

## Endoscopic Sinus Surgery Patient Information

Your child is soon to undergo a pediatric surgical procedure, endoscopic sinus surgery. Your doctor has performed this procedure many times with consistently good outcome and with significant benefit to the patient. It is our hope that this information will assist you in planning your child's surgery and will answer the most commonly asked questions. Please read this information carefully and feel free to contact our office with any questions or concerns: **713/796-2001**.

- ❖ **Your child's surgery will take place at:** \_\_\_\_\_  
**on:** \_\_\_\_\_.
- You will be asked to arrive at the hospital 1  $\frac{1}{2}$  to 2 hours before your scheduled surgery time.
- Please call \_\_\_\_\_ on \_\_\_\_\_ to obtain surgery time and additional instructions.
  
- ❖ **During the two-week period preceding and for two weeks following your child's surgery: *DO NOT ADMINISTER ANY ASPIRIN OR PRODUCTS CONTAINING NON-STEROIDAL ANTI-INFLAMMATORY INGREDIENTS*, e.g., Advil™, Motrin™, etc. Please notify our office if your child becomes ill prior to surgery. Conditions such as a fever of 101.5° or above that persists for several days, the onset of chicken pox\*, or a severe respiratory problem may be reasons to postpone or reschedule your child's surgery. \* (When a child's surgery is cancelled due to chicken pox, the general rule is that he/she may not have surgery for 2-3 weeks following the initial outbreak).**
  
- ❖ If it would help you or your child, you can schedule a tour of Texas Children's Hospital by calling 832/826-1650.
  
- ❖ **The morning of surgery:**
  - **Your child may have clear liquids until FOUR hours before surgery. Infants may be given breast milk until FOUR hours before surgery - NO formula, milk or solids should be given after midnight.** Children scheduled for elective surgery in the midday or early afternoon SHOULD NOT have breakfast on the morning of surgery.
  - When you arrive, there will be some paperwork to complete, a physical assessment of your child will be done, and you will speak with your doctor and the anesthesiologist.
  - At the time of surgery, general (inhaled) anesthesia is administered and, once the child is asleep, an intravenous line and a breathing tube will be placed.
  - Surgery lasts anywhere from 1 $\frac{1}{2}$ -2 $\frac{1}{2}$  hours.
  - After surgery, your child will go to a recovery unit for approximately 2 hours. You will be allowed to join your child and remain at the bedside until he/she is discharged from the hospital. Once it is determined that your child can safely go home, you will be discharged.

Children's ENT of Houston

Newton O. Duncan, M.D. - John K. Jones, M.D. - Joseph L. Edmonds, M.D. - James T. Albright, M.D.

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❖ **Immediately following surgery:**

While some children appear to be unaffected following administration of general anesthesia, it is not uncommon for patients to be sleepy, irritable, and nauseated or for the child's face to appear flushed. These side effects are temporary and your child should be feeling normal within a few hours.

- Most children will take small sips of liquids until fully awake and any nausea has passed - at this point they can resume a normal diet.

❖ **Home Care:**

- Children usually need to rest for the first 2-3 days after surgery. Physical activity and exercise should be kept to a minimum during this initial week of recovery.
- Most children complain of a very stuffy nose and difficulty with nasal breathing. It is very important for your child to avoid blowing his/her nose for the first few days. After a few days the child may very gently blow the nose, if necessary.
- Also, children usually experience a few days of bloody nasal drainage. It is very important for you to use the saline spray the doctor will recommend and the antibiotic ointment he prescribes.
- Some children experience a sore throat and bad breath following removal of the adenoids. If your child is uncomfortable, you may administer Tylenol™ or the pain medication prescribed by your doctor.
- Use only Tylenol™-based products for discomfort and fever. Do not use medications containing aspirin or aspirin-like ingredients such as Motrin® or Advil®.
- Children may experience a fever of up to 100 degrees. A slight fever is a normal response and you may give your child Tylenol.™ A persistent fever of 101.5° or higher, which does not respond to Tylenol™ should be reported to our office.
- Depending upon the doctor's observations at the time of surgery, your child may also be placed on an oral antibiotic. It is important to follow the label instructions and to complete the entire course of the antibiotic.

❖ **Postoperative Information:**

- Some children may require a second procedure to remove and clean out debris in the sinuses due to postoperative healing. This is usually done under general anesthesia at the hospital, and takes about an hour. This is occasionally done in the office. Your physician will decide which procedure is appropriate for your child.
- **Your child will need to return to our office for a follow-up visit 3-4 weeks after surgery. If you have not scheduled this visit prior to surgery, please be sure to call the office for an appointment immediately after surgery.**
- Most children can return to school/daycare 3-4 days following surgery. Children can usually return to physical activity after the second procedure; however, swimming should be avoided for 2 weeks following the second procedure.

**Please do not hesitate to call our office with any questions or concerns: 713/796-2001**

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