

Surgeon - Dr. Manoj Kumar

Date of Procedure _____

Septoplasty & Turbinate Reduction

What is it?

FESS is a minimally invasive technique which opens the sinuses under direct visualization.

Differences from traditional method:

- ⑩ Thin rigid scope (endoscope) is used to view nasal cavity and sinuses.
- ⑩ Endoscope allows better visualization and magnification of diseased or problem areas.
- ⑩ Uses CT scan guidance, which may reveal a problem that was not evident before.
- ⑩ Treats the underlying cause of the problem.
- ⑩ Allows direct visualization of ethmoid, maxillary, frontal, and sphenoid sinuses so diseased or obstructive tissue can be removed.
- ⑩ Less removal of normal tissue and the surgery is usually outpatient.
- ⑩ Eliminates need for external incisions while minimizing scars and swelling.
- ⑩ Usually only mild discomfort.

Goals:

- Widen sinus openings.
- Remove some of the thin bony partitions and create larger openings into the sinuses. This allows the sinuses to remain open when the sinus lining swells.
- Allow for easier treatment and quicker resolution of exacerbation's and less severe infections.

How is the operation done?

- ⑩ You are fully asleep under general anesthesia for the procedure.
- ⑩ Usually there are no external incisions.
- ⑩ A powerful headlight and angled endoscopes with CT scan guidance are used to find the sinus openings.
- ⑩ Specially designed instruments are used to precisely remove polyps and diseased tissue while sparing the normal sinus structures.
- At the same time, if your septum is deviated, a Septoplasty will be performed.
- If your inferior turbinate's are enlarged at the time of surgery we will perform a Turbinate reduction.

What to expect after surgery?

You may have nasal packing in your nose immediately following the procedure, which may cause discomfort and even a headache. In most cases the packing is removed in the recovery room.

Pain medications will be available in the recovery room and most patients do well with Tylenol or Motrin at home. At times prescription pain medications are prescribed. Ice packs are recommended for discomfort as well.

You will be discharged with a "mustache dressing" sitting under your nose to catch drainage after your procedure. Some bleeding / dripping is expected for a few weeks following this procedure and will decrease over time. The color of the drainage will change from bright red bleeding to darker red to clear and sometimes even green. The drip pads are easily changed as needed and a packet of these dressings is provided with your discharge instructions.

You must have a responsible adult with you for 24 hours following the procedure and you must not drive or operate any machinery or sign important documents during the first 24 hours following your procedure.

Saline Irrigations are required starting 24 hours after surgery, a bottle will be provided at discharge with mixing instructions.

DO NOT BLOW YOUR NOSE FOR AT LEAST 5 DAYS AFTER SURGERY. You may dab it with a tissue.

You will have an increased risk of nosebleeds. It is important to keep your head above the level of your heart when bending over for at least two weeks. If a nosebleed occurs, sit quietly with your head at about a 45-degree angle. If it does not stop in 10–15 minutes, please call the office.

You may experience, to some degree, nasal congestion/obstruction, postnasal drainage, headaches, and fatigue after surgery. This will improve over the next several weeks.

Avoid strenuous activities and plan on being out of work or school for 5-7 days.

No swimming for 3 weeks following surgery.

You will be given a follow up office appointment.

Risks of surgery:

- ⑩ **BLEEDING:** Significant bleeding can occur and may require termination of the procedure and placement of nasal packing. Bleeding after surgery may require packing or hospital admission.
- ⑩ **FAILURE TO CURE OR RECURRENT DISEASE:** You may not be cured by surgery or the disease may recur over time. This may require subsequent medical or surgical therapy.
- ⑩ **POST OPERATIVE DISCHARGE:** You may have bloody postnasal discharge for approximately two weeks after surgery. This is normal and will improve slowly.
- ⑩ **SPINAL FLUID LEAK:** This is a rare complication of ethmoid sinus surgery, which can create a potential pathway for infection (meningitis) and require hospitalization. If this doesn't close spontaneously, you may require more surgery. This risk is reduced with the use of endoscopes, which improve visualization for the surgeon.
- ⑩ **LOSS OF VISION:** Usually one-sided. This has been reported after surgery with poor potential for recovery. Fortunately, this complication is extremely rare. Temporary or prolonged double vision has also been reported.
- **OTHER RISKS:** A sore throat is common and numbness or discomfort of the upper front teeth; swelling, bruising, or temporary numbness of the lip; and swelling or bruising around the eye may occur. Blowing your nose may result in temporary collection of air under the skin and facial swelling for a period of time.

Thank you for allowing us to care for you at the Cortland Surgical Center

if you have any questions please contact us at (607) 662 - 4521