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## Clearing the way to sinus surgeries

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By **Anthony DeBarros, USA TODAY**

After years of sniffing and coughing and rounds of nasal sprays and antibiotics, patients with chronic sinus trouble often hear their doctors offer one last resort: surgery.

That's the bad news. Now for the good: Surgery to open the sinuses — and the care that follows — has gone through a medical and technological transformation. The changes have reduced complications, lessened pain and made healing faster, experts say.

"The emphasis now is on both doing a more complete surgical procedure and on much more aggressive post-operative care," says David Kennedy, vice dean for professional services at the University of Pennsylvania School of Medicine.

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Sinusitis is the inflammation of the mucosa, the tissue that lines the eight sinus cavities behind the forehead, eyes and cheeks. There can be multiple causes, including allergies or colds that develop into bacterial infections. Long-term swelling can block drainage, trapping mucous and creating a perfect breeding ground for bacteria. In some cases, the lining will swell into polyps, which further obstruct drainage.

Chronic sinusitis — inflammation lasting more than 12 weeks — is one of the most-diagnosed chronic ailments in the USA, according to the Centers for Disease Control and Prevention. It generated 12.5 million visits to doctors' offices in 2004, up from 5.7 million in 1985. That's just slightly below the number for asthma and general medical exams.

About 31 million adults, or 14%, were diagnosed with some form of sinusitis in 2004, the CDC says.

"Every cavity in your body has to either breathe or drain to stay healthy," says Karen Hermansen, an ear, nose and throat specialist in Herndon, Va. "And when (sinuses) get blocked, they get infected."

Surgeons clear those blockages by removing tissue and bone and creating new "windows" to let the sinuses drain. Until the early 1980s, they got to those areas by making incisions either near the eye or under the lip, or by trying to see as best they could through the nose. But several changes have made the procedure easier, safer and more thorough:

•**Endoscopes.** Instead of peering into the sinuses with a microscope, surgeons use an endoscope — a tiny camera mounted on a thin tube that the doctor can snake inside the sinuses. The process, which Kennedy is credited with introducing to the USA in the 1980s, lets the doctor see the tissue up close before removing it. "Over the past 20 years, it has become the standard of care," Kennedy says.

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•**Computer-guided navigation.** By placing a helmet with a transmitter on the patient during the pre-operative CT scan and again during surgery, the doctor has what amounts to a global positioning system for the head. A monitor shows in real time where the surgeon's instruments are relative to the CT scan images. "That helps him to maneuver ... by locating where he is in the sinus anatomy to millimeters of accuracy," says Ron von Jako, a physician with GE Healthcare, which makes such systems.

•**Hemostatic gels.** Instead of packing patients with gauze, surgeons apply a gel that stops bleeding and dissolves or is suctioned out. "It really promotes healing," Hermansen says. "It used to take six weeks for the bony edges to heal." Now, she says, it's 10 days.

•**After-care.** Doctors place more emphasis on saline rinses, antibiotics and oral steroids after the surgery to control the underlying inflammation. Otherwise, blockages could return. "It's not just a matter of opening the sinuses," Kennedy says. "We know now it's more complicated than just a plumbing problem."


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