



Concha Bullosa

Question: What Is Concha Bullosa?

Answer:

There are many reasons people suffer from nasal obstruction. Some are due to membrane issues, such as allergies or any other process that makes the lining of the nose more swollen. Other reasons are more anatomical in nature. Perhaps the most common cause in this category is a deviated septum. The inferior turbinates are the side wall of the lower part of the nose, and they can also be bulky.

Another less-known reason for blockage of the nose and sinus drainage pathways is an anatomical variant named **Concha Bullosa**. This is a condition that affects the middle turbinates, which are the midportion of the side wall of the nose, where most of our sinuses drain. Typically, the middle turbinates have an inner core of thin, single-layered bone covered with the normal nasal membranes. Occasionally, as seen in this CT, that bone can get pneumatized (or "ventilated"), and results in a much bulkier structure. This will lead to blockage of our breathing passages as well as obstruction of our sinus drainage paths.

A concha bullosa is considered a surgical disease. Once the bone has pneumatized, and a bony air pocket is formed, there is no medical therapy that can reverse the process. Patients suffering with too many obstruction issues might need to contemplate corrective surgery. This usually involves removing the side wall of the concha bullosa, the side that faces the sinuses, in order to open up space. In the appropriate setting, this can be done in conjunction with endoscopic sinus surgery if otherwise needed.

Patients suffering from nasal obstruction or recurrent sinusitis are encouraged to see their Ear, Nose, and Throat specialist in order to investigate the cause. While a deviated septum and swollen inferior turbinates could be clinically diagnosed, a concha bullosa is usually diagnosed by a CT scan that documents the hollow core. As previously stated, the definitive treatment is by removing the side wall of the concha bullosa in order to make more space.



Post-operative Instructions

Please read these instructions carefully as they provide answers to questions you will have about what to expect after surgery. The success of your surgery depends on your completion of the postoperative instructions described below.

What to Expect After Endoscopic Sinus Surgery:

- **Bleeding:** It is normal to have some bleeding after sinus surgery. You can expect some bloody discharge for the first 3 to 5 days after surgery, especially after you irrigate your sinuses. If steady bleeding occurs after surgery, tilt your head back slightly and breathe through your nose gently. You may dab your nose with tissue but avoid any nose blowing. If this does not stop the bleeding you may use Afrin nasal spray. Several sprays will usually stop any bleeding. If Afrin fails to stop steady nasal bleeding than you should call our office or the on call doctor (see contact below).
- **Pain:** You should expect some nasal and sinus pressure and pain for the first several days after surgery. This may feel like a sinus infection or a dull ache in your sinuses. You will have a prescription for a postoperative pain medication to take after surgery. If you prefer a non-narcotic medication, extra-strength Tylenol is safe and works well. You should avoid aspirin and NSAIDs such as Motrin, Advil, and Aleve (see below).
- **Fatigue:** You can expect to feel very tired for the first week after surgery. This is normal and most patients plan on taking at least 1 week off of work to recover. Every patient is different and some return to work sooner.
- **Nasal congestion and discharge:** You will have nasal congestion and discharge for the first few weeks after surgery. Your nasal passage and breathing should return to normal 2-3 weeks after surgery.
- **Postoperative visits:** You will have a certain number of postoperative visits depending on what surgery you have. During these visits we will clean your nose and sinuses of fluid and blood left behind after surgery. These visits are very important to aid the healing process so it is essential that you attend all those scheduled for you. There is some discomfort involved with the cleaning so it is best to take a pain medication (described above) 45 minutes before your visit.

What to Avoid After Endoscopic Sinus Surgery:

- **Nose Blowing and Straining:** You should avoid straining, heavy lifting (> 20 lbs) and nose blowing for at least 10 days after surgery. Straining or nose blowing soon after surgery may cause bleeding. You can resume 50% of



your regular exercise regimen at 1 week after surgery and your normal routine 2 weeks after surgery.

- **Aspirin or Non-steroidal Anti-inflammatory (NSAIDs) medications:** Aspirin and NSAIDs such as Motrin, Advil, and Aleve should be stopped 2 weeks prior to surgery. Aspirin and NSAIDs such may cause bleeding and should be avoided for 2 weeks after surgery.
- **Steroid Nasal Sprays:** If you were taking nasal steroid sprays prior to surgery you should avoid using these for at least 2 weeks after sinus surgery to allow the lining of the nose and sinuses to heal. Your doctor will tell you when it is safe to restart this medicine.

Postoperative Care Instructions:

- **Nasal Saline Spray:** Nasal saline mist spray can be used every 2-3 hours after surgery and can make your nose more comfortable after surgery. These sprays (Ayr, Ocean, Simple Saline) are over-the-counter medications and can be purchased in any pharmacy.
- **Sinus Irrigations:** You will start the sinus irrigations with the sinus rinse kits (NeilMed Sinus Rinse Kit) the day after surgery. This must be performed at least twice daily. Your doctor or nurse will show you how to perform the irrigations. At first they will feel strange if you haven't done them before. Soon, however, they will become quite soothing as they clean out the debris left behind in your sinuses after surgery. You can expect some bloody discharge with the irrigations for the first few days after surgery. These irrigations are critical for success after sinus surgery!

When to Call After Surgery:

- Fever after the day of surgery higher than 101 °F
- Constant clear watery discharge after the first week of surgery
- Sudden visual changes or eye swelling
- Severe headache or neck stiffness
- Severe diarrhea
- Steady, brisk nose bleeding that doesn't get better after using Afrin