



Head and Neck Associates of Orange County, Inc.

An Incorporated Medical Group

Head & Neck Surgery

Pediatric & Adult Otolaryngology

Facial Reconstructive Surgery

COBLATION TURBINATE REDUCTION SURGICAL INSTRUCTIONS

INTRODUCTION

Your doctor has recommended the Coblation Turbinate Reduction procedure for you. The following information is provided to help you prepare for your procedure and to help you understand more clearly the associated benefits, risks and complications. You are encouraged to ask your doctor any questions that you feel necessary to help you better understand the above procedure.

In many situations, nasal stuffiness and obstruction is caused by chronic enlargement of the nasal turbinates. These paired structures are located along the floor of the nose and frequently enlarge in response to chronic allergies or inflammation. Many prescription and non-prescription nasal sprays work to reduce the size of the turbinates. The Coblation Turbinate Reduction nasal airway procedure is a unique method for reducing an abnormally enlarged turbinate to improve breathing. Unlike other approaches (such as laser), the Coblation Turbinate Reduction procedure uses very low levels of radiofrequency energy to create finely controlled coagulative lesions beneath the mucosa of the nasal turbinate. These lesions are eventually reabsorbed, reducing tissue volume and the symptoms of nasal congestion. The Coblation Turbinate Reduction procedure is performed under local anesthesia in an outpatient setting and takes approximately 30 minutes. Acceptable results are found in a high percentage of patients within four to six weeks.

The following instructions are designed to help you recover from your procedure as easily as possible. Taking care of yourself can prevent complications. It is very important that you read these instructions and follow them carefully. We will be happy to answer any questions.

RISKS AND COMPLICATIONS

Your procedure will be performed safely and with care in order to obtain the best possible results. You have the right to be informed that the surgery may involve risks of unsuccessful results, complications or injury from both known and unforeseen causes. Because individuals differ in their clinical responses, anesthetic reactions and healing outcomes, ultimately there can be no guarantee made as to the results or potential complications of this procedure. Furthermore, surgical outcomes may be dependent on preexisting or concurrent medical conditions.

The following complications have been reported in the medical literature. This list is not meant to be inclusive or every possible complication. They are listed here for your information only, not to frighten you but to make you aware and more knowledgeable concerning this procedure. Although many of these complications are rare, all have occurred at one time or another in the hands of experienced surgeons practicing the standard of community care. Anyone who is contemplating surgery must weigh the potential risks and complications against the potential benefits of the surgery, or any alternative surgery.

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1. Failure to resolve or eliminate nasal congestion. Nasal congestion and obstruction can be caused by a variety of conditions. This procedure will only work on those patients who have nasal obstruction secondary to inferior turbinate obstruction. Nasal congestion may reoccur in the face of continued inflammation from the re-growth or swelling of the turbinates. At this time, the longevity of the successful clinical outcome is not known.
2. Failure to resolve coexisting sinus infections or recurrence of coexisting sinus problems and/or polyps, or need for further or more aggressive surgery.
3. Nasal bleeding, possible need for nasal packing.
4. Chronic nasal drainage or excessive dryness or crusting of the nose or sinuses.
5. Need for allergy evaluation, treatments, or environmental controls. This procedure is neither a cure for nor a substitute for good allergy control or treatment.
6. Failure to resolve associated “sinus or nasal “ headaches. The exact cause of consultation with another specialist such as a neurologist.
7. Failure to improve or resolve concurrent respiratory illness such as, but not limited to, asthma, bronchitis or cough.
8. Prolonged pain, impaired healing and the need for hospitalization.
9. Failure to restore or worsening of the sense of smell or taste, or to relieve nosebleeds.

THE DAY OF YOUR PROCEDURE

You may eat a light meal prior to your procedure. Smokers should make every effort to stop smoking, or at least reduce the number of cigarettes. This will help to reduce postoperative coughing, swelling and bleeding.

