The sinuses are air-filled cavities (or holes) in the skull located adjacent to the nose. The tissue (mucosa) that lines these cavities and the nose swells and secretes mucus in response to infection or environmental irritants. Normally, the mucus produced by the sinuses drains into the nose and is, then, either swallowed or coughed up. With infection, the swelling of sinus mucosa can make drainage difficult, leading to chronic, recurrent infections. Nasal congestion, facial discomfort, and discolored nasal drainage most frequently define chronic sinusitis.

There are four pairs of sinuses. (See figure to the right)
1. Maxillary Sinuses (cheek sinuses)
2. Ethmoid Sinuses (the sinuses located between the eyes)
3. Frontal Sinuses (the sinuses located above the eyes)
4. Sphenoid Sinuses (the sinuses located behind the nose)

Antibiotics, steroids, nasal sprays, and decongestants are often successful in treating short-term bouts of sinusitis. When medications fail to provide adequate relief from sinusitis, surgery must be considered.

The goal of sinus surgery is to enlarge the natural openings of the sinuses into the nose. Enlarging these openings makes it easier for the sinuses to drain, even if they are swollen from infection or environmental irritants. Sinus surgery is also used to remove nasal polyps, nasal masses, or straighten the nasal septum. Using small cameras with lights on the end (endoscopes) the surgery is performed through the nose, without the need for any external incisions. In addition to the use of endoscopes, special instruments have been designed to perform the task of removing thickened and diseased tissue from the opening of these sinuses. Sinus surgery is generally an outpatient procedure, lasting from one to four hours.

Although nasal packing is no longer common, “spacers” are used to aid proper healing of the sinus mucosa. The spacers will be removed during your first post-operative appointment. Recovery time varies from patient to patient, but usually lasts one to two weeks. Initially, patients should expect to feel congested and some mild sinus pressure. As the sinuses slowly heal, this congestion and pressure will decrease.

Because you play an essential role, after surgery, in the success of the procedure’s outcome, it is crucial that you observe all postoperative restrictions and follow the postoperative care instructions.
DO:

• DO take the pain medication prescribed by your doctor. Tylenol may be taken instead of your pain medication (if it is sufficient to control your pain). Avoid taking Tylenol in addition to pain medication as your medicine already has Tylenol as one of its components).
• DO take the antibiotics prescribed
• DO make sure you have a follow-up appointment
• DO call 205-934-9766 to make or confirm your appointment with Dr. Woodworth.
• DO start your nasal irrigations the day after surgery.
• Irrigations must be performed at least twice a day, however it does not hurt to perform them more frequently. This is essential to the healing process. It removes the crusts that form as the nasal tissue heals and prevents scarring within the nose. Please see the following page for specific instructions.
• DO cough and sneeze with your mouth open.
• DO eat a regular diet
• DO take your pain medication before your first postoperative appointment.

DO NOT:

• DO NOT perform any heavy lifting (nothing greater than 15 lbs), or engage in activity that requires bending or straining.
• DO NOT blow your nose or pick at your nose for at least two weeks
• DO NOT take aspirin or any medications such Advil, Motrin, or other NSAIDS that are combined with aspirin.
• DO NOT fly without your doctor’s clearance for 3-5 days after surgery

Contact the On Call Doctor Immediately If You Develop:

1. Change in vision
2. Increased swelling around the eyes
3. Neck stiffness or deep head pain
4. Continued Nausea or Vomiting
5. Bright red blood that lasts more than ten minutes or causes choking
6. Fever over 101 degrees

Telephone Numbers:
ENT clinic/scheduling: 205-934-9766
Dr. Woodworth’s office during working hours: 205-934-9766
For any questions after office hours or on the weekends: 205-934-3411
(ask for the ENT resident on call)
Nasal/Sinus Irrigation Instructions

Begin your nasal irrigations the day after surgery. These saline solution irrigations, which are essential to the healing process, must be performed at least twice a day, however, it does not hurt to perform them more frequently. Proper irrigation removes the crusts that form as the nasal tissue heals and prevents scarring within the nose. During the post-operative period it will also flush out pus, crusts, and debris. In the long term, this method will also mechanically wash out infections. For the first week after surgery, it probably doesn't matter which saline device you use, but a forceful irrigation, such as Sinus Rinse, after your first postoperative clinic visit is advised.

There are a number of different saline solutions for nasal irrigations on the market, including NeilMed™ Sinus Rinse, the Neti pot, and Simply Saline. Your doctor may also prescribe steroids and antibiotics to add to a saline solution. They will be sent to you in the mail, please follow the directions on adding the medication to the rinse.

Saline preparations are for patient convenience and are inexpensive, but the cheapest method is to make your own “home brew”.

**RECIPE:**
1 quart boiled or distilled H2O
1 teaspoon canning/pickling/kosher salt (non-iodized)
1 teaspoon baking soda

Mix and irrigate the nose with 60cc of the above solution on each side at least 2 times a day.

A baby bulb syringe is effective, but they are difficult to clean and can lead to a contamination risk if using the same syringe for more than three days. The NeilMed™ Sinus Rinse bottle (Figure 2) is easy to clean with soap and water.

While in the shower or leaning over a sink, aim the irrigation (see figure 2) diagonally (away from the septum) and flush out your nose. The fluid will circulate in and out of your sinus cavities, coming back out your nose. The irrigations help to clean the clots from your nose and prevent scarring after surgery.

If you experience ear pain while irrigating, this is likely due to irritation of the Eustachian tubes in the back of your nose. These tubes equalize the pressure in your ears.

To minimize this discomfort, concentrate on opening your palate during the irrigation to allow the saline to flush out of your mouth. It may be convenient to mix larger quantities of the saline solution and store it in your refrigerator, warming up each days supply prior to use. Consider buying one gallon of distilled water and adding 4 tsp of salt and 4 tsp of baking soda.

It is imperative to keep your irrigation device as clean as possible. Wash out with soap and water after each use.