

FAQ's for In-Office Balloon Sinuplasty and Eustachian Tube Balloon Dilation



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- 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 Lorazepam, and an anti-nausea Phenergan. These are taken 1 hour before 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, 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 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, ...

