

Office-based rhinologic surgery: A modern experience with operative techniques under local anesthetic.

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Abstract

BACKGROUND:

Office-based rhinologic procedures have become popularized in recent years with the advent of several minimally invasive techniques. There is a paucity of literature, however, that supports more robust in-clinic procedures, e.g., true endoscopic sinus surgery (ESS). There is a high volume of this work being done at our center, and the objective of this article was to review the safety and tolerability of in-clinic surgeries.

METHODS:

A retrospective chart review was conducted. All the adult patients who underwent in-clinic sinonasal procedures and surgery with a minimum of 3 months of follow-up were included. Information regarding intra- and postoperative complications and revision procedures were recorded. For the ESS procedures, the indication, sinuses operated on, and type of revision were also collected.

RESULTS:

A total of 315 patients met the inclusion criteria. There were 166 turbinoplasties, 118 ESS, 35 septoplasties, 34 rhinoplasties, and 4 septorhinoplasties performed. For the ESS procedures, 74 (62.7%) were bilateral, and experience was had operating in all paranasal sinuses. All ESS work involved opening diseased ostia and was more than just polypectomies. The mean follow-up for the ESS cases was 13.4 months (range, 12-65 months). Complication rates and tolerability measures were comparable with those of other reported in-office sinonasal procedures performed with the patient under local anesthetic.

CONCLUSION:

Office-based rhinologic surgery was safe and well tolerated by the patients. The need for revision ESS in our series was low when considering the extent of surgery that was performed.

An in-clinic procedure may avoid a general anesthetic in the operating room for appropriately selected patients.