



IN-OFFICE SINUS PROCEDURE PROTOCOLS

Dr. Don J Beasley, MD
Camille Buchmiller, PA-C
208-229-2368

At Time of Scheduling

- The scheduler will go over pre-op instructions with the patient, sign the consent forms, and schedule the procedure and post op appointments. First follow up appointment is scheduled in three weeks. Splint removals are typically done the day after procedure. These may be kept in longer if the septal deviation was severe.
- Prescribe pre and post op medications (see attached list) and inform the patient to buy Benadryl, Afrin, a sinus rinse kit, and distilled water for the rinses. Ask patient to bring their Norco prescription with them to the procedure. If the patient has asthma or COPD, ask them to bring their inhaler.
- Medical clearance for cardiology patients.

Room Preparation

- Thoroughly clean procedure room and wipe all surfaces with sani-wipes. Change suction canisters, Sharps containers, and dispose of any trash/ biohazard bags.
- Set up mayo stand and surgical trays (See attached instrument list)
- Equipment in room: One 0 degree and one 30 degree rigid nasal endoscope, light source cable, camera attachment, TV monitor, Stryker Scopis navigation system, Shaver System (hand piece, blades, saline bag), Smith and Nephew coblation system, and wand. Also have culture swabs and specimen containers on hand (check expiration dates).
- Prepare pledgets by unrolling cotton balls and cut twelve 1" squares. Soak them in 50/50 solution of Adrenalin 1:1000 and Lidocaine 4%.
- Using an 18g needle, draw up three 5ml syringes with 5 cc of Lidocaine 1% with epinephrine 1:100,000. On two of the syringes, attach a 27 x 1 " needle. On the third syringe, attach a 25g x 3.5" spinal needle. Draw up one 5mg/ml syringe with a 25g x 1 1/2" needle for septoplasty cases
- Tetracaine 6% gel: Draw up 2 cc of gel in a 3 cc syringe. Put a blunt 18g x 2" needle on the syringe.
- To cover the patient's eyes during the procedure, cut conforming bandage long enough to cover both eyes. Wet with saline to help stretch the bandage.
- Have the patient's CT images ready to view in the CT room or on a computer/ laptop if the scan was done at an outside facility. For all cases using IGS, download CT images to USB flash drive (protocol name IGS to USB-surgery) and import into the Scopis system.



IN-OFFICE ESS WITH BALLOON SINUS DILATION PROTOCOL

Anesthesia

- Upon patient arrival, spray both nostrils with 50/50 combo of topical phenylephrine 1% and lidocaine 4%. Place pledgets soaked in 50/50 solution of Adrenalin and Lidocaine into the nose.
- Using endoscopic visualization, topically apply approximately 2 cc of 6% Tetracaine gel onto the medial and lateral surfaces. Wait 3-5 minutes. Again with endoscopic visualization, suction out excess gel in order to avoid any unnecessary aspiration.
- Pack pledgets soaked in 50/50 Adrenalin and Lidocaine solution into nose. Make sure to count the number of pledgets placed. After five minutes, remove the pledgets and confirm all are removed prior to proceeding. Place intranasal sponges (4x4 nonwoven gauze cut horizontally about an inch wide). For septoplasty cases, Kennedy intranasal sponges Medtronic Item 400515) are placed instead.
- Inject approximately 4-5 cc of 1% Lidocaine with 1:100,000 epinephrine into the superior attachment of each middle turbinate. If necessary into the anterior aspect of the middle turbinate itself, as well as the lateral nasal wall just at the posterior attachment of the middle turbinate. This last injection will block the sphenopalatine ganglion to ensure greater ease when performing advanced sinus procedures and sphenoid balloon dilation.

Post-procedure Instructions

- Apply nasal drip pad underneath the patient's nose by rolling up three 4x4 gauze pads inside of a blue cone mask cut into a 1-1.5 inch strip.
- Discuss post op instructions with the patient and give them a copy of the handout.
- Have the wheelchair ready to assist the patient to their car if needed.
- Send out any pathology specimens or cultures taken during the procedure.

