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Sinus washout and Coblation turbinate reduction

Information for patients — please read before your consent appointment

In short

Two procedures, usually done together as a day case under general anaesthetic: **a washout** to clear infection from the maxillary (cheek) sinus, and **Coblation turbinate reduction** to shrink swollen tissue inside the nose so that you can breathe through it more easily.

Your nose will feel more blocked for the first week or two. The improvement in breathing comes gradually over 4–6 weeks.

Why is my nose blocked?

The turbinates are ridges along the side wall of the nose that warm and moisten the air you breathe. When the lining over them swells (through allergy, irritation or chronic inflammation) they can block the airway, forcing you to breathe through your mouth and disturbing sleep. Nasal steroid sprays and antihistamines help many people. Surgery is considered when a proper trial of these has not been enough.

The sinus washout

The wall between the cheek sinus and the inside of the nose is very thin. While you are asleep, a fine needle is passed through this wall from inside the nose, and the sinus is flushed with sterile saline. A sample of the fluid goes to the laboratory so that, if an antibiotic is needed, it can be matched to the germ that is actually present. There are no cuts on the face and no stitches.

Please note: a washout clears an infected sinus. It does not permanently change how the sinus drains. If the infection keeps returning, other treatment, including endoscopic sinus surgery, may be discussed.

Coblation turbinate reduction

A slim wand is placed just under the surface lining of the turbinate. It uses radiofrequency energy through saline to shrink the swollen tissue underneath at a much lower temperature than older cautery methods. Over the following weeks the tissue firms up and shrinks, opening the airway.

The surface lining is deliberately preserved. Removing too much turbinate tissue can leave the nose feeling dry and paradoxically “blocked” despite being wide open (empty nose syndrome). Shrinking the tissue beneath the surface, rather than cutting the turbinate away, keeps this risk very low.

What to expect

WHEN	WHAT IS NORMAL
Days 1–3	Blocked nose, blood-stained mucus, a dull ache over the cheek or upper teeth after the washout.
Week 1–2	Congestion often feels worse before it gets better. Crusts form inside the nose as it heals.
Weeks 3–6	Crusting settles and breathing starts to improve noticeably.

WHEN	WHAT IS NORMAL
About 3 months	Full effect. Results vary between people, and the turbinates can swell again over the years. The procedure can be repeated if needed.

After the procedure

- **Going home:** someone must drive you home and stay with you for the first night. No driving for 24 hours.
- **Pain:** take paracetamol and ibuprofen regularly for the first few days (unless you have been told not to take ibuprofen). Ibuprofen has not been shown to increase bleeding after nasal surgery. Avoid aspirin unless it has been prescribed for your heart.
- **Saline rinses:** start the day after surgery, 2–3 times a day for at least 3–4 weeks. This is the most useful thing you can do, because it clears crusts and speeds healing.
- **Antibiotics:** only if prescribed, usually based on the laboratory result. If prescribed, finish the course.
- **Decongestant spray (e.g. Iliadin):** for a few days at most and never longer than 5 days. Longer use causes rebound blockage (rhinitis medicamentosa).
- **Nose blowing:** none for 7 days. Sneeze with your mouth open. Gentle sniffing back is fine.
- **Activity:** no heavy lifting, bending, strenuous exercise, hot baths or alcohol for 1 week. Swimming and diving after 2 weeks. Most people return to desk work after 2–3 days.

Risks

HOW OFTEN	RISK
Common	Temporary blockage, crusting, minor bleeding, cheek or upper-teeth discomfort or numbness after the washout (usually settles within weeks).
Uncommon	A nosebleed needing treatment, infection, scar bands (adhesions) inside the nose, the blockage coming back over time.
Rare	Injury to the eye socket during the washout, swelling of the cheek, empty nose syndrome.

Phone the rooms on 021 975 0840/1 or go to the emergency unit if you have:

- Bleeding that does not stop after 15 minutes of firm pressure on the soft part of the nose, sitting upright and leaning forward
- A temperature above 38.5 °C, or pain that is getting steadily worse after day 3
- Swelling around the eye, double or blurred vision

This sheet does not replace your consultation. Please bring your questions to your consent appointment.