**Sinus Precautions**

Because of the close relationship between the upper teeth and the sinus, an opening between the sinus and the mouth can sometimes result from surgery leaving a temporary perforation of the sinus membrane or just an exposed sinus membrane. This membrane can have the consistency of wet tissue paper, so care is needed to help your body heal. If that complication has occurred, certain precautions will assist healing and promote closure of the opening when followed. It often heals slowly. We ask that you faithfully follow these instructions (usually for 3 weeks):

1. Do not blow your nose under any circumstance for at least three weeks, even though your sinus may feel “stuffy” or there may be nasal drainage. This will re-open the holes. Many Texans suffer from the local allergens, but it can be done, please refrain so another surgery is not needed.
2. Do not stifle a sneeze. If you must sneeze, keep your mouth open to reduce undesired sinus pressure for three weeks. Sneezing with your mouth closed can create pressure that could reopen the hole.
3. Men, do not blow or puff out your cheeks to shave
4. Take prescriptions as directed.
5. Recommended over the counter medications: (if you experience stuffiness/congestion)
   1. Afrin nasal spray (or generic equivalent)
      1. Squirt two puffs in each nostril twice per day for three days.
      2. Followed with a saline spray
   2. Mucinex (or generic equivalent)
      1. Follow the directions on the package.
      2. Take for as long as you take the prescribed antibiotics.

Slight bleeding from the nose is not uncommon for several days after surgery.

Please keep our office advised of any changes in your condition, especially if drainage or pain increases. It is important that you keep all future appointments with our office until this complication has resolved. We will likely want to see how you are doing in ~2-3 weeks. Please remember that occasionally a second procedure may be required if there is a persistent sinus communication resulting in an oral-antral fistula formation.