

# FAQ's For Balloon Surgery Procedure



Don J Beasley, MD  
208-229-2368

1. **Is this procedure covered by insurance?** Yes. Idaho has excellent coverage for this minimally invasive procedure. Your doctor will get prior-authorization from your insurance carrier to verify your benefits. In many cases, patients can have this procedure done for as low as an office visit copay.
2. **Does it hurt?** In the studies conducted using the Entellus balloon, the average pain score was 2.7. You will experience facial pressure and typically hear cracking sounds similar to an egg shell, which is normal. Should you experience pain at any time during the procedure, your doctor can adjust your anesthesia medication to maximize your comfort for a positive experience.
3. **Will I be put to sleep?** No, general anesthesia is not administered. Patients will usually be given oral, topical and local medication as part of anesthesia protocol. You will be awake, similar to a dental procedure.
4. **Do I need a ride to/from the office?** Yes. In most cases your doctor will prescribe an anxiolytic, such as Valium, and a pain medicine, such as hydrocodone. These are taken before you come to the office for the procedure, so we recommend that you arrange transportation to/from the office and that you do not operate a vehicle during this time.
5. **Does the balloon stay in?** No, once the balloon is in place it is dilated for a few seconds then deflated and removed. The "doorways" to your sinuses will be permanently remodeled and reshaped.
6. **What are the most common post-op side effects?** Some patients may experience headache, nasal congestion, minimal blood/mucus drainage, and facial pain. This temporary and in most cases will resolve the day after the procedure.
7. **How long will I miss work/school?** In most cases, patients can return to work/school the next day if not the same day. Your doctor will advise you of your limitations, if any.
8. **How effective is the Balloon Sinus Dilation?** A recent study comparing Balloon Sinus Dilation to Functional Endoscopic Sinus Surgery (FESS) showed that patients had similar outcomes. OSBD is not inferior to FESS. Patients recover quicker and require less debridement, which means less time missed from work/school.
9. **How long will the results last?** There is now sufficient data showing long term efficiency and indefinite results (beyond three years). Your outcome will typically depend on the severity of your sinus disease. There is very low revision rate for this procedure (less than 10%).
10. **Is any tissue removed?** No, there is no tissue removal when dilating your sinuses. Your doctor will discuss possible removal of tissue with you only if you have structures in your nose that will make it difficult for him/her to perform the procedure.
11. **How long will this procedure take?** Total start to finish time is typically around 1 hour. The anesthesia protocol takes longer than the procedure itself. Usually about 30-45 minutes. The actual balloon procedure takes about 10 minutes.
12. **Will this cure my sinus disease?** No, unfortunately, there is no cure for sinus disease. For maximized results you should stay in compliance with any allergy immunotherapy, nasal steroids, etc that your doctor may have you on. This procedure will decrease your chances of a sinus infection and improve your quality of life by relieving associated symptoms, therefore making reducing infections, rounds of antibiotics and missed time from work.

# Pre-Surgery Instruction Sheet



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**MEDICATIONS** Contact your prescribing physician about stopping blood thinners and the medications listed below. Arrange for follow up lab work after your surgery.

## **TWO WEEKS BEFORE SURGERY**

Stop taking Phentermine/ Bontril.

## **7 DAYS BEFORE SURGERY**

Stop taking Aspirin, Effient

## **5 DAYS BEFORE SURGERY**

Stop taking Aggrenox, Arixtra, Brilinta, Coumadin, Warfarin, Eliquis, Fragmin, Persantine, Plavix, Pletal, Ticlopidine HCl, Trental, Tinzaparin, Xarelto, Advil, Aleve, Alka-Seltzer, Anacin, Anaprox, Ansaïd, Arthritis strength, Arthrotec, Aspergum, Bexophene, Bextra, Cama, Cataflam, Celebrex, Clinoril, Clopidogrel, Congespirin, Darvon, Daypro, DHC plus, Diclofenac, Disalcid, Ectorin, Etodolac, Excedrin, Feldene, Fish oil, Garlic vitamins, Ginko Baloba, Ibuprofen, Indocin, indomethacin, Ketoprofen, Ketorolac, Lodine, Meclofenamate Salsalate, Meloxicam, Mobic, Motrin, Nabumetone, Naprofen, Naprosyn, Naproxen, Norgesic, Nuprin, Ordis, Piroxicam, Relafen, Roxiprin, Soma compound, Supac, Synalgos-DS, Talwin, Ticlid, Ticlopidine, Tolectin, Tolmetin, Vicoprofen, Vitamine E, Voltaren, 4-way cold tablets.

## **2 DAYS BEFORE SURGERY**

Stop taking Pradaxa.

## **1 DAY BEFORE SURGERY**

- Notify your doctor of any illness before surgery (colds, fever, chills)
- In the evening, shower with soap from head to toe.
- Do not eat or drink anything after midnight prior to surgery. Pediatric patients may have CLEAR liquids up to 2am.
- Do not smoke or use tobacco after midnight prior to surgery.

## **DAY of SURGERY**

- Notify your doctor of any illness before surgery (colds, fever, chills)
- In the morning, shower again with soap from head to toe. Brush teeth, but do not swallow water. Wear clean comfortable loose-fitting clothes, no makeup or jewelry. Bring a case for contacts, glasses and hearing aids....
- Arrive at the Boise ENT Office (address below) 45 minutes to 1 hour ahead of your scheduled time.
- Bring a caretaker to stay with you and drive you home. Patients cannot be released to Taxis, Uber, Lyft, ...

# SURGERY- Let's get Setup



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## Step 1: Pre-Op Testing and Clearance.

