

# **DRS. GEHRIS, JORDAN, DAY & ASSOCIATES, LLC**

Head and Neck Surgery . Ear, Nose and Throat Surgery . Facial Plastic & Reconstructive Surgery

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## **RISKS ASSOCIATED WITH SINUS SURGERY** **PATIENT INFORMATION**

**As with any surgery, there are risks associated with sinus surgery.**

### **Bleeding**

Bleeding is an important consideration during endoscopic sinus surgery. Blood loss is usually not excessive during this surgery, most often totaling only a few ounces. The need for blood transfusion during or following endoscopic sinus surgery is extremely uncommon. For this reason, we do not recommend donation or storage of your own blood prior to surgery.

If excessive bleeding occurs during the procedure, the surgeon's view through the endoscope may be impaired. This increases the difficulty in distinguishing normal from abnormal tissue and therefore, increases the risk of a serious complication. If heavy bleeding occurs and impairs the surgeon's visualization, the surgeon will stop the procedure, as it is more prudent to attempt a second surgery under different conditions than to risk injury.

A light nasal pack is maybe used for up to one week following surgery to decrease the risk of bleeding. This is usually well tolerated, unlike the tight packing used for traditional external sinus surgery in the past.

### **Infection**

As for any surgery, infection can occur. Although endoscopic sinus surgery usually relieves infection, infection can occur post-operatively during the healing period. Antibiotics can reduce the chance of infection and treat it, should it occur.

### **Recurrent Sinus Disease**

As with any surgery, it is possible that a "cure" may not occur and additional medical and/or surgical treatment may be required. Reasons for the need for additional surgery include abnormal scar formation with sinus obstruction, recurrent development of sinus disease, or disease which persists from the original surgery. Good data regarding the frequency and need to be additional surgery is scarce. However, estimates from the medical literature suggests 15-20%.

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### **Risk of Anesthesia**

The risk here relates to a reaction to one of the anesthesia medications. Although this risk, as well as the risks from general anesthesia, is low, they need to be considered. For this reason, you will have the opportunity to consult with an anesthesiologist prior to surgery.

### **Risk of Persistent Tearing**

The tear duct lies very close to the ethmoid sinus coverage by a bone. In some patients, the tear duct actually runs through the sinus and is covered only by a thin bone or no bone at all. For this reason, it is at risk of being injured during surgery. Permanent complications, such as persistent tearing that would require a second surgery are rare, occurring in less than 1 in 300 patients.

### **Risks of Spinal Fluid Leak**

Surgeries of the sinuses, especially the ethmoid sinus, carry with it a small risk of a spinal fluid leak. The top of the ethmoid sinus lies just under the brain and only a thin bone separates the two. During surgery, especially if there is excessive bleeding, scar tissue or significant inflammatory disease, this bone can be violated. If this occurs, the fluid, which surrounds and cushions the brain can leak into the nose. Often this is recognized during surgery and the area is patched with tissue to stop the leak. However, on occasion, it is not evident and is noted by the patient following surgery as a clear fluid dripping from one nostril. Should this complication occur, a pathway exists for the infection in the sinuses to travel into the brain and cause meningitis. Special radiologic tests and at least one, sometimes several re-operations are necessary to close the leak. Although this is a significant complication, fortunately, the risk is low. The accepted frequency with sinus surgery is about 1%.

### **Loss of Vision**

Visual loss can occur with sinus surgery. Only a paper-thin bone separates the sinuses from the eye. If this bone is violated during surgery, damage can occur to the eye. Temporary or permanent visual loss and double vision have all been described following sinus surgery. Fortunately, this occurs rarely, in fact, very rarely. This problem occurs in far less than 1% or surgeries, perhaps 0.1 to 0.01%.

### **Septoplasty**

Occasionally, technical considerations require surgical movement of the septum (divider between right and left sides of the nose) in order to accomplish the sinus surgery. In such a case, a very small additional risk of septal perforation (hole in the septum) may occur as well as re-deviation of the septum. Either of these complications might require additional septal surgery.