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PRESCRIPTIONS FOR IN OFFICE SINUS PROCEDURES

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Antibiotic – Start the day before surgery

- Augmentin 500mg or 875 mg one twice daily for seven days OR clindamycin 150mg one three times a day for 7 days
- If patient is allergic to penicillin – Clindamycin 150mg one three times daily for seven days
- If patient is allergic to mycin drugs and penicillin, Bactrim DS (Sulfa drug) one twice daily for 7 days
- If patient is allergic to all antibiotic classes above – Levaquin 500mg one tablet daily for 7 days

Oral steroid (for nasal congestion/inflammation) – Start the day before surgery

- If under the age of 65, Prednisone 20mg #10 Take one tablet by mouth twice daily for five days
- If over the age of 65, Prednisone 20mg #4 Take one tablet by mouth once daily for 4 days
- If diabetic, may skip this, but if it's necessary, Prednisone 10mg #3 one tablet once daily for 3 days

Benadryl 50mg (anti-nausea)

- Take two 25mg tablets 2.5 hours before office arrival

Anti – anxiety medication

- Lorazepam (Ativan) 1mg #2 Take 2 tablets by mouth two hours before office arrival. If over the age of 65, Dr. Beasley may have them take 1 tablet two hours before office arrival. If patient is already taking Valium, Trazadone, Xanax, etc., they may take this instead of lorazepam.

Pain medication

- Hydrocodone-Acetaminophen (Norco) 5mg-325mg #12 Take one tablet by mouth every 4-6 hours as needed for post op pain. Can Rx Tramadol 50mg #12 one tablet by mouth every 4-6 hours as needed if they prefer not to have the hydrocodone or take OTC Tylenol

Oxymetazoline nasal decongestant spray (Afrin)-

- 2 sprays in each nostril 2-3 times the evening of surgery and three times daily for the first three days following surgery if needed.

Saline Irrigations

- Start the day after surgery 4-5 times daily until they come back for follow up in three weeks.

Septoplasty patients

- Zofran 4mg - one tablet 2 hours before office arrival
- Lorazepam 1mg – two tablets 2 hours before office arrival
- Take one prescription pain pill 2 hours before office arrival (age 60 and younger, unless otherwise directed)

IN-OFFICE SINUS SURGERY INSTRUMENT LIST

- 0Rigid endoscope 3mm (Entellus FocESS sinuscope ES-0)
- 30Rigid endoscope 3mm (Entellus FocESS sinuscope ES-30)
- Storz Telepak Monitor and camera attachment (Storz Telepak X)
- Balloon (Entellus Xpress LoProfile 7x18 mm LPLF-107)
- Image guidance navigation system (Entellus Fiagon Navigation System FSNS-E 01 0014, Registration Pointer FRP-E)
- 01 2003, Flex Pointer 1.5mm FFP-E 01 2004, Pointer Shell 3mm FPS-E 01 2902 or 4mm FPS-01 2900)
- Localizer adhesive pads for Fiagon – we use 3M permanent adhesive tabs
- Shaver (Entellus Shaver System with 3mm and 4mm re-usable blades)
- Blakesley Thru-cut forceps 45 degree (Entellus CS-103)
- Blakesley Thru-cut forceps straight (Entellus CS-102)
- Freer Elevator (double ended Gyrus ACMI 315000)
- Cottle Elevator (Karl Storz 479100)
- Maxillary seekers (Entellus MS-120 degree and MS-135 degree)
- Sphenoid seeker/freer (Entellus FS-100)
- Ethmoid (“J”) curette, oblong, 1.5x6mm (JedMed #51-2912)
- Sickle knife (Entellus CS-105)
- Storz Stammberger Sidebiting Antrum Punch Right Side Downward/Forward Cutting, WL: 10cm #459051
- Turbinate forceps (Entellus CS-101)
- Backbiter (Karl Storz RhinoForce II #459030)
- Takahashi forceps
- Knight Scissors (septo scissors)
- Swivel knife
- Bayonet
- 2 pairs of large alligators
- Baron suction #7 (FAP-E 00 3001)
- Curved suction (Richards 23-0589)
- Frazier suction - #8, #10, #12
- Pledgets (unroll cotton balls and cut 12 1/2” squares- we use Medline large cotton balls MDS21463)
- 4x4 non-woven gauze (McKesson Medical Supply); Conforming Bandage (McKesson Medical Supply)
- Hemopore (Stryker 5400-020-208)
- Optional: Jansen Middleton Septum Forceps (Konig MDS4632517) Giraffe forceps, silicone instrument mat (through McKesson Supplies Item 767446 (Integra Mfr# 700230-2000-001)
- Merocel Kennedy Intranasal Surgical Sponge (K.I.S.S.) 1 Bx/10 sponge, Medtronic Product # 400515
- Nasal Cottle Elevators – Millenium Surgical 9-2110 (50mm 5.75”), Medline 60mm (MDS 4612560)
- De-fog (McKesson Medical Supply- comes with green foam pad)



