Suite 2101, 31a Lasso Road, Gregory Hills NSW 2557
Suite 102, 4 Hyde Parade, Campbelltown NSW 2560
P) 02 4625 1682 F) 02 4625 1032
www.macarthurent.com.au

MACARTHUR ENT

Endoscopic Sinus Surgery Recovery Guide

Post-operative information for patients and carers

This sheet explains what to expect after endoscopic sinus surgery and when to seek help. Nasal blockage, crusting and blood-stained mucus are expected early in recovery. Frequent saline washing, regular follow-up and avoiding activities that provoke bleeding are central to healing.

What to Expect During the First Two Weeks

- **Blockage and pressure:** Nasal stuffiness, congestion, facial pressure and crusting are normal for 1–2 weeks and improve gradually as swelling settles and the sinuses are cleaned.
- **Bleeding:** Mild oozing or blood-tinged mucus is expected during the first day or two. A small gauze pad beneath the nostrils may be changed as needed. Do not pack tissues or cotton wool into the nose.
- **Pain and fatigue:** Pain usually peaks during the first three days and then improves steadily. Many patients need only a few doses of pain medicine. Mild fatigue is common while recovering from surgery and the anaesthetic.
- **Smell and taste:** Smell or taste may be reduced while the nose is swollen. Dryness and crusting are also common. Recovery is gradual and varies according to the extent of surgery and the underlying sinus disease.
- **Packing or stents:** Packing or small stents may remain in the nose temporarily. These may dissolve or be removed during a follow-up visit. Do not pull or cut them.
- **Cleaning at follow-up: Your ENT surgeon** may remove packing, blood clots and crusts from the nose in the rooms. This debridement is a normal and important part of recovery, although it can be uncomfortable.

Pain Relief and Medicines

- **Usual pain relief:** Paracetamol and ibuprofen are often sufficient. Take them only as directed and only if ibuprofen is safe for you. Do not take aspirin or other blood-thinning medicines unless your ENT surgeon or the prescribing doctor has advised you to do so.
- **Before your appointments:** Take your advised paracetamol and ibuprofen approximately 30 minutes before both your first and second post-operative appointments. This makes removal of packing and cleaning of crusts more comfortable. If you have been told not to take ibuprofen because of allergy, stomach ulcer, kidney disease, anticoagulant treatment or another reason, use the alternative advised by your surgical team.
- **Prescribed treatment:** Use any nasal steroid spray, oral steroid, antibiotic or other medicine exactly as directed. Do not restart medicated sprays earlier than advised.

Saline Washing Is Essential

Wash the nose 4–6 times each day for 4–6 weeks, beginning when your ENT surgeon tells you to start. Regular washing clears old blood, mucus and crusts, keeps the sinus openings clear and supports healing.

You can wash too little, but it is very difficult to wash too much. If you are unsure, wash your nose.

- **Examples:** FESS Nasal and Sinus Wash, FLO Sinus Care or Post Operative Sinus Wash, and NeilMed Sinus Rinse are suitable bottle-and-sachet systems. Use the supplied bottle and sachets according to the product label.
- **Sprays are not the same as a wash:** A fine saline mist may soothe the nose between rinses but does not replace a large-volume bottle wash unless your ENT surgeon specifically advises otherwise.

How to Prepare and Use a Saline Wash

1. **Wash your hands.** Use a clean bottle designed for nasal irrigation.
2. **Use safe water.** Fill the bottle with lukewarm distilled or sterile water, or tap water that has been brought to a rolling boil for at least one minute and then cooled. Never use unboiled tap water for nasal irrigation.
3. **Add the supplied sachet.** For standard FESS, FLO or NeilMed bottles, add the number of sachets stated on the product label—commonly one sachet to the marked fill line. FLO MAX uses two FLO sachets. Do not guess salt quantities or use plain water, as either can cause burning.
4. **Mix gently.** Secure the cap and shake until the powder has dissolved. The solution should be lukewarm, not hot or cold.

