



BreatheBetter

Institute

LOCAL PROCEDURE INSTRUCTIONS

Prior to the Procedure:

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

- Alprazolam 1mg (1-2 tablets)
- Oxycodone/APAP (1-2 tablets)
- Zofran/Ondansetron 4mg

120 minutes prior to your arrival for your procedure, take the Zofran. 90 minutes before the procedure take the oxycodone and Alprazolam with a small amount of water, and a *small* amount of food if you would like.

The following prescriptions will also be sent:

- Oral Antibiotic
- Medrol Dose Pack (steroids)

You will start the antibiotic and the Medrol the **day before your procedure**. Take the antibiotic with food and a capsule probiotic such as **Fortify** or **Seed**. You will receive a **Medrol Dose Pack**. **Take the entire daily dose all at once with a hearty breakfast**. You will resume taking it **the day after your procedure**, once again taking the entire daily dose all at once with a hearty breakfast. ***Neither the antibiotic nor the Medrol will be taken on the day of your procedure.***

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.

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**

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procedure. There are OTC supplements that can cause bleeding like Tumeric, fish oil, Ginseng and Ginko biloba that cause bleeding. We will supply a list. 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.

Any other medications that you take on a regular basis should be held until the day after your procedure.

Day of the Procedure:

The topical anesthetic used during the procedure will 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. We recommend trying water first. If there is no coughing or choking, resume eating and drinking as you wish.

Nosebleed Instructions (JUST IN CASE):

Apply pressure until bleeding stops. For active bleeding (not "spotting"), spray affected nostril with 2 full sprays of Afrin. If bleeding persists, 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.

Resume your oral antibiotic and steroids **the day after the procedure** as directed until you have finished them.

Do not blow your nose for the next 7 days. Cough or sneeze with your mouth open for the next 7 days.

After Your Procedure:

After day 1, begin using saline rinses with your **NeilMed rinse bottle**. We recommend 2 good flushes in each nostril, twice a day. **Only use distilled water.** Continue this for the next 2 weeks. *Considering practicing rinsing in the shower for the very first time so you can practice and not worry about making a mess.* We would recommend practicing the rinse before your procedure.

After 2 weeks following your procedure, you may spray 1-2 sprays of **nasal saline mist** (e.g. **NeilMed, Ocean, Ayr, Arm & Hammer**) in both nostrils every 12 hours. You may continue this indefinitely, as it helps your sinuses in the long-term.

Small dissolvable foam stents are placed in the nose to cover micro-incisions and keep your sinuses open. When rinsing, you may notice a liver-like or gelatin 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.



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

If you normally 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.

SHOPPING LIST

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

- **Afrin® Nasal Spray (ONLY FOR 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.



LOCAL PROCEDURE FAQ

- **What is a Balloon 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 local anesthesia, in the comfort of our office. You will also be given some oral sedation to make the procedure even more comfortable.
- **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, you should experience short bursts of pressure, but not pain. 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?** Yes, in fact we would prefer that you eat a small meal a few hours before your procedure so you don't upset your stomach with the required meds.