



# Surgical Management of Chronic Rhinosinusitis

## Summary of Guideline Key Action Statements

This clinical practice guideline (CPG) focuses on the surgical management of chronic rhinosinusitis (CRS) for adults. It addresses primary surgery and adjuvant therapies in detail, with discussion of revision surgery when related to specific topics. The goals of this CPG are to optimally guide the preoperative, intraoperative, and postoperative care for patients undergoing sinus surgery, including how to educate, communicate, and make decisions with patients. The overarching goal is to provide a trustworthy, evidence-based reference for those making decisions about whether to utilize endoscopic sinus surgery (ESS) and the extent to which it should be performed. The target audience for this guideline includes otolaryngologist-head and neck surgeons who are involved in managing adults (18 years of age or older) with CRS (as defined in more detail above) who are potential candidates for ESS.

STATEMENT	ACTION	STRENGTH
<b>KAS 1A and 1B: Verification of diagnosis and assessment of candidacy for surgery</b>	1A: The surgeon should verify an existing diagnosis of chronic rhinosinusitis to ensure established diagnostic criteria (signs and symptoms) from clinical practice guidelines are met.	Strong Recommendation
	1B: The surgeon should assess candidacy for sinus surgery based on symptoms, disease characteristics, quality of life, and prior medical or surgical therapy.	Strong Recommendation
<b>KAS 2: No one-size-fits-all regimen</b>	The surgeon should not endorse or require a predefined, one-size-fits-all regimen or duration of medical therapy (e.g., antibiotics, steroids, antihistamines) as a prerequisite to sinus surgery for an adult with chronic rhinosinusitis.	Recommendation
<b>KAS 3: Assessment prior to prescribing antibacterial therapy</b>	The surgeon or their designee should not prescribe antibacterial therapy to an adult with chronic rhinosinusitis if significant or persistent purulent nasal discharge (anterior, posterior, or both) is absent on examination.	Strong Recommendation
<b>KAS 4: Relative benefits of surgery or medical therapy alone</b>	The surgeon should identify patients with chronic rhinosinusitis that would benefit most from surgery, and are least likely to benefit from continued medical therapy alone, such as those with chronic rhinosinusitis subtypes that include, but are not limited to, chronic rhinosinusitis with polyps, polyps with bony erosion, eosinophilic mucin, or fungal balls.	Recommendation
<b>KAS 5: Patient education about surgery and long-term management</b>	The surgeon or their designee should counsel patients prior to sinus surgery to establish realistic expectations, including the potential for chronicity or relapse, and the likelihood of long-term medical management, taking into account their chronic rhinosinusitis subtype.	Recommendation
<b>KAS 6: When to offer sinus surgery</b>	The surgeon should offer sinus surgery to an adult with chronic rhinosinusitis when the anticipated benefits exceed that of nonsurgical management alone, there is clarity regarding the anticipated outcomes, and the patient understands the expectation for long-term disease management following surgery.	Recommendation
<b>KAS 7: Imaging in candidates for sinus surgery</b>	For an adult who is a candidate for sinus surgery, the surgeon or their designee should obtain a computed tomography (CT) scan with a fine-cut protocol, if not already available, to examine the paranasal sinuses for surgical planning.	Recommendation
<b>KAS 8: Avoid arbitrary criteria for mucosal thickening</b>	The surgeon should not plan the extent of sinus surgery (e.g., which specific sinuses to operate on) solely based on arbitrary criteria regarding a minimal level of mucosal thickening, sinus opacification, or outflow obstruction on a CT scan.	Recommendation

STATEMENT	ACTION	STRENGTH
<b>KAS 9: Education about postoperative care expectations</b>	The surgeon or their designee should educate an adult with chronic rhinosinusitis who is scheduled for sinus surgery regarding anticipated postoperative care, specifically pain control, debridement, medical management, activity restrictions, return to work, duration and frequency of follow-up visits, and the potential for recurrent disease or revision surgery.	Recommendation
<b>KAS 10: Extent of sinus surgery</b>	When the sinus involves polyps, osteitis, bony erosion, or fungal disease in an adult with chronic rhinosinusitis who is scheduled for sinus surgery, the surgeon should perform sinus surgery that includes full exposure of the sinus cavity (lumen) and removal of diseased tissue, not just balloon or manual ostial dilation, or refer the patient to a surgeon who can perform this extent of surgery.	Recommendation
<b>KAS 11: Outcome assessment and long-term follow-up</b>	The surgeon or their designee should follow up to assess outcomes of sinus surgery for chronic rhinosinusitis, between 3 and 12 months after the procedure, through history (symptom relief, quality of life, complications, adherence to therapy, need for rescue medications, and ongoing care) and nasal endoscopy.	Recommendation



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