



SINONASAL SURGERY

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INDICATIONS FOR SURGERY

- ▶ NASAL OBSTRUCTION

- ▶ ADENOIDECTOMY (Children)
- ▶ TURBINATE REDUCTION (Powered vs Coblation vs Cautery)
- ▶ SEPTOPLASTY (with or without TURBINOPLASTY)

- ▶ SLEEP APNOEA

- ▶ SEPTOPLASTY AND TURBINOPLASTY

- ▶ COSMESIS

- ▶ SEPTORHINOPLASTY

INDICATIONS FOR SURGERY

- ▶ SINUS SURGERY (FESS – FUNCTIONAL ENDOSCOPIC SINUS SURGERY)
 - ▶ CHRONIC / RECURRING INFECTIONS
 - ▶ NASAL OBSTRUCTION (POLYPS)
 - ▶ CONGESTION / HYPOSMIA / DRAINAGE
 - ▶ TUMOURS / INVERTING PAPILLOMAS / SILENT SINUS SYNDROME
 - ▶ ASTHMA – REDUCING INFLAMMATORY BURDEN
- ▶ BINA / BINE / SPHENOIDOTOMIES / FRONTAL CLEARANCE (+/- TREPHINES)

PRIOR TO SINONASAL SURGERY

- ▶ ALLERGY MANAGEMENT
 - ▶ IDENTIFICATION OF ALLERGENS
 - ▶ AVOIDANCE
 - ▶ DESENSITISATION
- ▶ TOPICAL TREATMENTS
 - ▶ RINSES / STEROIDS / COMBINED STEROID AND ANTIHISTAMINE (DYMISTA)
- ▶ MEDICAL MANAGEMENT FROM CHRONIC RHINOSINUSITIS
 - ▶ PREDNISOLONE AND ANTIBIOTIC (DOXYCYCLINE VS AUGMENTIN)

PREPARATION FOR SURGERY

- ▶ NO BLOOD THINNING MEDICATIONS
 - ▶ WARFARIN, ELIQUIS, PLAVIX, ASPIRIN
 - ▶ NUROFEN, VOLTAREN
 - ▶ FISH OIL, KRILL OIL, GINSENG, GINGKO, GARLIC, GINGER
- ▶ STOP SMOKING
 - ▶ AFFECTS GA AND NASAL MUCOSA
- ▶ STOP DECONGESTANTS FOR AT LEAST 6 WEEKS
 - ▶ BLEEDING AND SCARRING

DAY CASE NASAL SURGERY

- ▶ ADENOIDECTOMY
 - ▶ 4 HOURS POST OP OBSERVATION BEFORE DISCHARGE
 - ▶ OFF SCHOOL FOR A WEEK

- ▶ COBLATION / CAUTERY TURBINATES
 - ▶ NORMAL ANAESTHETIC TIME
 - ▶ SALINE SPRAYS QID FOR A MONTH
 - ▶ BACK TO SCHOOL NEXT DAY

SEPTOPLASTY AND TURBINOPLASTIES

- ▶ OVERNIGHT ADMISSION
- ▶ HEAD UP 30 DEGREES / NO NOSE BLOWING / AVOID HEAT
- ▶ KEEP BP <160mmHg
- ▶ BOLSTER CHANGES

- ▶ SPLINTS – REMOVE 1 WEEK POST OP
- ▶ NASOPORE – DISSOLVING
- ▶ PURASTAT – DISSOLVING. FAVOURED FOR SLEEP APNOEA OR WITH COMBINED RHINOPLASTY

SEPTOPLASTY AND TURBINOPLASTIES

- ▶ DISCHARGE MEDICATIONS
 - ▶ NO ROUTINE ANALGESIA
 - ▶ 5 DAYS ANTIBIOTICS
 - ▶ QID SALINE RINSES
 - ▶ CLEAR DRESSINGS
 - ▶ MAINTAIN MOIST ENVIRONMENT FOR HEALING MUCOSA
 - ▶ AVOID NSAIDs FOR 2 WEEKS
- ▶ POST OP APPOINTMENT 2 WEEKS

SINUS SURGERY

- ▶ OVERNIGHT ADMISSION
- ▶ EYE CHECK IN RECOVERY
- ▶ HEAD UP 30 DEGREES. NO NOSE BLOWING. AVOID HEAT
- ▶ KEEP BP < 160mmHg
- ▶ BOLSTER CHANGES

- ▶ DISCHARGE MEDICATIONS
 - ▶ NO ROUTINE ANALGESIA
 - ▶ QID RINSES (FIRST RINSE PRIOR TO DISCHARGE)
 - ▶ 10 DAYS OF ANTIBIOTICS (AVOID TOXIC SHOCK)
 - ▶ 10 DAYS OF TAPERING PREDNISOLONE (MINIMISE SCAR /POLYP)

SINUS SURGERY

- ▶ FIRST POST OP APPOINTMENT AT 2 WEEKS
- ▶ MAINTAIN ON PULMICORT RINSES
 - ▶ REDUCE POLYP RECURRENCE
- ▶ POLYP RECURRENCE
 - ▶ HIGHER FOR ALLERGIES
 - ▶ HIGHER FOR ASTHMA
 - ▶ SIGNIFICANTLY HIGHER FOR ASTHMA AND ALLERGY

RISKS OF SINONASAL SURGERY

- ▶ BLEEDING
- ▶ INFECTION
- ▶ PALATAL DYSFUNCTION WITH ADENOIDECTOMY
- ▶ SEPTAL HAEMATOMA / NECROSIS /COLLAPSE
- ▶ SINUS INJURIES
 - ▶ ORBIT (Diplopia)
 - ▶ SKULL BASE (Meningitis)
 - ▶ OPTIC NERVE (Blindness)
 - ▶ CAROTID ARTERY
 - ▶ NASOLACRIMAL DUCT