- Stop medications per the schedule listed on the pre-surgical instruction sheet.
- Complete all pre-op testing ordered by your doctor such as blood work, EKG and chest X-ray.
- Contact your other doctors who treat pre existing conditions to get surgical clearances, such as your cardiologist. Clearances are good for 30 days.

## Step 2: Scheduling.

- Schedule your surgery date by contacting the surgical coordinator at 208-229-2368. Leave a detailed message including your name, date of birth and phone number and your call will be returned.

## Step 3: The day before surgery.

- Surgical times are assigned THE DAY BEFORE SURGERY by Boise ENT. You should expect a call with your scheduled time. If you have not received your call by 3:45pm, please call the surgery center 208-229-2368. If you experience a problem call our office at 208-229-2368 and talk with the surgical coordinator.
- Be sure you have followed all the pre-surgical instructions given to you by your doctor.

## Step 4: The day of surgery.

- Arrive at the Boise ENT office (address below)
- 45 minutes to 1 hour ahead of your scheduled time.
- Bring a caretaker to stay with you and drive you home. Patients cannot be released to Taxis, Uber, Lyft, ...
- Wear comfortable clothes, no jewelry.

# BUDESONIDE (PULMICORT) AND SALINE IRRIGATION / RINSE



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Budesonide (Pulmicort) is an anti-inflammatory steroid medication used to decrease nasal and sinus inflammation. It is dispensed in a vial or capsule depending on insurance, to be used with the NeilMed Sinus Rinse bottle (preferred) or a Neti Pot.

## INSTRUCTIONS:

### 1) Combine:

8 oz of distilled water

1 salt packet

1 vial (or capsule depending on which one they send) of the Pulmicort

\* warm up in the microwave for 10-15 seconds in the NeilMed bottle without the Top.

2) While in the shower or over the sink, tilt your head forward to your chest at a comfortable level. Put the tip of the NeilMed bottle in one of your nostrils. Gently squeeze half the bottle in one nostril (blow out of the opposite nostril while you are squeezing) and then repeat the process in the other nostril. The fluid will circulate in and out of your sinus cavities and come out of the nostril that is being blown.

3) Perform saline irrigations TWICE daily.





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# Post Operative Instructions

## Office Sinus Procedure

1. Use Afrin Nasal Spray 2 sprays each nostril twice daily for 5 days then stop. Start the day prior to the procedure.
2. No nose blowing for 24 hours. Resume gentle nose blowing after that or as directed otherwise.
3. Sniff inwards all you want.
4. Sneeze with an open mouth.
5. Sleep with your head elevated on 2-3 pillows for a couple of days, this will keep swelling and congestion down.
6. Rinse your nose 3-4 times a day with saline nasal spray until follow up. When you use the saline nasal spray, spray it in your nose and sniff backwards.
7. If you accidentally blow your nose or sneeze, you may get some air in your cheek or face. If this happens, you will notice some puffiness and crackling in your face. It is not usually serious and will resolve in a day or two. If you are concerned, call our office.
8. If you use a CPAP you cannot use it for one week after the procedure or as directed otherwise.
9. It is normal to experience periodic congestion, headaches, and bloody drainage after the procedure for several days. You may either take the remaining narcotic medication prescribed to you or Tylenol or Ibuprofen to help relieve any discomfort.
10. You may resume all of your regular medications except for blood thinners and aspirin, which we will discuss with you on an individual basis.
11. If you take Vitamin E or fish oil supplements, resume them 48 hours after the procedure.
12. You may resume normal activities, including exercise, the day after the procedure. You may also go to work the day after unless otherwise instructed by your physician.
13. Return to office one week after procedure.



# Preoperative Instructions

## Office Sinus Procedure



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Patient: \_\_\_\_\_

Procedure date and time: \_\_\_\_\_

1. Arrive **30 minutes** prior to your surgical procedure.
2. No restrictions on eating or drinking the day of your procedure. (Try and eat a light lunch)
3. All patients should trim nasal hairs prior to procedure.
4. All patients will need a designated driver the day of the procedure.
5. **You may take Tylenol as needed for pain prior to your surgery.**
6. **STOP ALL BLOOD-THINNING MEDICATIONS 5 DAYS PRIOR** to surgery. This includes medications such as Coumadin, Warfarin, Lovenox, Heparin, Plavix, Pletal, Dipyridamole, Ticlad, etc. If you are taking any other potentially blood-thinning medications, you must notify your doctor of this immediately. \*\* Please clear stopping of medication with your primary care physician.
7. **STOP ALL ASPIRIN AND ASPIRIN CONTAINING PRODUCTS 10 DAYS PRIOR** to surgery. This includes medications such as Excedrin, Bayer Aspirin, BC Powder, Anacin, Fiorinal, Norgesic, Robaxisal, Soma Compound, etc.
8. **STOP ALL ANTIINFLAMMATORY MEDICATIONS 10 DAYS PRIOR** to surgery such as Advil, Aleve, Celebrex, Voltaren, Cataflan, Arthotec, Etodolac, Dolobid, Ibuprofen, Lodine, Naifon, Ansaid, Indocin, Motrin, Orudis, Toradol, Relafen, Naprosyn, Daypro, Feldine, Tolectin and Bextra.
9. **STOP ALL VITAMINS and/or FISH OIL 10 DAYS PRIOR** to surgery.
10. 10.) Prescriptions will be given to you on the pre-op appointment. You will need to have these filled and **BRING THEM WITH YOU THE DAY OF SURGERY.**

**If you have any questions about which medications to stop prior to surgery  
please call your doctor at 208-229-2368**