

## **Fact Sheet: 20 Questions About Your Sinuses**

### **Q. How common is sinusitis?**

A. More than 37 million Americans suffer from at least one episode of acute sinusitis each year. The prevalence of sinusitis has soared in the last decade possibly due to increased pollution, urban sprawl, and increased resistance to antibiotics.

### **Q. What is sinusitis?**

A. Sinusitis is an inflammation of the membrane lining of any sinus, especially one of the paranasal sinuses. Acute sinusitis is a short-term condition that responds well to antibiotics and decongestants; chronic sinusitis is characterized by at least four recurrences of acute sinusitis. Either medication or surgery is a possible treatment.

### **Q. What are the signs and symptoms of acute sinusitis?**

A. For acute sinusitis, symptoms include facial pain/pressure, nasal obstruction, nasal discharge, diminished sense of smell, and cough not due to asthma (in children). Additionally, sufferers of this disorder could incur fever, bad breath, fatigue, dental pain, and cough.

Acute sinusitis can last four weeks or more. This condition may be present when the patient has two or more symptoms and/or the presence of thick, green or yellow nasal discharge. Acute bacterial infection might be present when symptoms worsen after five days, persist after ten days, or the severity of symptoms is out of proportion to those normally associated with a viral infection.

### **Q. How is acute sinusitis treated?**

A. Acute sinusitis is generally treated with ten to 14 days of antibiotic care. With treatment, the symptoms disappear, and antibiotics are no longer required for that episode. Oral and topical decongestants also may be prescribed to alleviate the symptoms.

### **Q. What are the signs and symptoms of chronic sinusitis?**

A. Victims of chronic sinusitis may have the following symptoms for 12 weeks or more: facial pain/pressure, facial congestion/fullness, nasal obstruction/blockage, thick nasal discharge/discholorated post-nasal drainage, pus in the nasal cavity, and at times, fever. They may also have headache, bad breath, and fatigue.

### **Q. What measures can be taken at home to relieve sinus pain?**

A. Warm moist air may alleviate sinus congestion. Experts recommend a vaporizer or steam from a pan of boiled water (removed from the heat). Humidifiers should be used only when a clean filter is in place to preclude spraying bacteria or fungal spores into the air. Warm compresses are useful in relieving pain in the nose and sinuses. Saline nasal irrigations are also helpful in moisturizing and cleaning the nasal passages.

### **Q. How effective are non-prescription nasal sprays?**

A. Use of nonprescription drops or sprays might help control symptoms. However, extended use of non-prescription decongestant nasal sprays could aggravate symptoms and should not be used beyond their label recommendation. Saline nasal sprays and sinus rinses are safe for continuous use.

### **Q. How does a physician determine the best treatment for acute or chronic sinusitis?**

A. To obtain the best treatment option, the physician needs to properly assess the patient's history and symptoms and then progress through a careful physical examination.

**Q. What should one expect during the physical examination for sinusitis?**

A. At a specialist's office, the patient will receive a thorough ear, nose, and throat examination. During that physical examination, the physician will explore the facial features where swelling and erythema (redness of the skin) over the cheekbone exist. Facial swelling and redness are generally worse in the morning; as the patient remains upright, the symptoms gradually improve. The physician may feel and press the sinuses for tenderness.

**Q. What other diagnostic procedures might be taken?**

A. Other diagnostic tests may include a study of a nasal culture, endoscopy (looking in the nose with a small scope), x-rays, allergy testing, or CT scan of the sinuses.

**Q. What is nasal endoscopy?**

A. An endoscope is a special fiber optic instrument for the examination of the interior of the nose. It allows a visual examination of the nasal structures, membranes and sinus drainage areas.

**Q. Why does an ear, nose, and throat specialist perform nasal endoscopy?**

A. Nasal endoscopy offers the physician specialist a reliable, visual view of all the accessible areas of the sinus drainage pathways. First, the patient's nasal cavity is anesthetized; a rigid or flexible endoscope is then placed in a position to view the nasal cavity. The procedure is utilized to observe signs of obstruction as well as detect nasal polyps hidden from routine nasal examination. During the endoscopic examination, the physician specialist also looks for pus as well as polyp formation and structural abnormalities that may cause recurrent sinusitis.

**Q. What course of treatment will the physician normally recommend?**

A. To reduce congestion, the physician may prescribe nasal sprays, nose drops, or oral decongestants. Antibiotics will be prescribed for any bacterial infection found in the sinuses (antibiotics are not effective against a viral infection). Antihistamines and/or nasal steroid sprays may be recommended for the treatment of allergies.

**Q. Will any changes in lifestyle be suggested during treatment?**

A. Smoking is never condoned, but if one has the habit, it is important to refrain during treatment for sinus problems. A special diet is not required, but drinking extra fluids helps to thin mucus.

**Q. When is sinus surgery necessary?**

A. Mucus is developed by the body to act as a lubricant. In the sinus cavities, the lubricant mucus is moved across mucous membrane linings toward the opening of each sinus by millions of cilia (a mobile extension of a cell). Inflammation from allergy causes membrane swelling and the sinus opening to narrow, thereby blocking mucus movement. If antibiotics are not effective, sinus surgery can correct the problem.

**Q. What does the surgical procedure entail?**

A. The basic endoscopic surgical procedure is performed under local or general anesthesia. The patient returns to normal activities within four days; full recovery takes about four weeks. There are usually several postoperative clean outs in the clinic accomplished during the weeks following surgery.

**Q. What does sinus surgery accomplish?**

A. The surgery should enlarge the natural opening to the sinuses, leaving as many cilia in place as possible. Otolaryngologist--head and neck surgeons have found endoscopic surgery to be highly effective in restoring normal function to the sinuses. The procedure removes areas of obstruction, resulting in the normal flow of mucus.

**Q. What are the consequences of not treating infected sinuses?**

A. Not seeking treatment for sinusitis will result in unnecessary pain and discomfort. In rare circumstances, meningitis or brain abscess and infection of the bone or bone marrow can occur.

**Q. Where should sinus pain sufferers seek treatment?**

A. If you suffer from severe sinus pain, you should seek treatment from an Otolaryngologist--head and neck surgeon, a specialist who can treat your condition with medical and/or surgical remedies.