

Endoscopic Sinus Surgery

Most people have four sinuses on each side of their face, for a total of eight sinuses. These are the maxillary, ethmoid, sphenoid, and frontal sinuses. The maxillary sinuses are in your cheek. The ethmoid sinuses are between your eyes. The sphenoid sinuses are almost exactly in the center of your head. Finally, the frontal sinuses are in your forehead.

Sinusitis

Sinusitis is a general term meaning swelling and inflammation of the nose and sinuses. Inflammation can be caused by infection, allergies, irritants, and many other things. Many times, we do not know why patients have sinusitis. Sinusitis may affect some or all your sinuses. Sinusitis can be acute, with short episodes of symptoms, or considered a chronic problem when it has been going on for 3 months or more. Chronic sinusitis is the most common reason for doing sinus surgery. Surgery is done in addition to, and not instead of, medical treatment of the sinuses. Surgery is not a cure for sinusitis, but it is an important step for some patients.

Serious infections in the brain or eye might also be a reason for sinus surgery. Nasal polyps are a sign of severe inflammation. They can also be a reason for surgery. Sinus surgery is also used to treat select cases of sinonasal tumors, leakage of brain fluid into the nose, and eye conditions. Each individual case is different. Your sinus surgeon will determine if surgery is the best choice for your nasal/sinus problem.

About the Surgery

Advances in technology have allowed most sinus surgery to be performed entirely through the nose. This type of surgery uses a tool called an **endoscope** to look at your

sinuses through your nose. The main goal of sinus surgery is to improve the drainage of the sinuses. This is by widening the openings of the sinuses. Sometimes during sinus surgery, the nasal septum, which divides the two sides of the nose, is also straightened. The turbinates, which filter and moisten air inside of the nose, may require surgery as well. Incisions on the face or in the mouth are rare.

Endoscopic sinus surgery is typically done with minimal nasal packing. This leads to little pain and short recovery times. This handout will tell you what to expect after endoscopic sinus surgery.

Bleeding

It is common to have minor bleeding from the nose for the first 3-5 days after surgery. Some blood clots are not unusual. Bleeding will decrease in amount and turn darker in color over the next few days. You may have a small amount of blood-tinged drainage for about 10 to 14 days. You will be sent home with a gauze pad under your nose. Change the pad under your nose as it becomes soiled. You can stop using the gauze pads when your nasal drainage slows down or stops. Pads will be sent home with you.

It is **not normal** to have heavy amounts of bleeding after surgery. If you have bleeding that does not stop after you apply pressure for several minutes or you are concerned that you are bleeding too much, call your surgeon's office immediately or go to your local emergency department for further evaluation.

Nasal Congestion

Some patients may notice improvement in their nasal congestion immediately after

surgery. Others may not notice improvement for several days to weeks. Both experiences are normal. Nasal congestion after surgery may be related to many factors including packing, crusting, and normal swelling. Be patient, use nasal spray or irrigations as instructed, and follow up with your surgeon as scheduled.

Packing

During surgery your surgeon may put packing in your nose to prevent bleeding and scarring. Your surgeon may also use stents or spacers with corticosteroids on them. This is to help decrease inflammation and swelling after surgery.

Some packing will be removed at your first visit after surgery. You may take pain medicine 30 minutes before this visit, but **only if someone can drive you**. This may make the packing removal more comfortable.

Other packing will dissolve on its own. Nasal saline mist spray or saline irrigations will help the packing dissolve.

Sinus Sprays/Irrigations

You can purchase the mist sprays (Ocean, Ayr, and Simple Saline) and sinus irrigation systems (SinuCleanse[®], Neti pot, Sinus Rinse) at any pharmacy. **Your discharge instructions will clarify when you should start the nasal sprays/irrigations.** Your surgery team can show you how to do the sinus sprays/irrigations.

When you start using an irrigation system, gently apply pressure on the rinse bottle while you lean over the sink or shower. **Do not** push hard. It may be temporarily more challenging to perform sinus rinses after surgery due to swelling and packing, but rinses are vital for healing. It is normal for the rinses to move slowly through to nose or

for some of the rinse may come back out the same side. Still, continue to rinse gently to help healing and to prevent packing from becoming too dry. You may have large crusts or scabs coming from the nose when you first start doing irrigations. This is normal.

Start using the nasal saline mist spray and the irrigation system rinses on:

Nasal saline mist: _____

Irrigation rinses: _____

Pain

Expect some nasal sinus pressure and pain for the first few days. This may feel like a sinus infection or a dull ache.

