

# VIJAY ANAND MD FACS

## ENDOSCOPIC SINUS SURGERY INSTRUCTIONS

Sinus surgery is usually done under local or general anesthesia depending on the nature of the procedure. Endoscopic Balloon sinuplasty can be performed under topical/local anesthesia in a monitored setting. Dr. Anand carries out these procedures with a board certified anesthesiologist in a monitored sedation. Due to the sedation you may feel sleepy on the day of the procedure

Nausea and vomiting are occasionally seen and often improve by the evening of the surgery without intervention. All Endoscopic procedures are carried out with image-guidance systems to improve accuracy. Endoscopic balloon sinuplasty is carried out with minimal trauma to the nasal and sinus cavities.

**BEFORE SURGERY:** It is advisable to not consume Aspirin, Motrin, Ibuprofen, Advil, Nuprin or any other anti-inflammatory medicine for one week before and one week after surgery. Also avoid Vitamin E, herbal supplements, herbal teas, garlic pills and red wine for one week prior to surgery. Tylenol is permitted at anytime. If you take Coumadin or other blood thinners please discuss this with your physician. **Please do not eat or drink anything after midnight the night before surgery, but you may take any prescription medicines the morning of surgery with a sip of water.** My office manager will call you the day before with time and instructions for surgery. Please make arrangements for a ride home after surgery with a companion, as you will not be able to drive. It is important to carry out a recent CT Scan of sinuses with image guidance protocol prior to the procedure. This will be used during your procedure. Our office could assist you with it if your scans are outdated. ( More than 3 months)

### PREOP TESTS:

It is necessary to obtain blood tests (CBC, METABOLIC PROFILE, PT, PTT), Urinalysis, EKG and Chest X ray prior to the procedure. If you have documented illness ( Diabetes, Hypertension or Cardiac issues ) please speak to your internist and obtain a medical clearance. All these results should be sent by FAX or Email to the office a week before surgery so that we can review the results.

**PAIN AND PRESSURE** are the most common symptoms. A feeling of severe congestion and frequent headaches are also to be expected. Ice packs across the bridge of the nose and the cheeks for 15 minutes up to every hour or two for the first three days after surgery will ease pain and keep swelling down.

**DIET** may be resumed as soon as the patient feels up to it. It is advisable to eat a few small bland meals (i.e. saltines, chicken soup) before resuming a regular diet.

**BLEEDING** from the nose is common and you will probably be sent home with a drip pad in place. If you are soaking this pad, changing it more than every 15 minutes, or if you have excessive blood in the back of your throat, call our office. An over the counter nasal decongestant spray, such as Afrin, will help decrease

the bleeding. Please obtain Afrin Nasal spray prior to surgery so that it is available for you at home postoperatively.

**NASAL OBSTRUCTION** will be present for several days after the procedure. Dissolvable packing is usually placed in the sinus openings, and the remnants of this are cleaned out a week after surgery. Sleeping with your head elevated about 30 degrees by a stack of pillows or sleeping in a reclining chair will help with the discomfort.

If you are experiencing dry mouth while sleeping, use a cool mist humidifier to help alleviate the discomfort.

**FEVER** is not uncommon the day after the surgery. If a fever of more than 101.5 persists please call our office.

**MEDICATIONS** will be given to you to help control pain and an antibiotic will often be given to help prevent infection. Please take these as directed and finish all your antibiotics. As discomfort decreases you may alternate between Tylenol and the pain medication. Do not take them at the same time. Do not take the pain medication on an empty stomach; doing so can induce nausea and vomiting. Do not use ibuprofen (Motrin, Advil, or other anti-inflammatory medication) for at least one week before and two weeks after surgery as this can cause bleeding.

## **RISKS OF THE SURGICAL PROCEDURE**

Sinus surgery has the rare risks of damage to the eye or eyes causing double vision or blindness, or damage to the brain causing drainage of cerebrospinal fluid, and the risk of meningitis, brain abscess, damage to brain tissue, and possibly death. Further surgeries and medications may be required. Damage to the nasolacrimal duct can occur requiring placement of a stent from the corner of the eye to the nose to prevent the tear duct from scarring closed. Scarring after sinus surgery may occur, narrowing the openings made at the time of surgery. Sinus infections can still occur even after surgery, but should be less frequent and treated more easily. Again, further surgery may be required. Congestion and poor sense of smell may continue even after surgery.

## **GENERAL INFORMATION**

- DO NOT drive, make important decisions, use power tools, drink alcohol, tend children, or climb ladders for the first day or two after surgery. Your judgment or alertness is probably seriously impaired.
- Avoid strenuous activities or lifting any object heavier than 20 pounds for the next 2-3 weeks. Avoid bending at the waist as much as possible. These may contribute to bleeding.
- Call our office at 212 452 3005 with any questions or concerns.
- In case of emergency go to the nearest Emergency room. In New York city we recommend going to New York Presbyterian Weill Cornell Medical Center located on 68 Street and York Avenue.

## **FOLLOW UP APPOINTMENTS ARE IMPORTANT.**

Please call our office at 2124523005 the day after surgery and speak to the physician. You may choose to set up the postoperative visit at the time of scheduling surgery and fill the necessary prescription prior to surgery. We are always available to answer any other questions.

## **EUSTACHIAN TUBE BALLOON DILATATION SURGERY**

This procedure has been approved by the FDA recently for obstructed Eustachian tube disease. Dr.Anand is a pioneer in performing this procedure and has published extensively including patient selection, techniques and outcomes. A special Eustachian tube balloon was developed (Acclarent) for this procedure.

Please be knowledgeable about the procedure by speaking to your physician preoperatively about the technique and postoperative instructions. We do not recommend air travel for the first two weeks after the procedure. Please refrain from blowing the nose postoperatively for two weeks after the surgical procedure. A recent complete audiogram and Tympanometry is a requirement before the procedure. Please ensure that you have filled out an ETDQ questionnaire preoperatively.

Please review these instructions preoperatively with Dr.Anand.