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PRE-OPERATIVE INSTRUCTIONS FOR IN OFFICE SINUS SURGERY



Patient Name: _____

Account#: _____

Procedure Date: _____

We will call the day before to confirm your ESTIMATED arrival time of _____ AM PM

Dr. Don J Beasley, MD
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Address: Dr. Beasley's Office - 8854 W Emerald St, Suite 150 Boise ID 83704

- Arrange for someone to drive you to and from the office.
- **SEVEN days before surgery, STOP** anti-inflammatory (NSAID) medications or blood thinners including aspirin, ibuprofen (Motrin), naproxen (Aleve), vitamins/ herbal supplements such as Fish Oil/Omega, Gingko, and Vitamin E. Tylenol (acetaminophen) can be taken if needed.
- **Other:** _____
- **ON THE DAY BEFORE SURGERY, Start the following medications:**
 - Augmentin 500mg/875mg (antibiotic) one tablet twice daily for 7 days.
 - Z-pack (azithromycin-antibiotic) Take 2 tablets on day 1, then one tablet on days 2-5.
 - Prednisone ___mg (steroid for congestion/swelling) ___ tablet ___ daily for ___ days
 - Medrol Dose Pack (steroid) Start the day before surgery as directed on the pack.
 - ONE WEEK BEFORE SURGERY, start Medrol Dose Pack (steroid) as directed on pack.
 - **Other:** _____
- **DAY OF THE SURGERY:** Wear comfortable clothes. Eat breakfast and/or lunch. Take the following medications **BEFORE** arriving to the office.
 - **2½ hours before** office arrival, take two Benadryl 25 mg tablets (over-the-counter)
 - **2½ hours before office arrival**, take one Zofran 4mg tablet
 - **2 hours before** office arrival, take Lorazepam ___mg (anti-anxiety)
 - **2 hours before** office arrival, take one hydrocodone-acetaminophen tablet
 - **Other:** _____
- **AFTER SURGERY:** Take prescription pain medication or over-the-counter Tylenol as needed.
 - Hydrocodone-acetaminophen 5-325mg one tablet every 4-6 hours as needed for pain
 - Hydrocodone-acetaminophen 7.5-325mg one tablet every 4-6 hours as needed for pain
 - **Other:** _____
 - Buy distilled water for saline sinus irrigations for 3 weeks (we will give you the kit)
 - Buy Afrin nasal decongestant spray to use on the evening of and first three days after surgery.
- **FOLLOW –UP APPOINTMENT:** _____

Patient signature: _____ Date: _____

Witness signature: _____ Date: _____



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CONSENT FOR IN OFFICE ENDOSCOPIC SINUS SURGERY WITH BALLOON SINUS DILATION

Sinusitis is an inflammation of the sinus lining. If the sinus opening becomes swollen shut, normal mucus drainage may not occur, and this may lead to infection and inflammation of the sinuses. Endoscopic sinus surgery aims to clear blocked sinuses and restore normal sinus drainage. The procedure removes bone and tissue to enlarge the sinus opening. The removal of bone and tissue may lead to pain, scarring, and bleeding.

The balloon devices are FDA-cleared, endoscopic, catheter-based instruments specifically designed to be used in sinus surgery. This technology utilizes a small, flexible, sinus balloon that is placed into the nose to reach the sinuses. It is gradually inflated to gently restructure the previously blocked sinus opening which helps to restore normal sinus drainage and function. There is minimal bleeding and many patients have been able to quickly return to normal activities. Other possible, but uncommon complications that can occur may include tissue and mucosal trauma, infection, or possible optic injury.

There may be alternatives to this procedure available to you such as treatment with antibiotics or topical nasal steroid sprays. However, at least 20% of patients do not respond adequately to medications. It is possible that the procedure may not help you or that you will be worse after the procedure than you were before. Because of these facts, your doctor can not guarantee as to the result that might be obtained from this procedure.

I certify that I have read or had read to me the contents of this form. I understand the risks and alternatives of this procedure. I have had the opportunity to ask any questions regarding the procedure and have all of my questions answered. I understand that I may call the office to ask additional questions if necessary.

Patient Name: _____ Account#: _____

Patient signature: _____ Date: _____

Witness signature: _____ Date: _____



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SINUS SURGERY INSTRUCTIONS

INSTRUCTIONS FOLLOWING IN OFFICE SINUS SURGERY

Your nose will usually not have packing or splints in place after the procedure. A small piece of dissolvable “film” may be applied. Dry blood, mucous, swelling and crusting in the nose can occur, which may feel like a cold or sinus infection. It is normal to experience intermittent congestion, headaches, and nasal drainage for several days after the procedure.

