



SUBURBAN
Ear, Nose & Throat
Associates, Ltd.

Byron Eisenstein, M.D.

Lon J. Petchenik, M.D.

George Smyrniotis, M.D.

Glenn J. Schwartz, M.D.

Kirk Clark, M.D.

Allan A. Ho, M.D.

Maria L. Wittkopf, M.D.

Emeritus

Ralph A. Casciaro, M.D.

Henry Rabinowitz, M.D.

880 West Central Road

Suite 7200

Arlington Heights, IL 60005

Telephone: (847) 259-2530

Fax: (847) 259-2536

• Diseases of the Ear, Nose & Throat

- Adults and Children
- Head and Neck Surgery
- Facial Cosmetic and Reconstructive Surgery

www.subENT.com

**ENDOSCOPIC SINUS SURGERY
INFORMATION / POST-OPERATIVE INSTRUCTIONS and
SURGICAL INFORMED CONSENT**

Typically, endoscopic sinus surgery (ESS) is chosen for people to help them with their sinus problems that have become unresponsive to medical therapy. Symptoms of sinus disease may include any combination of fullness or facial pain, headaches, postnasal drip, persistent nasal odor and stuffiness of nasal passages with difficulty breathing.

Most individuals with sinus problems respond to medical therapy and do not require surgery. Treatment may involve antibiotics, antihistamines, decongestants, nasal sprays or washes and possible steroid therapy. Allergy management may also be required to control the nasal/sinus inflammation. In some individuals, sinus surgery may be required because the infection or inflammation does not clear with medicine or recurs during or after medical management.

During your evaluation, a complete history and physical examination is performed. A special x-ray called a CT scan of your sinuses may be obtained during your workup to visualize your particular anatomy and to see if there is disease in your sinuses. It will also determine the location and extent of pathology present. In addition, nasal endoscopy (inserting a fiberoptic telescope into your nose) may be necessary to closely inspect the inside of your nose.

Endoscopic sinus surgery will be discussed with patients whose symptoms, endoscopic examination and CT findings indicate that the procedure may be beneficial. Surgery is performed under general anesthesia, and is usually done on an outpatient basis. However, it is important to be prepared to be admitted for a 23 hour observation should this become necessary after the surgery. The risks, options and benefits will be discussed with you prior to any surgery being performed. Following the surgery, it is important that follow-up be continued on a weekly basis for three to six weeks to clean debris from the surgical site. Occasionally further endoscopic procedures may be required if symptoms do not resolve or a scar band or adhesions form at the surgical site.

TWO WEEKS BEFORE SURGERY: Non-steroidal anti-inflammatory drugs (NSAID's) should be strictly avoided for 2 weeks prior to surgery. Medications in this family include: aspirin, ibuprofen, Advil, Motrin, Alleve, and naproxen. These medicines may increase the risk of bleeding. Also, discontinue all

homeopathic or alternative medicines such as ginkgo biloba or ginseng. These too, may increase bleeding.

NIGHT BEFORE SURGERY: No solid foods (that includes milk, cream etc.) for 8 hours prior to surgery. Typically this means no solid foods after midnight before the surgery. Small volumes of clear liquids may be taken up to 4 hours prior to surgery. This includes water, tea, Gatorade and coffee (with NO milk or cream).

HOSPITAL STAY: Sinus surgery in children and adults is usually done as an out-patient and does not require an overnight hospital stay. On occasion, a patient may need to stay overnight. Check with your insurance company to see if this hospitalization is covered by your policy. A decision to admit overnight may be made after surgery if necessary.

LAB WORK: If lab work is needed, it is done prior to surgery. If surgery is done as an out-patient, labs may be obtained just after the preoperative examination. Your insurance carrier may dictate the lab where the blood is drawn.

The indications and risks of surgery, as well as expected outcomes, must be understood prior to proceeding with your surgery. In addition, you must understand your alternatives to the surgery. Your alternative is not to have the surgery performed, and continue with medical management of your problem. This would leave you in your current condition.

SURGICAL RISKS

The risks of endoscopic sinus surgery will be discussed at the pre-operative visit, and should be completely understood by the patient prior to surgery.

BLEEDING: Nasal bleeding is usually insignificant during endoscopic sinus surgery. Occasionally, heavy bleeding is encountered, and this may impair the surgeon's ability to safely continue the operation. If significant bleeding occurs during the procedure, then the procedure is terminated and the nasal/sinus area is packed.

Bleeding following surgery can also occur, which requires nasal packing, usually just for several days. Some bloody postnasal discharge may occur following surgery for several weeks, which is normal. To help prevent bleeding postoperatively, one should not blow your nose for four to seven days following an endoscopic procedure.

