

Sinus problems

Sinus problems are often mis-diagnosed and often are the subject of confusion by doctors and patients.

Sinusitis can be acute or recurrent (or chronic). Acute infection is painful and is associated with facial pain and congestion. Pain is often in the cheek, across the bridge of the nose or around the eye.

The treatment of simple acute sinusitis is often medical. Use of topical over the counter decongestants (otrivine, sinex or similar) with simple pain killers (paracetamol, ibuprofen) might be sufficient. Additional saline nasal douching(washing)can be helpful. If problems continue additional antibiotics can be required.

If problems are recurrent and frequent then predisposing conditions need addressing. This could be control of rhinitis (recurring inflammation of the nasal lining) with nasal steroid sprays or regular nasal douching. If problems still persist then further investigations will be required.

Blood tests can help rule out allergy but often examination of the nose with a fiberoptic camera is required. CT scanning also demonstrates the anatomy of the nose and sinuses and shows any changes that compromise sinus drainage.

There are several variants of anatomy that may predispose to recurrent sinus problems. Many of these can be helped with simple day case minimally invasive sinus surgery (**FESS or Functional Endoscopic Sinus Surgery**).

This type of surgery is aimed at improving sinus drainage and reducing the chance of recurrent problems by undertaking as little surgery as possible to open or promote sinus drainage and or aeration. It has to be thought of as a treatment, reducing the frequency and severity of sinus problems, rather than leading to a guaranteed cure.

Surgery is usually performed as a 45 minute day case procedure under general anaesthetic. There is no external bruising and little pain, but some nose bleed and congestion after surgery is normal. There may also be sinus pains for a week or two.

Risks of surgery are very low. There is always the chance of nose bleed and post operative nasal/sinus infection. More serious side effects are extremely rare but the sinus is very close to the eye and the lining of the brain, therefore this area is 'tiger country' and the surgeon needs care and experience to avoid these important structures to avoid significant complications. I have been undertaking this type of surgery for over 20 years without serious complications.

After surgery there is often congestion. Some surgeons recommend steroid drops and saline washing through the nose to minimize congestion and pain. My experience is to delay using washing with salt water for a few days to allow initial healing to commence, prior to washing to clear crusting. It can take up to 4 weeks for things to settle and it might take longer to appreciate significant improvement after surgery.

As an alternative or sometimes in addition to FESS the use of small balloons to improve or dilate the sinus drainage ducts is known as **Balloon Sinuplasty**. Experience with this technique suggests its best use is in treating frontal sinus

problems . Balloon sinuplasty is undertaken utilizing daycase anaesthesia and may need more traditional FESS surgery to help open the way to position balloons. Currently it is a technique used in the private sector more than within the NHS.

Remember dental problems can often be the cause of recurrent sinus problems and continuing dental infection will cause recurrent sinus disease despite treatment to the nose.

Sinus pain can also be confused with dental pain, jaw joint pains and types of migraine. The clues are always in a carefully taken history, but examination and sometimes CT scanning is required to be sure.

Sinus problems are often poorly treated for years before patients attend an ENT surgeon for advice.

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