Surgical Technique: Basic Principles and Current Concepts

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Indications for ESS

- Chronic Sinusitis not responsive to maximal medical therapy
  - Polyps (obstructive)
- Mucoceles
- Silent Sinus Syndrome
- Complication of sinus disease
- Tumors
  - Nasal, sinus, and perisinus
**Poor Indications for ESS**

- **Headache**
  - 90-96% of patient self-diagnosed and primary care physician diagnosed “sinus headache” meet the IHS criteria for migraine headache
- **Post-nasal drip**
  - LPR most likely etiology
- “Narrow Sinus openings”
- **Cysts (non-obstructive)**
  - Rarely symptomatic
“Sinus Headache” is Usually Migraine

- 96% of patients with a diagnosis of sinus headaches met the IHS criteria for migraine headache.


- 90% of 2524 patients with diagnosis of “sinus headache” met IHS criteria for migraine headache.
  - Excluded those with sinus disease and previous diagnosis of migraine headache.

Preventable Complications

Poor Indications for Surgery

- Patient with left sided temporal pain
- No better after maxillary antrostomy and mucus retention cyst decompression
Complications
Poor patient and procedure choice
Appropriate surgical planning

CT Scan

- Recognize Anatomy Preoperatively
  - Degree of surgery
  - Anatomic variations
  - Identify danger areas
  - Reduce surprises
Tailor procedure to the underlying disease severity
Polypoid Sinusitis
Allergic Fungal Sinusitis
Inappropriate Degree of Surgery

Pre-op

Pre-repair
Silent Sinus Syndrome

Current SSS literature

Late presentations of SSS
Clinically evident enophthalmos & hypoglossus
Ipsilaterial maxillary sinus disease
Increased orbital volume

“Enophthalmos” as part of diagnostic criteria for SSS