



## SINUSITIS

Sinusitis is a bacterial infection of one or more of the sinus cavities, air filled spaces in the skull located above, below and between the eyes, which connect with the back of the nose through tiny openings. Sinusitis can develop when a bacterial infection occurs in poorly draining sinuses due to partial or complete blockage of these openings.

Obvious or subtle symptoms can occur with sinusitis. These can include fever, chills, headaches, pain in the face and upper teeth, nasal congestion, decreased sense of smell, dark yellow, or green mucus in the throat and nose, cough and generalized fatigue. In some cases, patient may experience only nasal congestion, mucus drainage in the throat (post nasal drip) bad breath, or recurrent coughing, especially at night. Some patients with asthma will note worsening of their wheezing with sinusitis.

Sinusitis most commonly occurs following a viral respiratory infection (a cold). A viral infection damages the membrane lining in the nose and sinuses, allowing a bacterial infection to get started. Sinusitis can occur if one of the sinus openings is partially or completely blocked due to swelling from respiratory infections, allergy, inhalation of irritants (such as tobacco smoke), scarring from previous infections, or anatomic abnormalities like a deviated septum or nasal polyps.

Treatment of sinusitis includes the use of appropriate antibiotics and promotion of drainage through the sinus openings. Topical decongestant sprays and oral antihistamine/decongestant medications may help to promote better drainage. In some cases, a short course of oral or topical cortisone (steroids) can be used to decrease inflammation (swelling) in the nose and promote drainage. Complete clearing of sinusitis may require two to six weeks of continuous antibiotic therapy. It is important to let us know if the antibiotic prescribed does not improve symptoms within seven days. We may need to change the medication to achieve better results.

The following are recommendations for treatment of your sinusitis:

**1. Topical 12 hour decongestant nasal sprays: Afrin, Duration, Dristan, etc.**

Use two spray in each nostril twice daily for \_\_\_\_\_ days. Use of this medication for longer than four days may result in "rebound" which means the spray itself will begin to cause nasal congestion. Therefore, **DISCONTINUE**, after 4 days.

**2.** Use nasal saline 10-15 minutes **after** the decongestant spray. There are many OTC brands including Ayr, Ocean, Salinex, and Simply Saline. Alternatively, saline rinse (Niel Med) or Neti pot can be used. Continue the saline spray/rinse for 10-15 days or until the infection resolves.

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**3. Topical cortisone sprays: Dymista, Flonase, OTC (generic fluticacasona), Nasacort OTC, Nasonex, Rhinocort OTC, Qnasl**

Topical cortisone sprays are effective in decreasing and preventing all nasal symptoms but do not provide immediate relief. Cortisone sprays may take 3 to 7 days to reach their full effect and are most effective if used on a regular basis. Because of the low dose and minimal absorption, there are very few, if any, systemic side effects. These sprays occasionally irritate the nasal membrane causing mild bleeding. If you have significant nose bleeds while using this medication, please discontinue it and contact us. These are not decongestants and are **not habit forming**.

\_\_\_\_ sprays in each nostril \_\_\_\_ times daily for \_\_\_\_ days, then \_\_\_\_ sprays in each nostril \_\_\_\_ times daily for \_\_\_\_ days, then gradually decrease to the lowest regular dose that prevents your symptoms. You may increase to the original dose if your symptoms worsen. Cortisone sprays may be used daily for year round allergies. For seasonal allergy it is best to start the spray a week or two prior to the season.

Direct the nasal spray upwards and away from the nasal septum (wall that separates the nostrils).

**4. Decongestant pills**

Decongestants relieve nasal stuffiness and sinus and ear pressure and may help the sinuses drain. Sometimes OTC Mucinex (guaifenesin) helps to thin the sinus secretions. Decongestants may cause insomnia, nervousness, rapid pulse, and increased blood pressure. Antihistamines like Allegra, Zyrtec, and Benadryl are not generally helpful for sinusitis unless allergies are also present.

A. Sudafed 12 hour/ 30mg: \_\_\_\_\_ teaspoons/tablets \_\_\_\_\_ times daily as needed

**OR**

B. Mucinex D Regular Strength: 1-2 tablets once or twice daily as needed

**5. Antibiotic:** \_\_\_\_\_. Take \_\_\_\_\_ teaspoons/capsules/tablets \_\_\_\_\_ times daily for \_\_\_\_ days with food. If your symptoms do not improve within 7 days or seem to worsen while taking the antibiotic, please notify us. In some cases, several different antibiotics will be needed. Continuous antibiotics may be required for 4 to 6 weeks to completely eliminate all residual infection. Mild diarrhea may occur with any antibiotic and may be treated with over the counter anti-diarrhea medicines. OTC probiotics can be considered during and after a course of antibiotics. If you have severe diarrhea, discontinue the antibiotic and call us.

**6. Oral cortisone: Medrol, Prednisone, Prelone, etc.**

Cortisone medications (steroids) are extremely effective in relieving allergy symptoms and may help with inflammation associated with sinusitis. Symptom relief usually begins within 6 hours with maximum effect in two days. There are usually no long-term side effects from taking a short course of cortisone. However, you may experience increased appetite, mood changes, irritability, insomnia, fluid retention, or upset stomach. These symptoms are usually minor and generally resolve when the medicine is

discontinued. In extremely rare instances, a short course of oral steroids can result in damage to the hip joint which may require replacement surgery. The prolonged or repeated use of systemic steroids (oral or injected) can lead to various significant side effects. Therefore, the need for systemic steroids will be carefully considered by your physician. Take the medicine as directed on your prescription. **Use birth control to avoid becoming pregnant while on cortisone medications. It is generally best to take cortisone medicines once daily with breakfast unless otherwise directed.**

**7. Pain medication:** Tylenol, Extra-strength Tylenol, or ibuprofen/Advil are usually effective in controlling the pain and headache associated with sinusitis. If these do not control your discomfort, please let us know.

**8. Other measures:** Warm, moist heat applied to the face over the sinuses often gives some relief from symptoms. Soak a washcloth or hand towel in warm water and apply over the sinuses four to six times daily as needed. In addition, rinsing the nose with salt water (saline) solution can help remove the thick mucus. Salinex, Ocean, Simply Saline spray is available at your pharmacy or you can make a saline solution at home. If helpful, nasal saline spray or rinse/irrigation with a neti pot or Neil Med bottle can be used two to four times daily.

**Most** cases of sinusitis response to the management outlined above. If you are not improving within five to seven days, or if you experience increased symptoms, severe headaches, high fever, nosebleeds, etc. please contact us **IMMEDIATELY.**