THINGS TO DO AFTER SURGERY

- **Apply ice packs to the face as needed for facial discomfort.**
- No strenuous activity for 12 hours after the procedure. You may exercise and return to work the next day if you are feeling well enough.
- You may sleep with your head elevated for a couple days, as this may help reduce swelling and congestion.
- **DO NOT** take any non-steroidal anti-inflammatory prescriptions including aspirin, Ibuprofen, Aleve, Advil, and naproxen until the sixth day after your procedure (or as instructed by Dr. Beasley)
- Eat a regular diet.
- If prescribed, continue the oral antibiotic and oral steroid (prednisone) until finished.
- Take your prescription pain medication as directed (normally one tablet every 4-6 hours as needed). If you do not need the prescribed medication, you can take over-the-counter Tylenol (acetaminophen) as directed on the bottle. Do not take aspirin, ibuprofen, or naproxen for 5 days.
- **The day after surgery, start sinus rinses 4-5 times daily.** We recommend a Neil Med Sinus Rinse Kit.
- Use distilled water or reverse
- Do not blow or pick your nose. Sneeze or cough with your mouth open for the first three days. You may
- GENTLY blow your nose on the fourth day.
- Use over-the-counter saline spray throughout the day to help with any nasal dryness.
- For nasal congestion, you may take an over-the-counter decongestant such as Sudafed or an over-the-counter antihistamine such as Allegra, Claritin, or Zyrtec.
- If the nasal congestion is severe, use Afrin nasal spray 2 sprays in each nostril twice daily for three days only. If you have tried all of the above and not had any relief, call the office for further advice.
- If you use a CPAP/ BiPAP machine, don't use it the night of surgery unless Dr. Beasley says it's ok.

Account #:



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SINUS SURGERY INSTRUCTIONS

CALL THE OFFICE IF YOU HAVE ANY OF THE FOLLOWING:

- Nausea and/or vomiting not controlled with anti-nausea medication; unable to keep fluids down at all.
- Fever of 101 degrees or higher lasting more than 24 hours.
- Bright red bleeding that lasts more than 20 minutes (see instructions below). Some bleeding and blood
- tinged drainage is normal for the first few weeks, especially after sinus rinses. You may also get debris such
- as dark clots from the nose.
- Any questions or other abnormal symptoms you need to report to Dr. Beasley.

PROCEDURE FOR ACTIVE NOSEBLEED

1. Apply the nasal decongestant given to you (over the counter Afrin) to cotton balls, thoroughly wetting surface.
2. Be sure to remove any clots by gently blowing nose before inserting cotton ball into bleeding nostril.
3. Apply pressure by pinching cartilage part of the nose just below the bone, holding this pressure for 10 minutes. Leave the cotton ball in place and observe for any bleeding from nose or down the back of throat. If bleeding continues, do steps 1-3 again for another 10 minutes.
4. Apply ice packs to the nose. Bags of frozen vegetables work well.

IF YOU FEEL YOU HAVE AN AFTER HOURS EMERGENCY, PROCEED TO THE EMERGENCY ROOM.

Account #:



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I hereby authorize Dr. Beasley to treat _____ eustachian tube(s) using an endoscopic balloon dilation device. The physician explained that the device used to perform this procedure, the XprESS ENT Dilation System, is a commercially available product, specifically cleared by the FDA to be used as a treatment for my condition, eustachian tube dysfunction (ETD).

Dr. Beasley has explained that common symptoms of ETD include ear pressure, fullness in the ear, dizziness, painful ears, crackling and popping sounds in the ears, tinnitus, muffled hearing, and pain or discomfort with barometric changes (e.g. flying, diving). Satisfactory treatment of ETD is achieved by dilating the eustachian tube(s) improving its ability to regulate pressure in the ear(s). The general nature of the eustachian tube endoscopic balloon dilation procedure for treatment of (the left, right, or both) ear(s) has been explained to me. I understand that the known risks of this procedure include, but are not limited to:

- Pain
- Bleeding
- Fever and infection
- Continued or worsening symptoms
- Revision surgery
- Tinnitus
- Damage to the Eustachian tube
- Permanent hearing loss
- Tympanic membrane damage

I am aware that in addition to the risks specifically described above, there are other risks that may accompany any surgical procedure, such as intra- and post-operative blood loss, infection, and scar formation in the eustachian tube(s) and/or sinus opening which may require additional medication or surgical intervention, as determined by the physician.

I have read, signed and dated this form prior to the service listed below being rendered to me.

Patient Name: _____ Account#: _____

Patient signature: _____ Date: _____

Witness signature: _____ Date: _____