

**BRUCE R. MADDERN, M.D., P.A.**

*Pediatric Otolaryngology  
Head & Neck Surgery*

Name: \_\_\_\_\_

Date: \_\_\_\_\_

DOB: \_\_\_\_\_

**SINUS SURGERY; ETHMOIDECTOMY, MAXILLARY ANTROSTOMY**

We have discussed the role the sinuses may play in recurrent upper respiratory infection, nasal congestion, and aggravation of chronic medical conditions, such as asthma. We have discussed the pathogenesis of sinus disease and sinus infections, along with the options of continued medical (non-surgical) versus surgical intervention. Sinus surgery may be beneficial in the treatment of sinus disease, nasal symptoms and these related conditions. We have discussed that this is not a cure for the underlying problem but assists with drainage, airflow and ventilation. Some children can have continued problems despite medical and surgical intervention; especially those children with associated allergic, asthmatic and/or immunologic conditions. Some children may require additional therapy including surgery.

Surgery consists of operative management including but not limited to endoscopy or visualization of the nose and sinuses, removal of obstructive tissues including bone, polyps and soft tissues. Packing of the nose and sinuses may be required using dissolvable/absorbable or other materials.

We have discussed the potential benefit of the surgery as well as the treatment alternatives of medical therapy. We have discussed the risks of the surgery including but not limited to the anesthetic, bleeding, nasal and mucosal trauma, voice change, headache, visual changes including double vision, infection including meningitis, and the possible need for additional treatment or surgery. We have discussed peri-operative diet and activity restrictions, fever, halitosis, pain and the importance of maintaining adequate oral intake.

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Parent/Guardian

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