The paranasal sinuses are a collection of air cells that open into the nasal cavity. There are generally four pairs of sinuses including the frontal, ethmoid, maxillary, and sphenoid sinuses. Sinusitis occurs when there is inflammation and/or infection of the obstruction of the drainage sites, abnormal sinus lining, or both. Problems with sinus lining include environmental allergies, inability to adequately fight infection, production of abnormally thick mucus, and the tendency to form polyps. Causes of obstruction of sinus drainage include narrowed openings, abnormal anatomy, polyps.

Selected cases of chronic sinusitis that have failed medical therapy can be treated with endoscopic sinus surgery. Endoscopic sinus surgery is a technique in which small endoscopes are used to allow a surgeon to surgically treat the paranasal sinuses through the nasal cavity. Endoscopic sinus surgery is performed to open obstructed sinuses by enlarging natural openings or by correcting abnormal anatomy. Endoscopic sinus surgery is also performed to remove nasal polyps and small nasal and sinus tumors. Endoscopic sinus surgery cannot cure all chronic sinusitis because it cannot directly change the nature of the sinus lining.

Other procedures including septoplasty or treatment of the turbinate bones may be performed with endoscopic sinus surgery to improve the nasal airway or to allow access to the parental sinuses.

Possible complications of endoscopic sinus surgery include:
1. Bleeding
2. Infection
3. Eye complications including bleeding around the eye, double vision, visual loss, chronic tearing
4. Brain complication including spinal fluid leak and meningitis
5. Scarring of the sinus cavities or nasal cavity
6. There are risks associated with any anesthesia. You may discuss anesthetic risks with your anesthesiologist.

I have read, understand, and considered thoughtfully the risks and complications of this surgery and accept them. I have been given written postoperative instructions to take with me. I understand these instructions and will follow them to the best of my ability.

Signed: ___________________________ Date: ____________________

Witness: ___________________________