

## Contact information

St. Maarten Medical Center

Ear, Nose and Throat Specialist

Outpatient Department

Welgelegen Road 30

Cay Hill

St. Maarten

Tel: +1 (721) 543-1111 ext 1345

Fax: + 1 (721) 543-0116

Email: [info@smmc.sx](mailto:info@smmc.sx)

Web: [www.smmc.sx](http://www.smmc.sx)

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# Sinus Surgery



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## Sinus Surgery

The nasal sinuses consist of a system of 8 cavities in the skull around the nose and eyes. They drain into the nose. An acute sinusitis is an infection of these sinuses. In case of recurrent or persistent infections we speak of a chronic sinusitis.

The ear, nose, and throat specialist can prescribe medication (antibiotics, decongestants, nasal steroid sprays, antihistamines and steroids) and procedures (flushing) for treating chronic sinusitis. Acute sinusitis is treated with paracetamol, decongestant like xylomethazoline and sometimes antibiotics. There are occasions when physician and patient find that the infections are recurrent and/or non-responsive to the medication. When this occurs, sinus surgery is recommended.

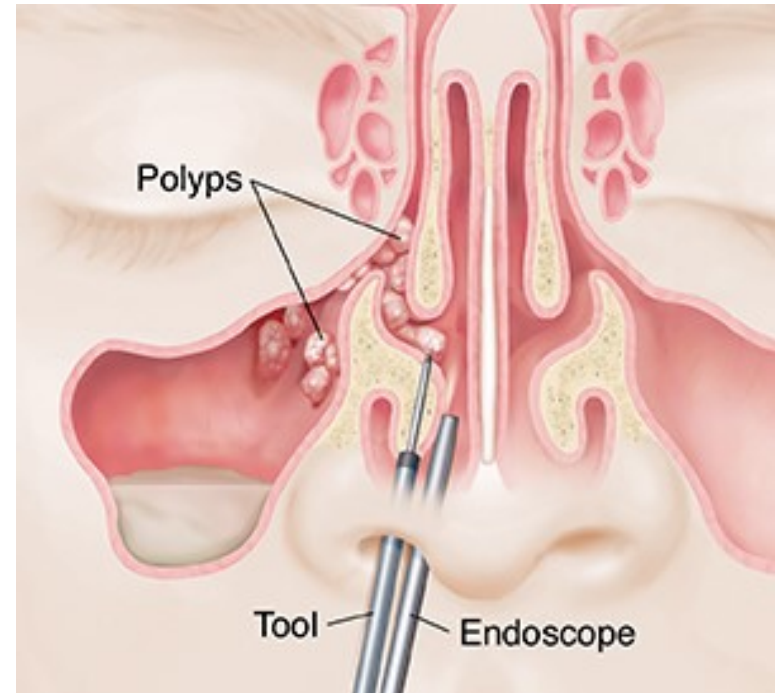
A clinical history of the patient will be taken before any surgery is performed. A careful diagnostic workup will be done to identify the cause of chronic sinusitis, which is often found in the anterior ethmoid area, where the maxillary and frontal sinuses connect with the nose. This may include a CT scan of the sinuses and blood tests.

### Sinus Surgery consists of:

**Functional endoscopic sinus surgery (FESS):** Developed in the 1950s, the nasal endoscope has revolutionized sinusitis surgery. The endoscope is used to open the natural pathways to the sinuses. Once an improved drainage system is achieved, the diseased sinus mucosa has an opportunity to return to normal.

FESS involves the insertion of the endoscope, a very thin fiber-optic tube, into the nose for a direct visual examination of the openings into the sinuses. With micro-endoscopes and instruments, abnormal and obstructive tissues are then removed. In the majority of cases, the surgical procedure is performed entirely through the nostrils, leaving no external scars. There is little swelling and only mild discomfort. Complications can be

headache, slight nasal bleeding and a little hematoma below the eye.



The advantage of the procedure is that the surgery is less extensive, there is often less removal of normal tissues, and can frequently be performed on an outpatient basis. After the operation, the patient will have nasal packing. Seven days after the procedure, nasal irrigation with saline water is recommended to prevent crusting.

The surgery will take place under general anesthesia. After the surgery nasal packing will be placed in the nose, which will be removed after 1 to 3 days.

After surgery the patient will have to use nasal steroids for at least 6 months.