You should not take aspirin or any product containing aspirin within ten days of the date of your procedure. Non-steroidal anti-inflammatory medications (such as Advil) should not be taken within seven days of the procedure. Many over the counter products contain aspirin or Advil-like drugs so it is important to check all medications carefully! If there is any question, please call the office or consult your pharmacist. Tylenol or Acetaminophen is an acceptable pain reliever.

You should not use any nasal sprays within seven days of the date of your procedure. You should not use any over the counter nasal sprays within ten days of your procedure.

DURING YOUR PROCEDURE

At the start of the procedure, you will have 2 nasal cottons which are soaked with anesthetic inserted into the nostrils. This will start to anesthetize the nose, teeth and lips. Next, you will be given several small intranasal injections to complete the anesthesia. Most patients have only minor discomfort.

During the procedure, you will be asked to sit upright and will be fully awake throughout the procedure. Your surgeon will explain the procedure and demonstrate the equipment. The Coblation device, which is connected to a radio frequency generator, is placed into the nose. A small electrode located at the end of the device is inserted into the turbinate. Radiofrequency is applied to the turbinate tissue through the electrode.

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Sections of the electrode are insulated to protect the delicate surface of the nasal tissues. Through controlled delivery of radiofrequency energy, the tissue is heated in a limited area around the electrode. Two insertions on each side of the nose are usually done. Most patients tolerate the procedure very well.

AFTER THE PROCEDURE

Nasal stuffiness is common after the procedure. Keeping your head elevated above your heart will help minimize edema and swelling. You may have some swelling of the nose, upper lip, cheeks or around the eyes for several days. This swelling will gradually go away and is normal. You can help reduce it by keeping ice on your face, bridge of the nose and eyes as much as tolerated.

A small amount of bleeding from the nose is normal and will gradually decrease over several days. It is important to keep the nose moist by using a saline spray such as "Ocean Spray" several times per day to prevent crusts from forming in your nose.

You may return to work whenever you feel comfortable. Most people are able to return the following day. If there is no bleeding after one week, you may resume normal exercise.

Nasal obstruction can be expected to be worse immediately following the procedure secondary to swelling of the tissues. Time is required to heal initial lesions and allow scar formation with subsequent shrinkage of the nasal tissues.

Improvement is usually seen after two or three weeks and continues for several months.

We also recommend a follow up visit two weeks from the procedure date with your surgeon.

NOTIFY YOUR DOCTOR IF YOU HAVE:

1. Sudden increase in the amount of bleeding from the nose unrelieved by pressure, ice and head elevation.
2. A fever greater than 101.5 degrees F, which persists despite increasing the amount of fluid you drink and Tylenol or Acetaminophen. A person with a fever should try to drink approximately one cup of fluid each waking hour.
3. Persistent sharp pains or headache which is not relieved with pain medications.
4. Increased swelling or redness of the nose or eyes.

IMPORTANT PHONE NUMBERS

If you have any questions, do not hesitate to call the office at **(949) 364-4361**. After hours or on the weekends, call our exchange at **(949) 470-1403**. Listen to the message, and if your need is urgent, stay on the line for an operator. Our answering service will then be able to reach the doctor on call. If your need is life threatening then either go to the emergency room or dial 911

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ATTESTATION

I have received, read, and understood the information provided to me regarding my upcoming surgery. I have been given the opportunity to discuss freely with my doctor any concerns, alternative therapies, and have had my questions answered to my satisfaction. I understand my rights as a patient, which includes the right to a second opinion, and have discussed and made clear my preferences with my doctor. I understand that unless time permits for designated donor blood to be prepared, and my doctors feel that blood must be given emergently, I will accept banked community blood products.

I acknowledge receipt of the above discussion of potential risks and complications, as well as patient information, financial policy, surgery center disclosure and surgery pre & post-operative care information. I am comfortable with all aspects of the upcoming surgery and ask that we proceed with surgery.

Printed Name of Patient

Date of Birth

(Signature of patient or guardian)

(Date)

Witnessed by _____

(Date)

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