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Head & Neck Surgery

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PEDIATRIC SINUS SURGERY SURGICAL INSTRUCTIONS

INTRODUCTION

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

Sinus surgery involves the precise removal of diseased sinus tissue with the improvement in the natural drainage channels by the creation of a pathway for infected material to drain from the sinus cavities. In most situations, your doctor will employ endoscopic techniques which allows for better and precise visualization without the need for external incisions. As a result there is less swelling, bleeding and discomfort than with conventional external surgery and a faster recovery.

Sinus surgery, unlike other types of surgery which involve the removal of a diseased part or organ, involves the re-routing of existing sinus pathways. It cannot be emphasized more strongly that postoperative care is as equally important as the surgery itself. One of the most common causes of failure of this procedure is poor follow-up. It is important that you keep your appointments.

The following instructions are designed to help your child recover from sinus surgery as easily as possible. Taking care of your child 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 child's surgery 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 response to surgery, their anesthetic reactions, and their healing outcomes, ultimately there can be no guarantee made as to the results or potential complications. 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 of 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 surgical procedure.

Although many of these complications are rare, all have occurred at one time or another in the hands of experienced surgeons practicing the standards 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 to surgery.

1. Failure to resolve coexisting sinus infections, or recurrence of coexisting sinus problems and/or polyps, or the need for further or more aggressive surgery.
2. Bleeding. In rare situations, a need for blood products or a blood transfusion. You have the right, should you choose, to have autologous or designated donor directed blood prepared in advance in case an emergency transfusion was necessary. You are encouraged to consult with your doctor if you are interested in this option.
3. Chronic nasal drainage or excessive dryness or crusting of the nose or sinuses.
4. Need for allergy evaluation, treatments, or environmental controls. Surgery is neither a cure for nor a substitute for good allergy control or treatment.
5. Failure to improve or resolve concurrent respiratory illness such as, but not limited to asthma, bronchitis, or cough.
6. Failure to resolve associated "sinus or nasal" headaches. The exact cause of headaches can be difficult to determine or be multi-factorial. You may require consultation with another specialist such as a neurologist.
7. Damage to the eye and its associated structures (very rare), including blurred vision, decreased visual acuity, double vision and blindness.
8. Damage to the skull base with resultant meningitis, brain abscess, or leakage of spinal fluid (very rare). Sometimes these complications can occur simply as a result of chronic or acute infection of the sinuses.
9. Permanent numbness of the upper teeth, palate, or face.
10. Prolonged pain/discomfort, impaired healing, and the need for hospitalization.
11. Failure to restore or worsening of the sense of smell or taste, or failure to relieve nosebleeds.

BEFORE SURGERY

In most situations, the surgery is performed as an outpatient at either the hospital or the Surgery Center. In both facilities, quality care is provided without the expense and inconvenience of an overnight stay. An anesthesiologist will monitor your child throughout the procedure. Usually, the anesthesiologist will call the night before surgery to review the medical history. If they are unable to reach you the night before surgery, they will talk with you that morning. If your doctor has ordered preoperative laboratory studies, you should arrange to have these done several days in advance.

Your child should not take aspirin, or any product containing aspirin, within 10 days of the date of your surgery. Non-steroidal anti-inflammatory medications (such as Advil) should not be taken within 7 days of the date of surgery. Many over-the-counter products contain aspirin or Advil type drugs so it is important to check all medications carefully. If there is any question please call the office or consult your Pharmacist. Tylenol is an acceptable pain reliever.

Your doctor may give you several prescriptions at the preoperative visit. It is best to have these filled prior to the date of surgery.

If it is your child who is having the surgery, it is advised that you be honest and up front with them as you explain their upcoming surgery. Encourage your child to think of this as something the doctor will do to make them healthier. Let them know that they will be safe and that you will be close by. A calming and reassuring attitude will greatly ease your child's anxiety. Let them know that if they have pain it will only be for a short time period, and that they can take medicines which will greatly reduce it. You may want to consider a visit to the surgical facility or hospital several days in advance so that you and your child can become familiar with the setting. Contact the surgical facility or hospital to arrange for a tour.

Your child must not eat or drink anything 6 hour prior to their time of surgery. This includes even water, candy, or chewing gum. Anything in the stomach increases the chances of an anesthetic complication.

If your child is sick or has a fever the day before surgery, call the office. If your child awakens ill the day of surgery, still proceed to the surgical facility as planned. Your doctor will decide if it's safe to proceed with surgery. However, if your child has chickenpox, do not bring your child to the office or to the surgical facility.

THE DAY OF SURGERY

It is important that you know precisely what time you are to check in with the surgical facility, and that you allow sufficient preparation time. Bring all papers and forms with you including the preoperative orders and history sheets. Your child should wear comfortable loose fitting clothes, (pajamas are OK). Leave all jewelry and valuables at home. They may bring a favorite toy, stuffed animal, or blanket.