FAILURE TO CURE THE PROBLEM OR RECURRENT DISEASE: As in all sinus surgery, it is possible that the disease may not be cured by your operation and that recurrent disease may develop at a later time. In these situations, subsequent medical or surgical therapy may be needed.

CEREBROSPINAL FLUID LEAK: Three of your four sinuses are adjacent to the brain and intracranial contents. Operations on these sinuses carry a rare chance of creation of a leak of cerebrospinal fluid (the fluid that surrounds the brain). Should this rare complication occur, it creates a potential pathway for infection, which could result in meningitis. If a spinal fluid leak should occur, it would typically be repaired with tissue from another region

of your body. This repair may be done immediately, or at a later date. This would extend your hospitalization for required bedrest, IV antibiotics and observation.

BRAIN INJURY: As noted above, three of the four sinuses border the intracranial contents and brain. Extremely rarely, injury to the brain tissue itself can occur. This is not a repairable injury.

LOSS OF VISION: Visual loss has been reported after sinus surgery. Although this loss of vision, when it occurs, may be temporary, there have been reports of permanent loss of vision. Fortunately, such a complication is extremely rare. Temporary or prolonged double vision has also been reported after sinus surgery.

EYE WATERING: The tear drainage system lies immediately in front of the ethmoid sinus cells. On rare occasion, upon removal of these cells, the tear duct system will be blocked. Usually the problem of excessive tearing clears spontaneously without treatment. If it persists and is a problem, then surgical repair may be necessary.

ANESTHESIA RISKS: You will be subjected to the usual risks of general anesthesia. You may discuss these further with the anesthesiologist.

OTHER RISKS: Numbness or discomfort to the front upper teeth and midline upper lip may occur for a period of time after some procedures (especially those when septoplasty is necessary). Occasionally some swelling and/or bruising around the eyes may occur. Blowing your nose in the immediate postoperative period is discouraged. This may result in nosebleed, and also may cause the temporary collection of air under the skin or swelling around the eyes and cheeks, which will spontaneously resolve. In the immediate postoperative period, symptoms of sinus pain, increased nasal obstruction and postnasal drip may persist and also a decrease in sense of smell may occur.

POST-OPERATIVE CARE AFTER ENDOSCOPIC SINUS SURGERY:

1. You should anticipate weekly visits to our office for three to six weeks after surgery until healing is complete. The postoperative cleaning, (called sinus debridement), of your nasal/sinus area is a very important part of your care. This can help to prevent persistent or recurrent disease, and lessen the chance for adhesions or scar bands forming at the operative site.
2. You can expect some bleeding for several days after the surgery and after each cleaning in the office. Do not snort the blood through your nose or blow your nose briskly as this will promote more bleeding for the first week.
3. After two to three weeks, you will have thick, brown drainage (mucus and old blood) from your nose. This occurs as the sinuses begin to clean themselves and is a normal finding.
4. No lifting more than 15 pounds, bending excessively or straining for one to two weeks after surgery since this may promote bleeding. No vigorous exercise until healing is completed.
5. Do not resume aspirin containing products or NSAIDs until the majority of your postoperative healing has occurred unless this had been discussed with your surgeon along with your primary care physician and/or cardiologist.
6. If you need to cough or sneeze, do so with an open mouth since this will prevent any excessive postoperative bleeding. Do not blow your nose until four to seven days after surgery.

7. Use a saline nasal spray to cleanse your nose (Ocean Spray, Simply Saline, or by recipe from us) two to four times/day. This will help prevent large crusts forming in your sinuses. Steroid nasal sprays may also need to be continued in the postoperative healing period.
8. Check for clear, watery drainage from your nose, any visual changes, worsening headaches, or stiff neck and report it to us as soon as possible.
9. Contact us for any emergencies or problems at Suburban Ear, Nose and Throat Associates, Ltd.

At Suburban Ear, Nose and Throat Associates, Ltd., we go to great lengths to try to help you understand your plan of care. If at any time during your care you have questions or concerns, please call us at 847-259-2530.

I/we have been given an opportunity to ask questions about my condition, alternative forms of treatment, risks of non-treatment, the procedures to be used and the risks and hazards involved. I/we have sufficient information to give this informed consent. I/we understand every effort will be made to provide a positive outcome, but there are no guarantees.

Patient PRINTED name: _____

Patient or Parent/Guardian/POA signature: _____

Parent/Guardian/POA Printed name (if applies): _____

Parent/Guardian/POA relationship to patient (if applies): _____

Date: _____ Time: _____

Witness: _____ Date: _____