
CHRONIC RHINOSINUSITIS

Experts estimate that 37 million people are afflicted with sinusitis each year, making it one of the most common health conditions in America. That number may be significantly higher, since the symptoms of bacterial or fungal sinusitis often mimic those of colds or allergies, and many sufferers never see a doctor for proper diagnosis and treatment with an antibiotic.

Preventing Sinusitis

As always, an ounce of prevention is worth a pound of cure. To avoid developing sinusitis during a cold or allergy attack, keep your sinuses clear by trying the following:

- Spray your nose with a short course of nasal spray decongestant (Afrin)----do not use for more than a couple of days in a row or you may develop rebound congestion.
- Use a systemic decongestant such as pseudoephedrine to help open up the blocked sinus openings. Patients with blood pressure problems must beware that these medications can cause hypertension.
- Irrigate the entire nasal cavities and sinus openings with saline. Rinse kits or Neti Pots are readily available. This helps to mechanically remove irritants, allergens, bacteria, and fungi from the nasal passages. This can often be performed more effectively in patients after surgery.
- Continue to use your steroid nose spray (flonase ect...) and always spray up and out to avoid hitting the septum (aim for the top of the same side ear) as this may cause nosebleeds or even a hole in the nasal septum.
- Drinking plenty of fluids can help keep nasal discharge thin, using a mucolytic agent such as Mucinex pills or Robitussin syrup. You may use up to 2400mg of Mucinex per day.
- If you have allergies, try to avoid contact with things that trigger attacks. You can increase dust mite control with dust covers or hepafilters.
- Allergy testing, followed by appropriate allergy treatments, may increase your tolerance of allergy-causing substances. This is extremely important and in most cases, I recommend this prior to surgery.
- Children especially should be up on their immunizations including Pneumovax.

Treating Sinusitis

Plan A: Medications. The vast majority of sinus infections can be and should be managed medically. Therapy for bacterial sinusitis should include an appropriate antibiotic, probably for up to 3-4 full weeks. We treat for so long because it takes that long to completely eradicate the bacteria from the usually sterile sinuses. I often will also add in a systemic steroid to help diminish the inflammation and help the patient feel better faster. In addition to an antibiotic, a nasal spray (Afrin) decongestant may be recommended for a couple of days to relieve congestion and allow things to drain more effectively. Inhaling steam or using saline nasal sprays or drops can help relieve sinus discomfort. There has been increasing evidence that fungus can play a role in some patients. Regardless of the pathogen we should be trying to find out what the original inflammatory insult was and treat that. We physicians must stay on the cutting edge of what is available, keep an open mind to new treatments, and listen to our patients to offer the best treatments to all our patients.

Plan B: Allergy. We cannot avoid what we are allergic to if we do not know what that is, so allergy testing is always a good idea. Desensitization and down regulation of the immune system can be extremely helpful to chronic sinus sufferers. We should always at least think about allergies prior to operating. I was fortunate to have been trained in allergy during my 5 year residency and have also completed the AAOA Allergy Fellowship.

Plan C: Surgery. Surgery should be considered if medical treatment fails or if there is nasal or sinus obstruction that cannot be corrected with medications. I will often fix the nose (rhinoplasty/plastic surgery of the nose), septum, and airway at the same time I do sinus surgery. A nose that looks good usually breathes well. We are second to none in our rhinoplasty experience. Functional endoscopic sinus surgery (FESS) combines the most recent techniques and technologies and is recommended for most sinus disease. The balloon technology is also helpful in select cases. With the endoscope, the surgeon can look at a magnified view of the internal nose on a T.V. monitor, while at the same time, removing diseased tissue and polyps and clearing the narrow channels between the sinuses. This is the safest way of doing things and allows for the most complete removal of disease. We are operating near to the undersurface of the brain and eyes. Although I performed thousands of these cases without complication, we must relate to patients that this is a “high rent” district and risks do exist. When operating we have experience and access to balloon and powered microdebrider technology. We are always on top of the latest technology and offer patients the best sinus care. We have the highest level of training an experience in sinus care in the region.