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NASAL & (MAXILLARY) SINUS CARE SHEET

Nasal and sinus disease affects a large segment of the community, and it is important to consider how this disease may affect your oral & maxillofacial disease or how it may modify your recovery from a maxillofacial or oral surgical procedure. Your surgeon has prescribed a regime that aims to control your nasal disease, or at least modify it in regards the oral & maxillofacial condition that you may have. Partly this document also aims to instil a sense of understanding about the importance of good nasal hygiene over a life time.

Some people suffer from **congenital** deficiencies in the natural disease regulators of their mucous membranes. These include IgA deficiency (an immunoglobulin which assists in bacterial opsonisation), white blood cell deficiencies, and ciliary abnormalities of their mucosal linings. Such patients would normally already know about their condition through their medical physician, paediatrician, or paediatric ENT surgeon, and may well be aware of the importance of correct nasal hygiene in their lives.

There are also **anatomical** problems of the nose, such as a developmentally deviated septum, or a fractured nose which has lead to an internal loss of nasal airway patency. Such conditions are normally surgically managed by your Ear, Nose and Throat (ENT) Surgeon.

Acquired conditions are however the commonest reason for nasal disease. Smoking, and being around people who smoke, has an affect on the delicate lining of your nose and airways; the natural ability of the nose to be self cleaning is **severely** affected by cigarette smoke. Some people also suffer from a natural tendency to **atopy**, which means they are uncommonly allergic to common stimuli in the environment. Atopic people suffer from **eczema** (allergic dermatitis) or **asthma** and commonly also **allergic rhinitis** (itchy, runny nose with sneezing). Like steroid creams for eczema, or inhaled steroids for asthma prevention, people with allergic rhinitis require nasally inhaled steroids to control their nasal symptoms (nasal drip, sneezing, and itchy or blocked nose) which arise from this disease. Allergic rhinitis and the abnormal inflammation associated with this can predispose the nose and sinuses to bacterial or viral infections, it can lead to nasal polyps, and it can affect your ability to heal or recover from dental disease or oral surgical (maxillary) procedures. If you want more information on allergic rhinitis, ask your surgeon for a separate information sheet in this regard.

Sinus disease is usually a corollary to nasal and general airway disease. The sinuses are in intimate relation to the nose and naso-pharynx, and it is hard not to imagine that a disease which affects one part of the respiratory system would not also affect the other parts. The sinuses include the **frontal** (between the eyebrows), **ethmoidal** (between the eyes and orbits), **sphenoidal** (below the central part of the middle brain case), and finally the **maxillary** sinuses (underneath the eyes/orbits, above the back upper teeth and partly within the cheek bones). Like the nose, the sinuses are hollow air filled cavities **inside** your face, and which link up with your nasal passages. They are lined by the same membrane that lines your nasal cavity, and importantly they are affected by the same diseases that may be affecting your nose. The most important air cavities that affect dental and oral health are your **maxillary** sinuses.

The floors of the maxillary sinuses are in intimate relationship to the upper back teeth. It is not uncommon that people who have a sinus problem will feel dental (upper back tooth) pain instead. There is often some frustration in the diagnosis of such problems. A patient visiting their dentist will often clearly state that a particular (and otherwise normal) tooth is the source of their maxillary complaint. This may in turn lead to an expensive root canal or sometimes even tooth extraction. Often the dental treatment will be co managed with antibiotics, which will coincidentally clear the maxillary sinus infection (and the pain) for a short period of time. However the pain usually resurfaces, and may again falsely localise to the same tooth or nearby teeth. Antibiotics clear the sinus infection for a short term because your **underlying** condition (smoking, atopy, or congenital abnormality) has yet to be identified and therefore controlled.

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It is important that for upper back tooth pain, that nasal (and therefore sinus) disease is eliminated or treated. An in-office OPG (orthopantomogram) or sinus view, or out-of-office CT scan, possibly in combination of nasal or sinus endoscopy (to assess for polyps or nasal thickening) is usually the most effective means of diagnosing and monitoring such disease. Your history of nasal symptoms is also important. Acquired nasal disease is usually supported by a history of nasal blockage, post nasal drip, nasal itchiness, nose bleeds, watery reactive eyes, and an admission to active or passive smoking, repetitive sneezing, mouth breathing and purulent (foul) breath. The chance that you have background nasal inflammatory disease is supported by a background of asthma or eczema, by formal allergen testing, or by high rates of viral colds or bacterial airways infection.

