



BreatheBetter Institute

IV-ANESTHESIA PROCEDURE INSTRUCTIONS

Procedure Day/Time: _____

Post-Op Day/Time: _____

Prior to the Procedure:

The following prescriptions will be sent to your pharmacy approximately **1 week prior to your procedure**:

- Oral Antibiotic
- Medrol Dose Pack (steroids)
- Hydrocodone/APAP

You will receive a confirmation call **3-5 days prior to your procedure**, but feel free to contact the office with any questions ahead of time if needed.

Start taking your antibiotics **1 day before your procedure** unless otherwise informed. They will be resumed **1 day after the procedure**.

For the best and safest procedure results, please notify staff of all medical conditions, medical allergies, and medications you are taking.

Blood pressure medicines should be maintained, including the day of the procedure unless otherwise instructed. ACE-inhibitors such as **lisinopril** and **Monopril must be halted 48 hours prior to general anesthetic**.

For patients taking a GLP-1 medicine such as **Ozempic, Wegovy, Zepbound**, etc., these will need to be **discontinued 2 weeks prior to your procedure**. These medicines slow GI transit time which can increase the risk of nausea, vomiting, and aspiration under anesthesia-especially if you already experience bloating or nausea after eating. ***If you are taking GLP-1 medications for Diabetes, you must contact your PCP first before discontinuing, and we will require a release signed from your physician.*** We may check your blood sugar pre/post-operatively. Please bring your insulin to the office.

For asthmatics with a rescue inhaler such as **Proventil** or **Albuterol**, you should **take 2 puffs before coming to your appointment** and bring your inhaler with you the day of your procedure.

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All medicines are important, but especially blood thinners such as **Coumadin, Eliquis, Pradaxa, Lovenox, Heparin, Xarelto, Plavix, Effient, Brilinta**, etc. Breathe Better will ask your prescribing doctor for approval to stop these, usually for 3 days prior to your procedure. We will guide you on when to resume.

Nasal decongestants such as **Afrin, 4-Way, Neo-Synephrine**, and oral decongestants such as **Sudafed, and -D allergy medications such as Claritin-D**, must be **stopped ASAP**. These can cause rebound congestion, high blood pressure, and post-op bleeding. ***Decongestant sprays like Afrin are only utilized in cases of significant bleeding.***

NSAIDS such as **Advil, Motrin, Aleve, Diclofenac, and Mobic** should be stopped **2 weeks prior to your procedure** and may be continued at least **one week after your procedure**. Tylenol is safe and not a blood thinner. For patients on daily aspirin or NSAIDS for medical reasons, we will consult with your doctor before making changes.

We highly recommend starting a **nasal saline rinse (i.e. NeilMed)** before your procedure and continuing indefinitely. Twice-daily rinses give the best long-term outcomes. **Do not resume for 24 hours after your procedure.**

If you are given a medicated rinse after your procedure, you will be contacted by our preferred pharmacy.

During and After Your Procedure:

All patients will receive a prophylactic antibiotic **starting the day before your procedure and continuing as prescribed**. Sun sensitivity will occur with sulfa antibiotics such as Bactrim. We recommend you stay out of the sun until you complete the course of antibiotics. Probiotics such as **Fortify and Seed** are strongly encouraged to prevent GI issues. *Inform staff if you are prone to yeast infections; we may recommend Monistat over the counter or prescribe Diflucan.*

Do not eat or drink after midnight the night before your procedure.

All patients **must have someone to drive them** to and from the clinic. The topical anesthetic used during the procedure can numb the throat, making it feel like you have something stuck in your throat or as if you can't swallow. **This usually goes away in about 1 hour after the procedure.** Try not to clear your throat, as this can cause throat irritation. You may suck on ice chips or popsicles to help soothe your throat as needed. Once the numbing sensation resolves, you may resume eating and drinking.

You will resume the prescribed antibiotic **the day after your procedure**, and resume pain medicine only as needed. We recommend **Tylenol** for any discomfort. You may experience headaches or facial pain/pressure. You may apply bags of frozen peas or ice packs to the face if you experience any facial discomfort.

We advise no bending, lifting, straining, or nose-blowing for **1-2 weeks post-op**. For patients taking blood thinners, this restriction may extend to **10-14 days**. Let us know if you need a work/school excuse note.

You may resume nasal saline rinses using **Ocean, Ayr, Arm & Hammer**, etc., **24 hours after your procedure**. You may perform 2 flushes in both nostrils every 12 hours while awake starting 24 hours after your procedure.

Dissolvable foam stents are placed in the nose to cover incisions and keep your sinuses open. When rinsing, you may notice a liver-like material-**this is normal**. Sometimes disposable hard stents may be utilized, depending on insurance requirements. When they dissolve and extrude out of the nose, it may look like fishing line material. This is also normal.

