

Endoscopic sinus surgery for headaches.

Important information for my patients. Louis Mariotti, DO

Doing sinus surgery for the purposes of the treating headaches is controversial. There are many clinical studies which show positive benefits from sinus surgery in the treatment of headaches in certain patients. Despite the positive results in these studies, doing sinus surgery for the treatment of headaches remains a subject of debate.

In my experience, properly selected patients can expect a 40 - 50% chance of complete resolution of their headaches. And, 80 - 90% of patients can expect at least 50% improvement in the severity, or the duration, or the frequency of their headaches.

Patients must realize that, although most people get good results from surgery, 10 - 15% of patients have no improvement. And, in rare cases, the headaches could potentially get worse after surgery. The other risks of surgery have been addressed elsewhere.

We have discussed alternatives to surgery, including further attempts at nonsurgical treatment, or obtaining other opinions from other doctors.

I think you are a good candidate for surgery, but you, as the patient, need to be comfortable with the decision to proceed. This is a non-life-threatening problem, and there's no rush to operate. Please do not hesitate to clear up any reservations you or your family may have before we proceed with surgery.

Respectfully,
Louis Mariotti, DO

Acknowledgment

I/we have reviewed it and understand the above.

Signature

Printed name

Date

ENDOSCOPIC SINUS SURGERY / SEPTOPLASTY

Benefits of surgery

1. Reduction in frequency, severity, and intensity of sinus infections.
2. Makes future sinus infections easier to treat.
3. Improvement in ability to breathe through the nose.
4. Decreased frequency, severity, and duration of sinus pain, pressure, and headaches

Limitations of surgery

1. Surgery may not completely cure all sinus symptoms, and some patients may need continued medical or allergy therapy to keep symptoms under control. A very small percentage of patients get little/no relief from sinus surgery.
2. Although usually successful, surgery done on smokers is generally associated with slightly less successful outcomes than non-smokers. Therefore, surgical candidates are encouraged, but not required, to stop smoking two months prior to and two months after surgical intervention.
3. A small percentage of patients, 5% or less, may need more than one surgery to achieve the desired result

Risks of surgical intervention

The risk of endoscopic sinus surgery is very low, but no surgery is completely risk-free. The risks of endoscopic sinus surgery include, but are not limited to the following:

1. Anesthesia risk. Extremely rare, but we recommend you address any questions to the anesthesia team when you meet them on the day of surgery.
2. Risk of postoperative bleeding requiring nasal packing and/or surgery to control the bleeding.
3. Postoperative pain or headache.
4. Risk of permanent injury to the eye, including visual disturbance or blindness.
5. Risk of spinal fluid leak requiring surgical repair, and the associated risk of meningitis, brain abscess, or brain injury, and death.
6. Risk of change in, or loss of, sense of smell, either temporary or permanent.
7. Risk of scar formation requiring further surgery.
8. Risk of nasal septal perforation (a hole in the bone in the center of the nasal cavity).
9. Risk of slight change in voice.

Alternatives to surgery

1. Continued efforts with non-surgical management of the sinus symptoms.
2. Obtain a second opinion regarding treatment options.

Acknowledgment

Your doctor thinks you're a good candidate for endoscopic sinus surgery, but you, as the patient, need to be comfortable with the decision to proceed. This is a non-life-threatening problem, and there's no rush to operate. Please do not hesitate to clear up any reservations you or your family may have before we proceed with surgery.

After discussing these issues, it is agreed that surgery will proceed as planned.

I / we have reviewed and understand the above

Signature

Printed name

Date

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HYPERTONIC SALINE NASAL IRRIGATION (1:2:3)

THE BENEFITS

When you irrigate your nose with hypertonic saline (salt water), it washes the mucous crusts and other debris from your nose. The high salt concentration pulls fluid out of the swollen membranes and shrinks them. This decongests and improves the airflow into your nose. The sinus passages begin to open. Studies have shown that high concentration salt water also improves cell function (ciliary beat pattern).

THE RECIPE (1:2:3)

Choose a 1 (one) quart or one-liter jar that is completely clean. Fill with tap water. You do not need to boil the water. You may use bottled water

Add 2 (two) teaspoons Arm & Hammer Baking Soda (pure bicarbonate).

