

Sinus Drainage/Irrigation

WHAT IS SINUS DRAINAGE?

This is a procedure to irrigate an infected sinus (a hollow space within the bone structure of the face) with saline. The fluid is instilled by means of a cannula (metal tube) inserted through the thin, bony sinus wall just inside the nose. Usually performed in an outpatient facility or special procedures room in the hospital, sinus drainage takes less than half an hour and is done under a local anesthetic. Children, and anxious adults, may be given a general anesthetic. Sinus drainage is not usually performed in children under the age of three, whose sinuses are very small.

RISKS AND BENEFITS

Sinus drainage is a safe and effective treatment of sinusitis which does not respond to medical therapy. It may be repeated a number of times. Risks of surgery include adverse reaction to the local anesthetic and incorrect placement of the instrument, causing facial pain and swelling.

WHY IS IT PERFORMED?

The air-filled sinuses lie on either side of the nose and are important for voice quality. Normally, fluid drains from them into the nose. If infection is present (sinusitis), secretions accumulate in the sinus which cannot drain properly, and pressure builds up. The person with sinusitis typically experiences facial pain, has a blocked nose and post-nasal drip, and may have an elevated temperature. Nasal swabs may be taken to determine the cause of infection. Fluid in the sinus can be seen on X-ray. Conservative treatment with antibiotics, painkillers, and decongestants is usually successful. If the symptoms persist after two or three days' treatment, however, the ENT surgeon may decide to perform sinus drainage.

THE PROCEDURE

No special preparation is required, but antibiotics are given for a day or two before the operation, to prevent the infection from spreading. You should come to the hospital with a relative or friend who will escort you home. Even though a general anesthetic is not usually given for sinus drainage, you may feel faint for some time after the procedure.

You will be seated in an operating chair for sinus drainage. The surgeon first examines the nostril on the side to be treated. A local anesthetic, and a drug to shrink the mucous membranes (lining tissues), are sprayed in the nose. Then, a local anesthetic is applied on the end of a cotton-tipped applicator which is removed as soon as the anesthetic has taken effect. The surgeon uses a sharp trochar sheathed inside the cannula to enter the sinus. A steady, rotating movement is applied to the instrument until the bone is pierced. The trochar is then withdrawn, leaving the cannula in place. A sample of the sinus contents may be taken for laboratory analysis.

You will be given a bowl to hold on your lap and asked to bend your head and breathe through your mouth throughout the procedure. Lukewarm saline is instilled into the sinus through the

cannula. This, and any contents of the sinus, will overflow through your nose. Irrigation may continue for some minutes, until the water comes out clear. The cannula is withdrawn, and you will be helped to sit upright as soon as the fluid stops draining. You will be taken to the recovery area where you will be able to lie down. Slight drainage may continue for another hour or so. You may get up as soon as you feel ready.

POSSIBLE COMPLICATIONS

Nasal packing may be required for heavy postoperative bleeding. If the cannula is incorrectly placed outside the sinus, the procedure will be stopped. Antibiotics may be given to prevent spread of infection.