

Maxillary Sinus Trauma Instructions

Upper wisdom teeth are often closely associated with the posterior wall of the maxillary sinus. Although complications are rare and typically not serious, the following can occur:

- ☒ During surgery, the sinus floor and associated membrane can be perforated and cause a small amount of blood to collect in the sinus that will “drain” from the patients nose or pass into the back of the mouth. Neither is serious and poses no threat to the patient. **If either occurs, simply wipe it from your nose or gargle warm water in your throat to clear the blood.**
- ☒ Rarely, a sinus perforation will not heal and an opening develops that represents a passageway between your mouth and your sinus cavity. This opening can lead to fluid and debris getting into your sinus through the opening and draining from your nose. If we feel you are risk of developing a fistula after your surgery, we will make every effort to repair the area at the time of surgery. If the doctor indicates that this may be a risk, please do the following:
 - √ After surgery, we ask you to not “blow” your nose for 10 days.
 - √ If it is necessary to sneeze, you should sneeze with your mouth open but covered to prevent excessive pressure from developing within the sinus. Continue for 10 days.
 - √ Also, you may find it helpful to take a decongestant (ie. Contac™ or Sudafed™) in order to keep your sinus from feeling clogged for 10 days.
 - √ Please DO NOT SMOKE for 10 days following surgery.
- ☒ If an opening does develop after surgery, in spite of our efforts, please be aware that most openings heal all by themselves but please call our office for instructions. Rarely is a second surgery necessary to close the fistula.