

MEDICAL MAXILLECTOMY

A Patients Guide

What is A Medial Maxillectomy?

A medial maxillectomy is a surgical procedure that involves the removal of part of the maxilla, which is the upper jawbone. This surgery is typically performed to treat certain conditions affecting the nasal cavity and sinuses, such as tumors (benign and malignant), infections, or other abnormalities.

What does my surgery involve?

David will perform this operation using an endoscope, a thin camera and light, through your nostril. This is called an endoscopic or keyhole surgery. If this approach is used, you will have no excisions or cuts on your face. The camera provides a clear view of the surgical area. The procedure is performed under General Anaesthetic. It involves making a small incision to access the maxillary sinus, allowing for precise removal of the affected tissue while preserving surrounding structures.

Leaving the Hospital

You can usually go home the same day if you live close enough to emergency care and have an adult at home to help you. If not, you will be admitted for one overnight stay.

Nasal Discharge & Rinsing

Nasal discharge is normal. You may have bloody or brown discharge for up to 3 weeks. Post surgery you will receive a sinus rinse. Use saline nasal rinses as recommended to keep your nasal passages clear and reduce the risk of infection. You may develop a postnasal drip. This symptom can sometimes leave a slightly bloody or mucousy taste in your mouth.

Foul Smell

Smelling a bad odor is very common. The smell may be caused by packing in your nostrils or crusting inside the cavity from the wound sites healing. If rinses do not help and it becomes unbearable, contact us to be seen. Avoid blowing your nose for 1 – 2 weeks post surgery. Pressure from blowing may cause bleeding and disrupt the surgical site.

Seek Emergency Care

If you develop a **Temperature** higher than 38 degrees, severe **Headaches**, stiff **Neck**, **Swelling** of the eyes, constant Nausea, Vomiting or heavy **Bleeding** please seek emergency care.

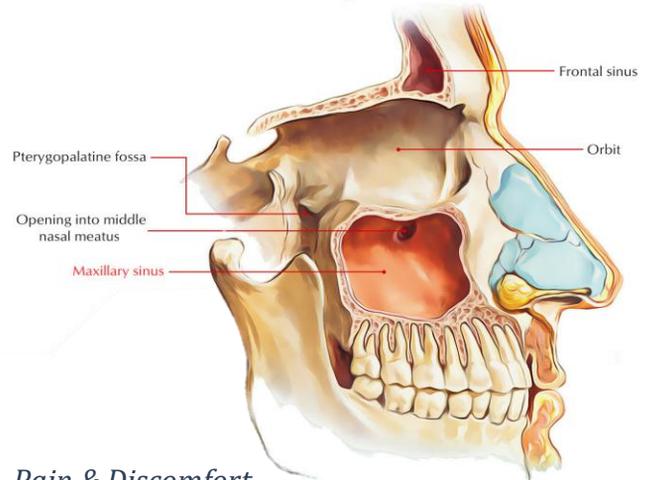
Contact:

Tūhauora Clinic	Ph: 09 55 33 781
Whangārei Hospital	Ph: 09 430 4100
Kaitiāia Emergency	Ph 408 9180
Ambulance	Ph: 111



How to know you might need a Maxillectomy

You may need a medial maxillectomy if you have a growth or problem inside your nose or sinuses that can't be treated non-surgically. Some symptoms you may experience are nasal blockages, facial swelling, thick nasal discharge, headaches or facial pressure.



Pain & Discomfort

Some discomfort is normal and may feel worse in the first few days. It usually takes a couple of weeks to improve. During the first 6 weeks of recovery, your pain may come and go. Keep doing sinus rinses, as these can help ease post-operative congestion.

Medical Leave

Plan for 14 – 21 days off work. **Do not work for 2 weeks** if your job requires manual labor, lifting, or straining. Keep to light duties for 2 – 3 weeks.

First 2 weeks

- It is normal to have mild to moderate pain or facial pressure for the first 24 hours after surgery.
- Expect nasal congestion, reduced airflow, and nasal discharge. Try to breathe out of your mouth.
- You may experience some swelling around the face. Puffiness is expected but if your face is hot and swollen contact us immediately.
- Temporary numbness of your upper lip, cheek, or teeth is possible.
- If you have packing in the nose, it can be removed between 3- & 6-weeks by David. Dissolving packing may be used during surgery. Saline wash will loosen this, and it may come out the front or back of the nose
- If you need to sneeze, try to do so with your mouth open.
- Rest! Try not to bend over. This causes blood to rush to the head. Avoid lifting heavy objects / children.

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What to Avoid

- Avoid any substance which may irritate your nose. e.g.; Dust, Smoke, fumes.
- Try not to rub your nose.
- You may gently blow your nose 24 hours after surgery.
- Avoid inserting your fingers, cotton buds, or tissues into your nostrils.
- Do not use decongestant sprays unless advised.

Activities After Surgery

- **When can you begin exercising again at the gym?**
3- 4 weeks post op
- **When can you play sports?**
5-6 weeks post op
- **When can you begin swimming?**
2-3 weeks post op
- **When can you Fly?**
2 – 6 weeks post op (contact our team for clearance)

Operation Risks and Complications

- Infection: There is a risk of infection at the surgical site, which may require antibiotic treatment.
- Swelling: Swelling around the surgical area is common and usually subsides within a few days.
- Nasal Obstruction: Temporary nasal obstruction due to swelling or crusting may occur.
- Scarring: Internal scarring can occur, potentially leading to nasal obstruction or other complications.
- Anosmia: There is a risk of temporary or permanent loss of smell.
- Epiphora: Tearing due to nasolacrimal duct obstruction may occur.
- Orbital Complications: Rarely, there can be complications involving the orbit, such as double vision or decreased vision.

Nasal & Sinus Rinsing

Nasal rinse 4 times per day. If you wish to rinse more than 4 times, that is fine.
You may have some debris come out of your nostril from the rinsing; this is normal.
The irrigation should not be painful although it may feel unnatural and uncomfortable.
Pre-made sinus rinses can **be purchased at your local chemist, we suggest using Neil MED of FESS Sinus Rinse.**

- When rinsing, keep your mouth open and do not hold your breath.
- Place the cap against ONE nasal passage and gently squeeze the bottle.
- The solution should be draining from the opposite nasal passage. Keep squeezing the bottle until at least ¼ to ½ of the bottle is used.
Do not swallow the solution.
- If tolerable you can sniff gently, any remaining solution in the nasal passage may clean out the posterior nasopharyngeal area, some of the solution may reach your throat. Please spit it out.

The Nasal rinse solution may drip from the nose when leaning forward – this can occur anytime after rinsing and sometimes up to 2 hours after.

Post Operative Assessment

The Tūhauora Clinic will book you into a 6 - week follow up appointment. If you have not received a notification or information about this appointment, please contact our team.

Emergency Signs

- Severe Bleeding
- Signs of Infection
- Fever, increased pain, redness, or discharge from the surgical site should be reported promptly.
- Vision Changes: Any changes in vision or severe eye pain should be addressed immediately.
- CSF Leak Symptoms: Clear, watery discharge from the nose, especially when bending forward, should be reported immediately.