



EAR, NOSE, & THROAT CENTER OF THE OZARKS

About Nose & Sinus Problems

The single most important aspect in surviving (and eliminating) nose and sinus symptoms is proper identification of the underlying cause(s) of the problem. Frustration in dealing with nasal and sinus conditions often results when random treatments are used that may or may not target the specific area(s) needing help. Below is a list of basic questions that need to be answered in the process of proper diagnosis and management of your nose and sinus condition.

Is there an anatomic (structural) abnormality in my nose or sinuses?

The nasal septum (bone and cartilage that divide the right and left nasal passages) may be deviated to one side, the turbinates (nasal tissues that swell when we catch a cold or allergy flare-up) may be excessively large, the bone and cartilage framework of the nasal passage may be narrowed, or the drainage hole(s) from the sinuses to the nasal passage may be narrowed or blocked. Some of these conditions can be improved with simple steps; yet, when symptoms are severe, surgery may be needed to correct anatomic abnormalities.

Do I have any relevant allergies?

Some people have allergies to things that are present all year-round (pets, dust mite) while other allergies may be seasonal (pollen, certain molds). It is very common for patients to assume that allergies are responsible for their nasal symptoms, even when perhaps this is not actually the case. With proper testing to identify allergies, highly successful treatments can be employed in most cases.

Are there non-allergy irritants that contribute to my symptoms?

Many patients have nasal sensitivities other than actual allergies. Examples of these include inhaled chemical irritants, perfumes, or cigarette smoke. Sometimes, changes in blood pressure, weight, or body position will have consequences—as will changes in air temperature or humidity. Certain foods or alcoholic beverages may seem to cause symptoms in some patients.

Are there tissue growths in my nose?

In some cases, growths of nasal and sinus tissue called polyps will arise in the setting of longstanding irritation. Polyps can make nasal breathing difficult and/or have negative consequences related to persistent infection. When present, polyps may require surgical removal.

Why do I have “sinus headaches?”

Surprisingly, it has been proven that most cases of “sinus headache” are not related to infection or irritation in the nose or sinuses. This is why antibiotics or other nasal medications often fail to eliminate these headaches. Proper evaluation is needed to determine the nature of your headaches so that appropriate therapy can be started. Many patients do very well when treatment is shifted away from a presumed nose or sinus condition to a specific headache entity (migraine headache, tension headache, cluster headache). That said, it is nevertheless true that many conditions affecting the nose and sinuses do have the potential to initiate headache symptoms.

Do I suffer from frequent or continuous infection in my nose and sinuses?

Infection of the sinuses is often assumed by patients to be the cause of nasal symptoms and/or headaches; yet, this may or may not be the case. Nasal symptoms are frequently related to viral infections (common cold) that occur on average from 2-5 times per year. Viral infections do not respond to antibiotics; yet, in many circumstances a viral cold will contribute to the development of a collection of bacterial infection in the sinuses (which generally will respond to antibiotics). In certain instances, fungus collections can cause nose and sinus infections as well.

Chronic or recurrent sinus problems often occur when your sinuses do not drain properly. Your sinuses are air-filled pockets contained within the bones of your face. Normally, your sinuses are continually moistened with thin mucus that drains through the nose and down the back of the throat. When something blocks the flow of mucus, it pools within the sinuses, where germs can multiply, and irritation and infection result.

When sinus infections occur frequently, you are said to have, “recurrent acute sinusitis.” When you have a sinus infection that lasts for more than three months, you have “chronic sinusitis.” If you have either of these conditions, you may want to consider being evaluated for sinus surgery.

Who is candidate for sinus surgery?

To determine if you are a candidate for sinus surgery, an ENT (ear, nose and throat) surgeon will first take your medical history to determine the frequency of your problems, the treatments you have used and the triggers for the problems.

Following the medical history, the surgeon may do an “endoscopic” exam. To do this, he or she will use a thin tubular viewing instrument (endoscope) to check inside your nose for signs of obstruction or inflammation. Before inserting the endoscope, the

surgeon will spray your nostrils and sinus passages with a topical anesthetic to numb the tissues and make the exam more comfortable.

Your surgeon may also order a CT scan of your nose and sinuses. This is a special X-ray taken from varying angles to show cross sections of your nose and sinuses. The CT scan will help determine if you are a candidate for nose and/or sinus surgery. During surgery your surgeon will refer to the scan as a “road map” of your sinuses.