain medication with food will dramatically decrease any nausea associated with the medication.

Antibiotics

If you have been prescribed antibiotics, remember to take them with food to prevent nausea and promote proper absorption of the medication (do not consume milk or dairy products when taking your antibiotic as they can inactivate some medications). Finish all of your antibiotics as instructed.

Diet and Nausea

Patients who have received general anesthesia may experience some nausea and occasionally, vomiting. It is therefore preferable to eat a bland light meal or a liquid diet on the first day after the surgery. A regular diet may be resumed the next day. You may be given a prescription medication to take if you develop any nausea. Keep in mind that some nausea medications may make you sleepy. Nausea generally resolves within 24 hours.

Temperature

Generally, the body temperature does not rise much above 100 degrees following sinus surgery. If you have a persistent temperature above 101.5 degrees, not relieved by Tylenol®, call our office.

Weakness

It is not unusual to feel weak, break out in "cold sweats," or get dizzy following any type of surgical procedure especially when anesthesia has been administered. These feelings will generally disappear without medication within 24-48 hours. Returning to a normal diet and light activity will shorten the duration of these feelings.

Activities

- Two days after surgery, you are encouraged to be up and around the house with your usual activities; however, no bending, no heavy lifting, and no strenuous activity for 1 week. The lack of exterior incisions or bruising tends to fool people into thinking that they did not have a "big operation" but you will need rest and a chance to heal.
- DO NOT LIFT ANYTHING HEAVIER THAN 10 LBS for 2 weeks.
- DO NOT SMOKE & AVOID ALCOHOL CONSUMPTION for 3 weeks. Both of these activities significantly slow the healing process.
- Eyeglasses may be worn immediately after surgery.
- Exercise: You may start light walking after a few days but do not "work out" for 2 weeks or until cleared by our office.
- When you return to work depends on the amount of physical activity and public contact your job involves and the amount of swelling you develop. Most people are ready to return to work or go out socially 1 week after surgery.
- Do not drive while taking any sedative or prescription pain medications.
- Airplane travel should be avoided for a minimum of three weeks following surgery. During this period the mucous membranes within the sinuses and nose are swollen, and the changes in air

- pressure, which accompany flying, are not well tolerated. In some cases you may be able to fly in less than three weeks, but this should be cleared with Dr. Atkins.

Restarting your medications

- DO NOT TAKE aspirin products or blood thinners until you are instructed to do so by Dr. Atkins.
- DO NOT start any of your prescription nasal sprays until told to do so by Dr. Atkins or his staff. (DO use your saline rinse as directed above).
- DO resume all of your other prescription medications.

Follow up care

- Post-Operative visits are a necessary part of the surgery that helps promote healing and prevent complications and recurrence of disease.
- Please schedule an appointment to be seen in the office as directed. (830) 816-3838.
- It is a common mis-understanding that the costs of your post-op visits after sinus surgery are included in the fee for the surgery. Most of the time this is not the case. If you have any concerns/questions about this please contact Linda Geoghegan in our billing office.

Risks and Complications

Everyone will have some bleeding, swelling and congestion etc. after surgery. The following risks are beyond the normal things that occur after surgery.

Septoplasty Risks

- **POST-OPERATIVE BLEEDING.** Major bleeding after septal surgery is very rare. If it does occur, then the patient usually has to go back to surgery to get the bleeding stopped. Avoidance of blood thinning medications will help reduce this risk as well as the use of intranasal Simply Saline as described above.
- **ANESTHESIA COMPLICATIONS.** Adverse reactions to local or general anesthesia may occur, including heart and lung complications. Fortunately, these risks are quite rare.
- **INTRACRANIAL COMPLICATIONS.** The top of the septum inserts into the base of the skull. If this layer is violated, a leak of cerebrospinal fluid (the fluid that bathes the brain and spinal cord) may occur. This is exceedingly rare.
- **SMELL.** The sense of smell can possibly be worsened by a septoplasty, but this is exceedingly rare.
- **VOICE CHANGES.** The septum can affect resonance, so vocal professionals should be aware of potential changes in their voice after septal surgery.
- **INFECTION.** Antibiotics are given after surgery to prevent infection, but a septal infection is still possible, but very rare.
- **NASAL OBSTRUCTION.** Much of the nasal septum is made of cartilage, which has "memory". It always wants to move back to its original position. Despite certain measures designed to prevent this by Dr. Atkins at the time of the septoplasty, this may occur and require a second procedure. Small scar bands may also occur in the nose and require removal by Dr. Atkins at postoperative visits.

- **NUMBNESS.** A transient numbness of the front upper teeth, lip or nose may occur after surgery but is usually self-limiting.
- **SEPTAL PERFORATION.** A hole can develop in the septum after septoplasty. Small ones are common and do not cause any problems. Larger ones are rare, but can be associated with crusting and infection.
- **COSMETIC DEFORMITY OF THE NOSE.** In rare cases removing some of the septal cartilage can cause a change in the external appearance of the nose.

Sinus Surgery risks:

- **POST-OPERATIVE BLEEDING.** Major bleeding after sinus surgery is very rare. If it does occur then the patient usually has to go back to surgery to get the bleeding stopped. Avoidance of blood thinning medications will help reduce this risk as well as the use of intranasal Simply Saline described above.
- **ANESTHESIA COMPLICATIONS.** Adverse reactions to local or general anesthesia may occur, including heart and lung complications. Fortunately, these risks are quite rare in this era of modern anesthesia.
- **INTRACRANIAL COMPLICATIONS.** Use of the Image Guidance System by Dr. Atkins greatly reduces this risk. The base of the skull forms the roof of the ethmoid and sphenoid sinuses. If this layer is violated, a leak of cerebrospinal fluid (the fluid that bathes the brain and spinal cord) may occur. This can usually be repaired at the time of the initial surgery. Meningitis is sometimes associated with this complication.
- **INTRAORBITAL COMPLICATIONS.** The orbit is situated immediately adjacent to several of the sinuses but is separated from the sinuses by a layer of bone. Visual loss and blindness have been reported with sinus surgery but are extremely rare. Use of the Image Guidance System greatly reduces this risk.
- **SMELL.** The sense of smell usually improves after sinus surgery, although it may occasionally worsen, depending on the extent of infection, allergy or polyps.
- **VOICE CHANGES.** One of the functions of the sinuses is to affect resonance, so vocal professionals should be aware of potential changes in their voice after sinus surgery.
- **INFECTION.** The most common reason to undergo sinus surgery is a chronic infection that does not resolve with medications. The patient with sinusitis is therefore at risk of developing certain other infections in this area (abscesses, meningitis, etc.) regardless of whether they manage the sinusitis with or without surgery.

Turbinate Surgery risks

- **POST-OPERATIVE BLEEDING.** Major bleeding after turbinate surgery is very rare. If it does occur, then the patient usually has to go back to surgery to get the bleeding stopped. Avoidance of blood thinning medications will help reduce this risk as well as the use of intranasal Simply Saline as described above.
- Turbinate tissue can re-grow over the years and re-treatment may be necessary.