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Endoscopic sinus surgery: Anaesthetic challenges

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Sinus surgery has been in practice for more than 100 years but Endoscopic sinus surgery (ESS) was described by Messerklinger in 1978. Mostly, the procedure is performed to treat infection or inflammation of sinuses providing significant relief to the patient. Endoscopic sinus surgery is a frequently performed procedure in Rhinology. With the advancement in anaesthesia and surgical techniques the incidence of complications of this procedure has reduced. Main cause of intraoperative complications is haemorrhage in the surgical field. Local anaesthetics combined with vasoconstrictors, such as xylometazoline are instilled about 40 minutes before the procedure to reduce congestion, bleeding and postoperative pain. Intravenous anaesthetic technique has been found to be better than inhalational in providing satisfactory surgical conditions. Controlled hypotension is commonly required to achieve bloodless field. Beta blockers have promised to be better agents than those causing hypotension through vasodilatation. Assessment of surgical field is done by operating surgeon according to category scale. The outcome of the procedure also depends on local versus general anaesthesia as well as the use of endotracheal intubation versus supraglottic devices. The plan for anaesthetic technique is also influenced by presence co-morbid conditions. The vital aim of the anaesthetic technique is providing most favorable surgical field and maintenance of haemodynamic parameters. Postoperative analgesia may be provided with oral analgesics or transdermal analgesics. A preemptive sphenopalatine block has also been used to relieve pain after endoscopic sinus surgery.

Biography

S K Malhotra completed MD (Anaesthesia) from Postgraduate Institute of Medical Education and Research Chandigarh (PGIMER), India. He is presently designated as Professor, Department of Anaesthesia and Intensive Care, PGIMER, Chandigarh. He is past President of Indian chapter of International Trauma Anesthesia and Critical Care Society and member of several scientific societies related to anaesthesia. He is on Editorial Board of three Anaesthesia and Critical Care journals and has published about 104 scientific papers in both national and international journals. He is an Examiner and Expert to 8 universities as well as National Board of Examination and has special interests in Airway Management and Trauma.

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