Sometimes however, impacted, decayed and abscessed teeth can separately lead to sinus disease, either aggravating an existing condition, or leading to a sinus problem that can take on a life of its own. Such **odontogenic sinus diseases** are notoriously hard to treat because of the complexity of sinus diseases in general and from their overall diagnosis and management.

It is common for painful and abscessed maxillary molar teeth to be extracted. It is also common to have the sockets heal within about 2 weeks. Background maxillary sinus disease or odontogenic sinus disease may not allow the socket to heal properly and this will lead to a breakdown in the healing socket. This maintained patency is a severe disability in that food or drink can now enter the nose from the mouth via the sinus, and this in turn leads to further sinus infection. The condition is called an **oro-antral communication**.

Oral mucosal healing from surgical procedures to the maxilla or near to the sinus is usually also only successful if the mucosa of the maxillary sinus lining is also healthy. Such surgery includes removing impacted maxillary wisdom teeth, odontogenic cyst and tumour removal, sinus lifts and alveolar bone grafts, oro-antral flap closures, implant surgery, and maxillary osteotomies. Your surgeon will usually be very interested in establishing the underlying disease activity of your sinuses, and for most maxillary procedures will advise you to commence a **nasal care regimen**. Nasal care is an important part of your overall maxillary surgical management, but it has a life-time place as well in your overall health and self care routine.

Your surgeon advises that you use **Nasal Douche Salts**. This preparation of pharmaceutical grade salt, bicarbonate and eucalyptus when prepared as a solution, and inhaled by use of a tapered syringe, is the most effective and cheapest way to maintain nasal cleanliness. The douche is to be used initially morning and night, and we advise using it in the shower. The solution is designed to be snorted into each nostril to physically clean and wet your nose. This lavage of your nose expels dry crust and tenacious secretions, and which may also contain irritating allergens.

The solution is a self prepared one, and please follow the general instructions in the illustrations below. The aim is to obtain a solution at about 38-40°C, with a salt content slightly stronger than natural nasal secretions. If you cannot taste the salt, then you have not added enough. If it is too strong, it will feel like you have been dunked in a wave at the beach. The approximate amount of salt is a small scoop on the inner ¼ of the plunger end of your syringe, with the volume of the syringe to be filled with warm water taken from the shower head. A small squirt should be “sniffed” into each nostril and expectorated, until the syringe is empty. One syringe morning and evening is usually enough to last the day and night. Make sure that you clean the syringe with flushing after each use. It will take some weeks before you notice a difference in your nasal health. The use of nasal douche then becomes one of maintenance over a life time.

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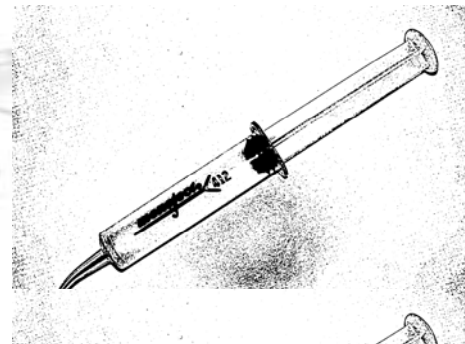
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Your surgeon also advises use of **Vicks Vaporub**. This is usually short term. The volatile aromatics and oils contained in this preparation are easily contained in steam and which can be inhaled. The aim of steam inhalation is to moisten and cleanse the nasal lining. To be effective a bowl of boiled, steaming water, with a smear of Vicks (thumb nail volume) swirled into it produces steamed aromatic fumes; these can be inhaled. To do this effectively, your face should be placed over the steam bowl with a towel over your head, and the steam inhaled for 5 minutes or so, at least once a day. You must be very, very careful with steaming water, as steam can burn. Also be careful to not get Vicks into your eyes.

IF YOU HAVE HAD SINUS SURGERY OR SINUS BONY TRAUMA YOU CANNOT BLOW YOUR NOSE OR USE NASAL DOUCHE FOR AT LEAST 5 DAYS AFTER SURGERY OR UNTIL DIRECTED BY YOUR SURGEON

In keeping with your daily dental and oral care, good luck also with a lifetime of personal nasal care.

Use a ¼ of the syringe plunger to collect a small amount of salts



Squirt and suck a small amount into each nostril whilst holding closed the other nostril. Perform this in the shower once or twice a day

Pour the salts into the syringe barrel, and fill the rest of the syringe with warm water



The fully prepared syringe should look as follows

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