

SURGICAL PROCEDURE:

FUNCTIONAL ENDOSCOPIC SINUS SURGERY (FESS)



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 state of the art micro-telescopes 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.

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 sometimes have nasal packing.

Image guided surgery:

The sinuses are physically close to the brain, the eye, and major arteries, always areas of concern when a fiber optic tube is inserted into the sinus region. The growing use of a new technology, image guided endoscopic surgery, is alleviating that concern. This type of surgery may be recommended for severe forms of chronic sinusitis, in cases when previous sinus surgery has altered anatomical landmarks, or where a patient's sinus anatomy is very unusual, making typical surgery difficult.

Image guidance is a near-three-dimensional mapping system that combines computed tomography (CT) scans and real-time information about the exact position of surgical instruments using infrared signals. In this way, surgeons can navigate their surgical instruments through complex sinus passages and provide surgical relief more precisely.

Dr. Ulrich has determined that you have a disease or condition in your nose or sinuses that may be treated by this surgery. Complications from this type of surgery are uncommon, but they do sometimes occur. It is possible that this surgery will not help you, and it is even possible that you will be worse after this surgery than you are now. Because of these facts, Dr. Ulrich can make no guarantee as to the result that might be obtained from endoscopic sinus surgery.

Some of the possible complications of this procedure are:

Obstructed nasal breathing; bleeding; infection of facial tissues, bone or brain; abnormal flow of tears; loss or change in vision; loss of sense of smell; dental or lip pain, numbness or tingling; and allergic or other bad reactions to one or more of the substances used in the procedure.

Some of the complications of endoscopic sinus surgery can cause the need for further surgery; some can cause poor healing wounds, scarring, permanent deformity, and prolonged pain and illness. Very, very rarely, some of the complications can even cause death. Furthermore, there may be alternatives to this procedure available to you, such as other types of surgery, use of medications, or doing nothing. However, these alternatives carry their own risk of complications and have varying degrees of success. Therefore, in those patients in whom endoscopic sinus surgery is indicated, the procedure may provide the patient with the best chance of successful treatment with the lowest risk of complications.

J. Martin Ulrich, D.O., F.O.C.O.O
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WHAT TO EXPECT AFTER

NASAL AND/OR SINUS SURGERY



ACTIVITY & DIET

Gradually increase your diet as tolerated. Since an anesthetic is administered during surgery, you may be drowsy for a number of hours following surgery. You are not to drive or work around any hazardous equipment for 24 hrs after surgery. Take it easy for the first week and then return to normal activity. **DO NOT LIFT HEAVY OBJECTS OR BEND OVER DURING THE FIRST WEEK AFTER SURGERY.** Avoid any activities where you may be bumped in the nose. **AVOID PRESSURE ON THE NOSE WHEN SLEEPING. DO NOT TRAVEL OUTSIDE THE AREA FOR 2 WEEKS FOLLOWING SURGERY.**

PAIN

There will be some pain and discomfort after surgery. You may take the pain medication prescribed or you may take Tylenol (Acetaminophen) as directed on the label. Do not take any aspirin, Motrin, or ibuprofen products since they may cause more bleeding. If pain is not controlled with the pain medication prescribed, contact our office.

DRAINAGE

Initially after surgery you will have an increase in nasal discharge and may experience some drainage down the back of your throat. There may be a small amount of bright red bleeding from your nose, so do not be alarmed. A small amount is normal and may continue for 3-4 days. A small dressing will be placed on your upper lip to absorb any drainage. You may need to change this dressing several times a day. Call our office if you have any heavy bleeding.

GENERAL CARE

You will have some nasal congestion, stuffiness and/or a headache during the first week after surgery. This is normal and expected. It will gradually decrease over the next couple of weeks. You may also experience a sore throat. A cool mist humidifier may help to keep secretions loose. Keeping your head elevated 30-45 degrees may help decrease the swelling and improve the drainage in your nose. Do NOT use the sinus rinse kit provided at your pre-op visit until advised to do so by Dr. Ulrich and/or his staff. **DO NOT BLOW YOUR NOSE UNTIL AFTER YOU ARE SEEN IN THE OFFICE.** Blowing your nose will put too much pressure on the surgery site. If you feel any fluid or congestion in your nose, wipe it gently or sniff back the fluid gently. If you must sneeze, keep your mouth open and sneeze through your mouth.

MEDICATION

In addition to pain medication, an antibiotic may be prescribed. Please take this medication as directed. Follow-up Appointment A follow-up appointment has been made for you. Refer to your surgery letter for date and time. If this appointment needs to be changed, please contact our office.

QUESTIONS OR PROBLEMS

If questions or problems arise during normal business hours, please do not hesitate to call the office at (810) 695-3766. For post-surgical medical issues after normal business hours, call the office at (810) 695-3766 and follow the prompts to be connected with Dr. Ulrich. If unable to connect through the office, contact Genesys information at (810) 606-5000 to have Dr. Ulrich paged.

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