Your child should not take any medication unless instructed by your doctor or the anesthesiologist. In the pre-operative holding room, a nurse may start an intravenous infusion line (IV) and a medication may be given to your child to help them relax more.

DURING SURGERY

In the operating room, the anesthesiologist will usually use a mixture of gas and an intravenous medication for the general anesthetic. In most situations, an IV will have been started either in the preoperative holding room or after the patient has been given a mask anesthetic. During the procedure, oxygen saturation (pulse oximetry), cardiac rhythm (EKG), temperature, and blood pressure will continuously be monitored. The surgical team is well trained and prepared for any emergency. In addition to the surgeon and the anesthesiologist, there will be a nurse and a surgical technician in the room.

After the anesthetic takes effect, the doctor will perform the sinus surgery through the nose using small endoscopes. There will be no external incisions. The whole procedure usually takes 1-2 hours. The Doctor will come to the waiting room to talk with any family members or friends, once your child is safely in the recovery room.

AFTER SURGERY

After surgery, your child will be taken to the recovery room where a nurse will monitor them. You will probably be invited into the recovery room as your child becomes aware of their surroundings and starts looking for you. Your child may be able to go home the same day of the surgery once they have fully recovered from the anesthetic. This usually takes several hours.

When you arrive home from the surgical facility, your child should go to bed and rest with the head elevated on 2-3 pillows. By keeping the head elevated above the heart edema and swelling will be minimized. Applying an ice pack to the face may help decrease swelling. Your child may get out of bed with assistance to use the bathroom. Visitors should be kept to a minimum since they may unknowingly bring infection and cause over excitement. Avoid straining, if they are constipated, take a stool softener or a gentle laxative.

It is best for your child to eat a light, soft, and cool diet as tolerated once they have recovered fully from the anesthetic. Avoid hot liquids for several days. Even though they may be hungry immediately after surgery, it is best to feed slowly to prevent postoperative nausea and vomiting. Occasionally, one may vomit one or two times immediately after surgery, however, if it persists, your doctor may prescribe medications to settle the stomach. It is important to remember that a good overall diet with ample rest promotes healing.

Your child will be prescribed antibiotics after surgery, and should finish all the medications that have been ordered. Some form of a narcotic will also be prescribed (usually Tylenol with Codeine), and is to be taken as needed. If you have nausea or vomiting postoperatively, your child may be prescribed an anti-emesis medication such as Phenergan. If you have any questions or you feel that your child is developing a reaction to any of these medications, you should consult your doctor. You should not give any other medications, either prescribed or over-the-counter, unless you have discussed it with your doctor.

There may be some swelling and bruising of the nose, upper lip, cheeks, or eyes for several days after surgery. This swelling is normal, and will gradually go away over the next 7 to 10 days. You can help reduce it by keeping ice on their face, bridge of the nose, and eyes as much as tolerated. This will also help with postoperative edema and pain. Some patients have found frozen vegetable in packages (for example bags of frozen peas) to be a convenient ice pack which is more likely to conform to the face.

Moderate bleeding from the nose is normal, and will gradually decrease. The gauze dressing ("mustache dressing") will collect blood and should be changed only when saturated. It is not unusual to change these dressing every hour during the first 24 hours after surgery. After a few days you will probably no longer need to use the dressing. Do not take aspirin, aspirin-containing medications, or non-steroidal anti-inflammatory medications (Advil) for 3 weeks following surgery.

You will likely be prescribed antibiotics after surgery, and should finish all the pills that have been ordered.

Some form of a narcotic will also be prescribed (usually Vicodin), and is to be taken as needed. If you require narcotics you are cautioned not to drive. If you have nausea or vomiting postoperatively, you may be prescribed anti-emesis medications such as Phenergan. If you have any questions or you feel that you are developing a reaction to any of these medications, you should consult your doctor. You should not take any other medication, either prescribed or over-the-counter, unless you have discussed it with your doctor.

GENERAL INSTRUCTIONS AND FOLLOW-UP CARE

In certain situations, packs may have been placed in the nose to control postoperative bleeding. Your doctor will tell you when you are expected to return to the office to have these removed. You need to call the office to schedule this postoperative appointment. Please arrange for someone to drive you to and from the office for this first visit. You should eat a light meal before coming, and avoid taking excessive pain medications. You will also have several subsequent office visits to assess healing, remove crusts, and insure a speedy recovery. Your nose will probably be tender after surgery, so we will spray your nose with a special numbing medication before removing crusts. Immediately after the nasal packs are removed you should use a saline nasal spray such as "Ocean Spray" several times per day to prevent crusts from forming in your nose.

After the packing has been removed, you may breathe through your nose, but do not blow or sneeze through it for 7-10 days. If you must sneeze, open your mouth. Expect some light blood-tinged drainage from the nose for several days. If bleeding becomes excessive, apply ice and rest quietly with the head elevated while holding your nose. If bleeding continues, call the office.

