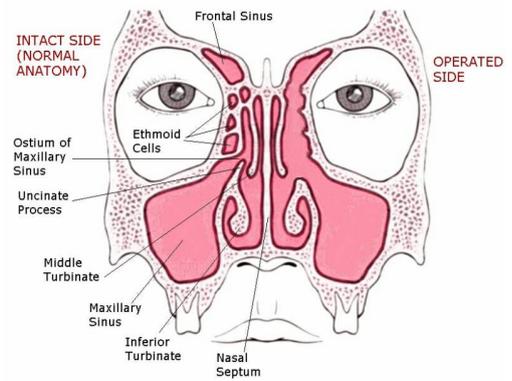




Mr Nicholas Agar

GEELONG
Head and Neck

FESS (sinus surgery)



Date of Surgery _____

Post Op Appointment _____

Time Panadol last given: _____

The Recovery

The initial recovery from Functional Endoscopic Sinus Surgery (FESS) takes approximately 2 weeks. Continued improvements will be noted until 6 weeks after surgery at which point the nose will have healed and the 'success' of the operation can be judged.

It is normal to have:

- a blocked nose for 2 weeks.
- minor blood stained nasal discharge both from the front and back of the nose associated with occasional clots.
- a sense of pressure or fullness in the nose/sinus region.

Time Off

You will need 1 week off work.

I advise strictly no exercise/exertion for 2 weeks.

Please ask for a certificate if needed.

Diet

It is important to stay well hydrated - I recommend three extra glasses of water per day. You can eat a normal diet.

Post Op Medications

Prescriptions will be individualised according to other health issues, age, weight and allergies.

My typical prescription is for:

- 1) Regular Paracetamol 4 times daily for 5 days
- 2) Regular Celebrex (anti-inflammatory) for 7 days
- 3) A small quantity of an opiate painkiller (oxynorm or tapentadol) taken as needed. Pls don't take this if you don't think you need to as it will cause constipation and can cause nausea. Ask your pharmacist for laxatives if needed.
- 4) FLO sinus Rinse twice daily for 1 month commencing on the 4th post operative day. Search on YouTube for "How to wash your Sinuses with FLO" for an excellent instructional video.

Post Op Appointment:

This should be 1 week after your surgery and it is critical that you attend. There is no charge for this consultation. I will use a suction device to remove any residual

dissolvable packing and ensure there is no problematic scarring developing.

Post Op Problems

Bleeding. All patients will have minor amounts of bleeding after this kind of surgery. For most it will simply be streaks of blood, old clots of blood, or minor amounts of bright blood which will stop within a few minutes. Approximately one in 50 patients will develop persistent active bleeding which doesn't settle of its own accord. If this occurs you will need to be seen in an emergency department where there is appropriate equipment and staff to deal with the situation.

If this is mild often observation only is needed.

If this is moderate I may place more packing in the nose with you awake in the emergency dept (or recovery room)

If this is severe a patient may rarely need to go back to the operating room or need a blood transfusion.

-In hours please call me via my office on 52218490

-After hours call me on my mobile 0425746617

-If I am unable to respond please

1) attend the Geelong Hospital Emergency Department and the on-call ENT surgeon will become involved if necessary.

OR

2) call an ambulance on 000.

Nausea

This is usually related to opiate pain medications (oxycodone, tapentadol etc). If nausea is severe you need to try and reduce these medications as much as possible. If this doesn't help or you are in significant pain upon stopping the opiates please contact me and I can provide an anti-nausea tablet prescription or an alternative pain tablet.

Eye complications

Rarely the bone between the nose and the orbit can be breached during FESS surgery. If you develop double vision, a reduction in your visual acuity, a painful or bulging eye, or swelling of your eye you must get in contact with me or present to hospital.

DO

- Take regular analgesia to prevent your pain becoming severe
- Keep well hydrated
- Use your Sinus rinse twice daily

DON'T

- Take blood thinning medications such as Aspirin, Plavix, Warfarin, Fish Oil unless discussed prior to surgery.
- Exercise/exert yourself for 2 weeks