"I think I have a sinus infection"

You may, but chances are it is a viral infection. Sinus pain, post-nasal drip, facial soreness are all symptoms of sinus congestion—but not necessarily a "bacterial infection". Interestingly 95% of the time, viral infections are the cause of our sinus symptoms: the mucosal swelling that's behind that 'blocked up' feeling. Increased mucus production causes mucus to drain down our throats triggering that sensation of needing to clear the throat or cough. The color of our mucus may change. Some may see some blood in the mucous---small vessels in the swollen nasal tissues can be disturbed causing this. Sometimes our ears feel plugged intermittently and our throats are sore, especially on awakening.

Less than 3-5 % of the time, bacteria cause these symptoms. When might bacteria be the culprit? If the symptoms are lasting for more than 7-10 days, if the symptoms are worsening despite trying decongestants, if a fever is persistent or if the symptoms are occurring on one-side of the face. Taking an immunosuppressive medicine can make one more prone to bacterial processes.

There are things you can do to treat the sinus symptoms!

TRY a decongestant---these are medicines that decrease the swelling of the sinus tissues.

1) Oxymetazoline nasal spray---(Afrin is a common brand). This is an over-the-counter nasal spray that usually costs < $5. It works quickly and isn't absorbed systemically so has few side effects (it won't make you tired or jittery) but there is ONE important side effect: It should be used only for about 3-4 days. Using it for more than 5 days can lead to rebound nasal congestion. This won't happen if used as recommended.

First prime the spray mechanism --give a few sprays in the air so you have a nice spritz coming out. Place the nozzle into your nostril and squeeze off the bottle. You don't need to inhale, sniff in, or tilt your head. Wait 5 minutes--the lower parts of the nose may start to open---in 5 minutes repeat the procedure. The middle of the nose may start to open. Wait another 5 minutes and repeat the last time. The intervals of waiting allow tissue to open, so that each subsequent spray will reach a bit higher in the nose. You can use this nasal spray every 12 hours x 3-4 days and then STOP.

2) Pseudoephedrine is an effective decongestant in pill form. It comes in a 4 hour and 12 hour preparation. Because it is the stimulant family of medicines-- the side effects may be similar to caffeine; would not take right before bed. This medication needs to be purchased from a pharmacist by showing an ID. It can be used as long as you are experiencing the congestion.

There is a version of Pseudoephedrine that is combined with an antihistamine--our pharmacy sells it as Aprodine or Actifed. This is a great choice at bedtime: the pseudoephedrine will open the nose and the antihistamine will stop the cough and cause sleepiness.

3) We do not recommend another decongestant called phenylephrine. The FDA
has found this medicine to not be effective as of September of 2023. This is the medicine in the cold medication Dayquil and many other over-the-counter products. Many times it is combined with acetaminophen or ibuprofen and other products..

4) **Mucinex** is “guaifenesin”—the same medication that is in Robitussin. It is a mucolytic—it’s job is to thin mucous secretions. It is not a decongestant. Some feel it helps loosen mucus.

5) **Nasal steroids** like Flonase can be very helpful. This medication is currently both over-the-counter and a prescription medication. It is gentle and effective. Because it is an anti-inflammatory, it reduces swelling and decreases mucus production. Some with allergies use it for weeks or months (unlike the Afrin nasal spray which is used for 3-4 days only). There are other prescription nasal steroids available as well by prescription.

**MOISTURIZING** the nose is a very helpful practice. A wet nose is a healthy nose! The inside of the nose can get dried out. Mucus then gets thick and adherent—hard to move out. You may notice that taking a shower offers a short lived reprieve from the dryness. Heating and air conditioning systems and the medicines used to treat sinus congestion all can contribute to this dryness. Using a Sinus Rinse or a Neti Pot, two different tools with similar goals, can wet the nose and help move the mucous out.

- **Nasal/sinus irrigation:** This effective self care practice involves rinsing the nose and sinus opening with sterile salt water with one of the above mentioned devices. Both are easy to use and available in pharmacies. By putting salt water into the nasal passages—mucous can be loosened and swelling is reduced. If you are very congested, it can be helpful to use a decongestant before trying to do the sinus rinse. A very swollen nose will prevent the salt water from getting anywhere.

Sterile or distilled water* is needed for this technique—tap water is NOT recommended. Some people try to do this morning and night with the onset of cold symptoms to keep the sinuses as clear as possible.

This video is a video of an ENT doctor using Sinus Rinse: https://www.youtube.com/watch?v=fj7dOUho g6s. If the above Sinus Rinse or Neti Pot is not a good fit for you, saline nasal sprays are next best—they are gentle sprays that moisturize and wet the nasal passages. Simply Saline and Ayr are two products that may work well.

- If your sleeping space is very dry—consider getting a vaporizer or humidifier. These devices put moisture into the air—which helps prevent some of the dryness. Taking a shower morning and night to moisten things is helpful too.
- Drink lots of hot tea or hot water----these help moisturize the nasopharynx.
- For pain and fever use acetaminophen or ibuprofen as directed on packaging
- Cough lozenges may help soothe your throat
- Rest

If you have questions or special concerns about your symptoms, don't hesitate to call our nurses and/or set up a visit. However the above mentioned steps for treating sinus congestion are a great start.