Post-op congestion and headaches are common and usually improve after 3 days. You will receive a **Medrol Dose Pack**. Take the entire daily dose all at once with a hearty breakfast (e.g., 6 pills on Day 1, then 5 pills on Day 2, etc.), **not spaced out** as directed by the package.

Over the Next Few Days:

Continue using the saline until your scheduled post-op visit.

You can expect nasal congestion for the next **7-10 days**. Antihistamines such as **Zyrtec, Allegra**, and **Claritin** can help with this.

Nosebleed instructions (just in case!): Apply pressure until bleeding stops. For active bleeding (not “spotting”), soak a cotton ball in **Afrin (oxymetazoline)** and place the cotton ball snugly inside the bleeding nostril. Apply pressure and leave in place for at least **30 minutes** before removing. Repeat as needed until bleeding stops. **Afrin** should only be used with excessive bleeding. If it does not help, please call our office.

All women of child-bearing age will need to be screened for pregnancy prior to their procedure. We will collect a urine sample on the day of the procedure to check.

If you use a CPAP, do not use it for 2 weeks following your procedure. The pressure can delay healing after your procedure and can likely result in nosebleeds.

Procedures such as balloon sinuplasty, turbinate reduction, eustachian tuboplasty, polypectomy, and septoplasty are **safe and effective**. Balloon tools are disposable and removed at the end of the procedure. Septoplasty requires a splint, removed at a scheduled follow-up on Day 5. Allergies must be managed to prevent polyp return. All procedures carry rare risks, including bleeding, vision changes, CSF leak, or anesthesia complications.

SHOPPING LIST

We recommend you purchase the following over the counter items, prior to your procedure:

- **Afrin® Nasal Spray (Pre Procedure Spray & Post Procedure Nose Bleeds)**

- Name-brand or Generic: Oxymetazoline.
- Also will need to have cotton balls for post procedure.



- **Saline Mist**

- Any brand, but **NeilMed** is best
- This can be started right away, but typically will begin 2 weeks post-op.
- Can be used indefinitely



- **NeilMed® Sinus Rinse**

- Start this **1 day post-op**.
- Use **only with Distilled water**.
- Rinse both nostrils, at least 2 good flushes on each side, every 12 hours.



IV-ANESTHESIA PROCEDURE FAQ

- **What is a Ballon Sinus Dilation?** Balloon Sinus Dilation is a minimally invasive, in-office treatment for sinusitis. A small balloon is inserted into the narrowed sinus drainage pathway or opening, then it is inflated to remodel and expand the pathways. It is then deflated and removed.
- **How does balloon sinus dilation treat sinusitis?** Blocked sinus drainage pathways prevent effective drainage and healing. By expanding the sinus openings and drainage pathways, balloon sinus dilation restores proper sinus drainage and function.
- **How long does the balloon sinus dilation procedure take?** The procedure length is dependent on your specific condition and anatomy. It can be as short as 45 minutes or as long as an hour and a half.
- **Will the procedure require any anesthesia?** Balloon sinus dilation is performed under general IV-anesthesia, in the comfort of our office.
- **What is a eustachian tube dilation (ETD)?** Eustachian tube dilation is a minimally invasive, in-office treatment for blocked ears. A small balloon is inserted into the opening of the eustachian tube in the back of the nasal cavity. After the balloon is inflated for 2 minutes to remodel and expand the pathway, it is deflated and removed. Healing for this procedure can take up to 2 months.
- **How quickly after treatment can I return to normal activities?** Most patients can return to normal activities within 48-72 hours. If any other procedures are performed, recovery time and activity limitations can vary.
- **Can balloon sinus dilation be performed if the patient has a deviated septum?** Yes, in a minimally deviated septum and minimally compromised airways, but in some more severe cases, your airway and/or septum will need to be addressed. This can be performed simultaneously with a balloon sinuplasty.
- **What is concha bullosa?** Concha bullosa is an extra sinus that grows inside a middle turbinate. When the concha bullosa is present, it adds to the restriction of the breathing and sinus drainage. It is reduced or resected in the office during your nasal procedure.
- **Will I experience pain during this procedure?** No. We use local anesthetics, and your doctor utilizes experienced anesthesiologists that will walk you through each step to ensure that you are comfortable.
- **Will I experience pain after this procedure?** Post-procedure pain may vary, and we recommend that if you experience any pain that you take Tylenol first. If your pain is still unrelieved, you will be given a prescription for Hydrocodone.
- **Can I eat the night before and/or the day of the procedure?** No, other than a small amount of water with your blood pressure medications. You cannot have any food or drinks after midnight the night before your procedure. This includes NO gum or candy. It can trigger stomach acids, potentially complicating general IV-anesthesia.