Avoid using Aspirin for 2 weeks unless your surgeon tells you it is okay to restart a low dose sooner. Over the counter non-steroidal anti-inflammatory medications (NSAIDs) such as Motrin, Advil, and Aleve in addition to Acetaminophen (Tylenol) may help with postoperative pain. Please follow your surgeon's instructions about when and how to use these after surgery. If Tylenol and NSAIDs are not enough to control the pain, use the pain medicine prescribed by your doctor. **Do not** drive or drink alcohol when taking narcotic pain pills.

Cold packs to your nose and sinus areas may help with pain. Apply 20 minutes at a time, several times per day. Frozen peas or corn in a Ziploc bag wrapped in a towel works well. **Do not** apply cold directly to your skin.

Other Medications

Antibiotics: Infection is a common problem in patients with chronic sinusitis. It is also a risk of surgery. Your surgeon may give you antibiotics during your surgery or prescribe antibiotics after surgery.

Steroids: One of the underlying causes of chronic sinusitis is inflammation and swelling. To improve healing and treat inflammation, your surgeon may prescribe oral steroids, topical steroids, or both. Topical steroids often come in the form of a spray, or a medicine placed in saline irrigations.

Tips

- Sleep with your head raised for at least the first week (so your head is raised about 30°). This will help decrease the stuffy feeling and pressure in your nose.
- Use a humidifier or vaporizer along with good oral care to decrease dryness. You may notice you have to breathe through your mouth until the packing is out/dissolves and the swelling is less. This may cause some dryness and soreness of your mouth and throat. Make sure you keep your humidifier clean according to its directions.
- **Do not blow your nose for 10 days after surgery or until your packing has been removed.** This is to help prevent bleeding. Once you begin your sinus rinses, you will be able to gently blow your nose.
- Sneeze with your mouth open. **Do not** hold back a sneeze.
- **Do not** smoke. **Avoid** second-hand smoke and other fumes that can irritate the nose.
- If you use a steroid nasal spray or rinse, ask your surgeon when you can restart it.

Activity Guidelines

It is common to feel more tired in the first days to weeks after surgery. Take it easy while your body is recovering.

- Return to work will depend on the extent of your surgery and the type

of work you do. Discuss this with your surgeon.

- Only light activity for one week. **No** aerobics, jogging, exercising, swimming, or contact sports.
- **Avoid** bending over, lifting any objects over 20 pounds, and strenuous physical activity for 2 weeks.
- **Do not** travel by airplane for 2-4 weeks to avoid pressure changes and the dry airplane air. Please check with your surgeon before planning air travel.
- **Avoid** alcohol, coffee, and other drinks that dehydrate.

Clinic Visits After Surgery

These visits are very important so your doctor can make sure you are on the road to recovery. It is essential that you attend all appointments scheduled for you. Your surgeon or their assistant will look in your nose with an endoscope, remove any crusts that do not flush out with saline irrigations (you may hear this referred to as a “debridement”) and pull out any nonabsorbable packing.

When to Call

- Sudden vision changes (loss of vision, double vision, or severe eye pain)
- Severe headache with neck stiffness
- Constant clear watery drainage from your nose.
- Bleeding from the nose that is soaking through 5-6 gauze pads in less than 1 hour.
- Fever of 100.5° F or higher
- Pain **not** relieved by medicine and rest.

Who to Call

UW Hospital Otolaryngology (ENT) Clinic
Monday – Friday, 8 am-5 pm
(608) 263-6190 or 1 (800) 323-8942

If you saw your surgeon at:
Meriter or 1 S. Park Street ENT Clinic
(608) 287-2500
Monday – Friday, 8 am-5 pm.

After hours, weekends and holidays the clinic number is answered by the paging operator. Ask for the Otolaryngology (ENT) doctor on call. Leave your name and phone number with the area code. The surgeon will call you back.

Your health care team may have given you this information as part of your care. If so, please use it and call if you have any questions. If this information was not given to you as part of your care, please check with your doctor. This is not medical advice. This is not to be used for diagnosis or treatment of any medical condition. Because each person's health needs are different, you should talk with your doctor or others on your health care team when using this information. If you have an emergency, please call 911. Copyright © 3/2025. University of Wisconsin Hospitals and Clinics Authority. All rights reserved. Produced by the Department of Nursing. HF#4840.