5. **Rinse over a sink.** Lean forward, keep your mouth open and breathe through your mouth. Place the tip just inside one nostril and squeeze gently and steadily. Allow the solution to drain from the other nostril or the mouth. Do not force it against resistance.
6. **Wash both sides.** Use approximately half the bottle through each nostril. Continue gently even if packing or swelling limits the flow.
7. **Finish gently.** Allow the nose to drain and dab it. Do not blow forcefully. Some solution may drain later when you bend forward.
8. **Clean the bottle.** Wash the bottle and cap after use and allow them to air-dry completely. Follow the manufacturer's cleaning and replacement instructions. Do not share the bottle.

Activity and Bleeding Precautions

- **No heavy lifting:** Do not lift more than 5 kg for 4–6 weeks. Lifting, straining and bending can raise pressure in healing blood vessels and trigger a nosebleed.
- **No strenuous activity:** Avoid running, gym work, vigorous exercise and strenuous physical activity for 4–6 weeks because these activities increase the risk of bleeding. Gentle walking is encouraged.
- **No nose blowing:** Do not blow your nose forcefully for at least two weeks, and longer if advised. Sneeze or cough with your mouth open rather than holding it in.
- **Sleep elevated:** Keep your head elevated on extra pillows for the first several days to reduce swelling and congestion.
- **Avoid heat and alcohol:** Avoid hot showers, baths, saunas, alcohol and very spicy foods during the first several days because they can worsen congestion and provoke bleeding.
- **No swimming or contact sports:** Do not swim or participate in contact sports until your ENT surgeon confirms that it is safe.

Driving Flying and Travel

- **First 24 hours:** Do not drive, operate machinery, drink alcohol or make important decisions for at least 24 hours after the anaesthetic.
- **Long drives:** Avoid long-distance driving for six weeks. A significant nosebleed while driving could impair your vision, concentration and ability to stop safely, and you may be far from urgent medical care.
- **Flying:** Do not fly for six weeks. A heavy bleed in the air cannot be assessed or treated promptly and an aircraft may be a long time from landing or emergency care.
- **Plan locally:** During the first six weeks, avoid remote trips and remain within reasonable access of an emergency department. If travel is unavoidable, discuss it with your ENT surgeon before booking.

Follow-up and Long-term Care

Your first appointment is usually 1–2 weeks after surgery, depending on whether packing or stents were inserted. Your second appointment is usually 2–3 weeks after the first. Attend all visits so healing can be checked and crusts or clots can be removed. Chronic sinus disease often requires ongoing care even after surgery, and saline irrigation, nasal steroid treatment or other medicines may need to continue long-term.

Contact Macarthur ENT Promptly

- Heavy, repeated or persistent nosebleeding that does not settle with rest and firm pressure over the soft lower part of the nose.
- Fever, worsening facial pain or swelling, increasing tenderness, or foul-smelling nasal drainage.
- A severe or worsening headache, repeated vomiting, or symptoms that are deteriorating rather than gradually improving.

Seek Emergency Care Immediately

- Sudden continuous clear watery drainage from the nose, particularly with a salty taste or when leaning forward, as this may represent a cerebrospinal fluid leak.
- Vision loss or change, double vision, difficulty moving an eye, or severe swelling, bruising or bulging around an eye.
- Stiff neck, confusion, collapse or high fever, which may be signs of meningitis or another serious infection.

For uncontrolled bleeding, breathing difficulty, vision change, collapse or a medical emergency, call 000 or attend the nearest Emergency Department.

Serious complications such as major bleeding, injury near the skull base or eye, or cerebrospinal fluid leak are uncommon—generally around 1% or less—but require urgent evaluation if suspected.

Safe-water guidance: Use distilled, sterile, or previously boiled and cooled water. Follow the current instructions supplied with your FESS, FLO or NeilMed product.