

CALDWELL-LUC PROCEDURE

WHY DO I NEED SURGERY?

The reason for this procedure is to remove a mass or growth in the sinuses for diagnostic purposes. A specimen will be obtained and sent to the laboratory for pathology. After obtaining the results, they will be made available to you and discussion of further treatment will be done at that time. Usually it takes about seven to ten days for the pathology results to return.

WHAT HAPPENS DURING SURGERY?

Typically this procedure is done under general anesthesia. The surgery usually takes about 2-1/2 to 3 hours. An incision is made inside the mouth and the anterior wall of the maxillary sinuses will be opened. The mass will then be removed.

WHAT TO EXPECT AFTER SURGERY?

Patients often have bruising around the area of the incision. The bruising should resolve with time. Some patients experience numbness around the face and upper lip. The nerves in this area may be affected during surgery, resulting in the above sensation. We take all possible precautions to avoid this. However, there is a potential risk of numbness of the face and lip area.

Most patients do well after this surgery. There are no dietary restrictions.

This procedure is done on an outpatient basis and you may go home after the surgery. You should arrange for someone to drive you home after this procedure.

WHAT ARE POSSIBLE RISKS AND COMPLICATIONS OF THE SURGERY?

Often this surgery is done in conjunction with other sinus procedures. There may be some bruising around the face, or a sensation of numbness of the upper lip and teeth. As mentioned above, the nerve in this area may be irritated while accessing the maxillary sinus area. There may also be the necessity of severing the nerve in order to reach the area where the mass is located. Approximately 5-10 percent of the procedures result in this action being taken. This injury can be permanent, but may be necessary for successful removal of the mass.

Additionally, if the mass is malignant, there may be further intervention required.

If you have any further questions after having carefully read the above information, please feel free to discuss it with me in your preoperative evaluation, prior to any surgery. Remember, there are no dumb questions! We want you to be fully informed and comfortable prior to your surgery. Please sign and return this form to our office when you come for your preoperative visit.

Respectfully yours,

JAMES J. LEE, M.D., F.A.C.S.

I understand the above information and consent to the surgery.

Patient Signature

Patient Name-Printed

Date