One of the most important things you can do after surgery is nasal saline irrigation. Immediately after the nasal packs are removed you should use a saline nasal spray such as "Ocean Spray" several times per day to prevent crusts from forming in your nose. We will also have you start using a water pick irrigator during the first week of surgery. You are to continue using the water pick irrigator until we tell you to stop. Many patients will use it indefinitely or when they have an upper respiratory infection. Failure to irrigate will likely cause the surgery to fail!!

Your child may go back to work or school only when your doctor gives you medical clearance. You are encouraged to rest for the first week following surgery. Avoid excessive talking, smiling, hard chewing, strenuous activities, lifting heavy objects, and bending over. Alcohol and tobacco should be avoided because they may prolong swelling and healing. We discourage tanning for 6 months after surgery. If you must be in the sun you should use a number 15 or greater sun block and consider wearing a hat. You may use your usual make-up anytime after surgery. Try not to rest your glasses on the bridge of your nose until soreness and swelling subsides. You may wear your contact lenses once eye swelling and any irritation has resolved.

Use a Q-tip to lubricate the nostrils with Vaseline; hydrogen peroxide with help to loosen crusts. After several days you may notice a few of the absorbable sutures. Be gentle while brushing the upper teeth. They will often be tender for several weeks, and your child may have some numbness of the teeth and palate for several months. They may use make-up at any time to camouflage any bruising.

After 3 weeks, if they are not having problems with bleeding, you may resume exercise and swimming, but no diving for two months. You should plan to stay in town for 3 weeks to allow for postoperative care.

NOTIFY YOUR DOCTOR IF YOU HAVE

1. A sudden increase in the amount of bruising and pain associated with excessive swelling of the nose and possible difficulty breathing.
2. A fever greater than 101.5 degrees which is persistent despite increasing the amount of fluid you drink and Tylenol. A person with a fever should try to drink approximately one cup of fluid each waking hour.
3. Persistent sharp pain or headache which is not relieved by the prescribed pain medication.
4. Increased swelling or redness of the nose or eyes.
5. Drainage of a thin, clear fluid in large quantities from only one side of the nose. This would be different from the clear, thicker mucus drainage normally produced by the nose.

SELF CARE AND PREVENTION

It is important for all patients with chronic sinus disease to understand that in most situations they have a chronic illness that is only partially treated by surgery. Successful sinus surgery will only help control the complications and discomfort of chronic sinus disease. The following three areas of prevention should always be remembered.

1. Maximize moisture. Patients should always remember to maximize moisture in their nose and sinus cavities. Keeping your sinuses moist makes your mucus thinner thereby promoting better sinus drainage. This in turn helps to prevent infection. Use a humidifier, drink plenty of water, avoid drying substances such as alcohol and coffee, try to avoid smoke (which dries out sinus linings), and use plenty of saline irrigation.
2. Avoid allergens. You may want to wear a mask when you clean or are exposed to dust. Avoid smoke and exposure to pollens during peak season, wash your bedding frequently, and keep an air-conditioner on during allergy season.
3. Prevent colds and upper respiratory infections. Avoid exposure to colds and flue whenever possible.

IF YOU WOULD LIKE TO LEARN MORE

The physicians of Head and Neck Associates recommend **www.medicinenet.com** as an internet source of information. MedicineNet® is a network of U.S. Board Certified Physicians and Allied Health Professionals. Find easy-to-understand medical information to make smart health decisions with your doctor. Stay informed on all aspects of health and medicine. Get the latest health and medical news delivered to your e-mail box!

Please visit our web site at **www.HeadAndNeckAssociates.com**

SURGICAL FINANCIAL POLICY

Head and Neck Associates of Orange County will submit claims to your insurance company for any surgical procedures performed by our physicians. Prior to your scheduled surgery date our staff will verify eligibility and benefits. We will also obtain precertification and/ or authorization when required by your insurance company. Please be aware however, that this is not a guaranty of payment. Any expenses deemed not covered by your insurance company for any reason, will be your financial responsibility. All monies owed by the patient, i.e., remaining deductible or coinsurance amounts and any procedures or fees deemed not medically necessary, are due prior to the date of surgery. All financial arrangements must be made prior to the date of surgery. Please be aware that this office will bill only for the physicians' services. Any other services related to your surgery, i.e., facility, anesthesiology, radiology, laboratory or pathology will be billed by the facility providing these services, and not included in our billings.

Our office accepts the following forms of payment; Visa or Mastercard, cash and personal checks. A twenty dollar service charge will be assessed to your account for any check returned by your bank.

IMPORTANT PHONE NUMBERS

If you have any questions, do not hesitate to call the office at (949) 364-4361. At night or on the weekends, if your need is urgent and cannot wait until regular business hours, you may call our emergency number at (949) 470-1403. Our answering service will contact the doctor on call. If for some reason you cannot reach the doctor on call and your need is life threatening, go to the emergency room.