

Office Procedures in Refractory Chronic Rhinosinusitis



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KEYWORDS

- Office-based rhinology • Office procedures for rhinosinusitis
- Office procedures for sinusitis • Office sinus surgery • Office-based sinus surgery

KEY POINTS

- Choosing the appropriately tolerant patient to undergo office procedures will increase your chances for success.
- Procedures commonly done in the operating room can be performed in the office, if the appropriate anesthetic and patient monitoring is in place.
- Knowing the relative contraindications for specific in-office procedures will help to avoid complications.
- The office setting provides patients with refractory chronic rhinosinusitis an option to consider procedures done awake versus undergoing a general anesthetic.

INTRODUCTION

There is good evidence that patients with recalcitrant chronic rhinosinusitis (CRS) benefit from surgical therapy compared with medical therapy.¹ Delaying surgical intervention not only affects symptomatology, but productivity as well. The costs associated with lost productivity for CRS patients can be substantial.² Consequently, patients often seek immediate solutions whenever possible. For a number of reasons, including rapid return to work, avoidance of general anesthesia, decreased procedural costs, patient factors, or the simplicity of the procedure, patients or surgeons may prefer that procedures be performed in an office setting. There is no standard algorithm for determining whether a patient should be managed by an in-office procedure; therefore, a surgeon must provide an individualized approach to each patient based on their

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clinical presentation and objective findings. Depending on the presenting problem, surgeon skill set, and required equipment, many patients can successfully tolerate sinonasal surgery in the office setting under local anesthesia. A solid grasp of the complex sinonasal anatomy and its relationship to vital structures, in addition to an understanding of the pathophysiology of presenting symptoms, will allow the surgeon to choose the best surgical approach to address the problem. Most in-office procedures are first mastered in the operating room before the clinic setting, which results in a better patient experience. With time and experience, a competent and skilled surgeon is able to provide patients with outcomes in the clinic setting comparable with those of the operating room for specific procedures.

PROCEDURE ROOM SETUP

The ability to perform any of the procedures described herein requires proper procedural setup. The surgeon should be able to perform the procedure comfortably and all assistants involved should be aware of their role in the procedure. Most surgical procedures are performed with the patient sitting semirecumbent in an examination chair. There must be room to place the chair supine in case the patient has a vasovagal attack from instrumenting the nasal cavity. For right-handed surgeons, the surgeon will be to the right of the patient, and the video tower should be ergonomically placed to the left of the patient for comfortable viewing over a prolonged period of time. The assistant is best placed wherever they can most easily provide equipment to the surgeon while closely monitoring the patient (Fig. 1). The equipment needed on the assistant's tray depends on the procedure, but in general it can include a straight and curved suction, straight and angled forceps (either cutting or noncutting), cotton pledgets, and additional topical and local anesthetic. We also have powered instrumentation available in the office for procedural use. The senior author routinely uses pediatric endoscopes in the office to allow for easy instrumentation in an awake patient. A 30° rigid endoscope allows appropriate visualization into all sinuses. A 0° can be used as well, but may not provide appropriate visualization into the frontal recess/sinus, anterior or far lateral portions of the maxillary sinus, or inferior portions of the sphenoid sinus. Additional equipment requirements are discussed with each procedure.

In case of an emergency, the room should be set up to facilitate additional personnel. All individuals involved in the care of the patient should know the protocol

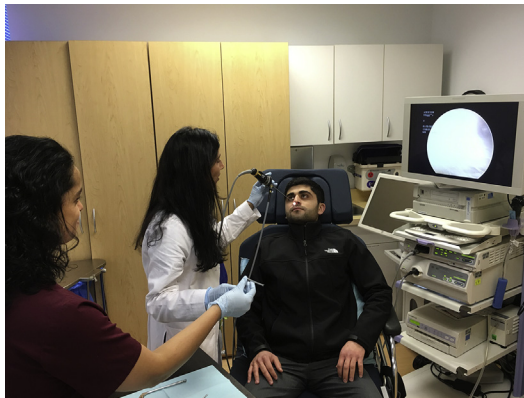


Fig. 1. Office room setup for procedures.

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