Add 3 (three) heaping teaspoons of pickling/canning salt, Kosher salt/sea salt. **DO NOT USE TABLE SALT** as it has a lot of additives (in particular, iodine) which is not good for the nose.

Mix salt, baking soda and water together in glass jar (1:2:3). Store at room temperature. Throw away after two months. If this solution is too strong, cut down the amount of salt to 1 to 1 ½ teaspoons. With children it is best to start with the weaker solution and work up slowly to a stronger one.

THE INSTRUCTIONS

You should irrigate your nose with hypertonic saline 2-3 times per day. You may use a bulb/ear syringe, large medical syringe (30cc) or water pik with irrigation tip. Always pour the amount of fluid you plan to use into a clean bowl. **DO NOT** put your used syringe back into the quart jar because it will contaminate your solution. You may want to warm the solution slightly in microwave – be sure that the solution is **NOT HOT**. Stand over the sink (some people do this in the shower). Squirt the solution into each side of your nose aiming the stream toward the back of your head. **NOT** the top of your head. This allows you to spit the salt water out of your mouth. It will not harm you if you swallow a little.

For younger children, you may want to place the solution into an empty pump spray container such as “ocean spray” or “nasal steroid” container. Squirt several times into each side of the nose. **DO NOT FORCE** your child to lay down. It is much easier to do in a sitting or standing position.

If you have been told to use a nasal steroid such as Nasacort, Rhinocort, Flonase, Nasonex, you should always use hypertonic saline solution first and then use your nasal steroid product. The nasal steroid is much more effective when sprayed into a clean nose. The steroid medicine will also reach deeper into the nose. Most people get a little burning sensation the first few times they use hypertonic saline solution, but this usually goes away after a few days of use.

*Otolaryngology • Head & Neck Surgery • Vertigo & Neurotology • Facial Plastic Surgery
Diagnostic Auditory Testing • Electronystagmography • Brainstem Evoked Response • Hearing Aid Evaluation • Allergy Testing & Treatment*

DR MARIOTTI
SINUS SURGERY INSTRUCTIONS FOR PATIENTS

1. No aspirin, Ibuprofen, Advil, Aleve, Plavix, coumadin, Lovenox, St. John's wort, Ginko, or vitamin E., or any blood thinner, for 14 days prior to surgery.
2. You must have a driver to take you home, and you should not drive for 24 hours after surgery due to anesthesia. You also need someone to stay with you the first night after surgery due to anesthesia and/or any difficulties that may occur for which you might need some help.
3. NOTHING to eat or drink after midnight the night before surgery, and NOTHING to eat or drink the morning of surgery.
4. After surgery there is usually no packing placed in the nose. The trade-off for not packing the nose, is that there will be some bloody drainage from the nose for the first day or so. If you should have bloody drainage from the nose you should gently blow your nose to get the blood and clots out of the nose. If blood is allowed to pool inside the nose the bleeding will not stop, therefore, gentle blowing of the blood and clots is important. When you blow your nose you should gently blow with both nostrils wide open at the same time, do not hold your nostrils when you attempt to blow your nose. Taking your pain medicine every 4 hours for the first 24 hours, whether you have pain or not, will help keep bleeding to a minimum since it will decrease the blood pressure a bit, as well as decrease anxiety. If bleeding seems excessive, or if you're not sure if the bleeding you're experiencing is more than normal, do not hesitate to call my office.
5. The day of surgery your nose will be quite open and it will be easy to breathe. Within 12 to 24 hours there will be swelling as a result of surgery and you will become congested. In general the congestion will last for 7 to 10 days. Rinsing your nose with the salt water/baking soda solution is very helpful. Begin the salt water/baking soda rinses in the morning, the day after surgery. If you are extremely congested, call my office for further recommendations.
6. The congestion and swelling secondary to surgery may cause you to have a headache or facial pressure. If the pain pills are not adequate to control the discomfort please call.
7. If you experience ANY problems with vision, call my office immediately.
8. If you have fever over 101 degrees, call my office.

I/we have reviewed and understand the above.

Printed name _____

Signature _____

Date _____