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**Nasal polyps type 2 inflammation**

Q1. In my line of work, they started cleaning with bleach every day. I've had sinuth problems ever since. What helps me breathe better at work as they won't stop using bleach? Bleach and other chlorine-based cleaning materials are known to be irritating to the nose, eyes and lungs. People differ in their sensitivity to these things; Nasal allergies, sinular problems or asthma are more susceptible because the underlying tissues in the nose, eyes and lungs are already inflamed - and bleach exposure only worsens the situation. If there's an employee security guard or equivalent person in your business, then I'd like to talk to him. Bleach found in cleaners is a bad cause of respiratory problems, and the security guard can either have experience with it or at least mediate with your employer on your be because of you. Also, ask around and find out if the smoke is bothering other workers. You're probably not alone. By the way, perhaps areas cleaned with bleach can be better aired. Even simple fans positioned to extinguish bleach fumes can really help. Is there any way near the window? Finally, you want to talk to your doctor and ask if it can be done to treat further sinuex problems. Corticosteroid nasal sprays (such as fluticasone, mometazon, and others) are very useful for sinutic problems for all reasons, provided that they are used and directed daily over time. Treating your sinues can help reduce your sensitivity to bleach fumes. Q2. I've had asthma for over 20 years. About a week and a half ago, I had sinux surgery to treat chronic sinux infections. Since then, my asthma symptoms have been much worse. Can this be expected immediately after surgery?— Marie, MichiganNo, worsening asthma is not an expected side effect of sinutic surgery. In fact, asthma usually heals after the sins are cleaned, as constant drainage of the back sinues of the throat can significantly aggravate asthma. I'll look for a specific reason to explain why your asthma is a good effect. One possibility is that I caught a cold and not if you are having symptoms - except for asthma - because the sinues are already swollen from surgery. Another possibility is that asthma medications were replaced before or immediately after surgery. Maybe he had corticosteroid treatment before the surgery, and they were stopped. There are many things to consider and I encourage you to start working with an asthma specialist, in addition to the ear, nose and throat (KTUT) surgeon who is already working. Both asthma and chronic sinutic infections are complex problems that differ from person to person. KUST specialists are invaluable in providing dramatic interventions that make people feel instantly better, such as sinuth surgery. However, chronic sinux he just doesn't go far there are still factors that cause the development of infections. This will be the case for individuals with environmental allergies (for example, dust mites or molds), occupational exposure, or problems with the immune system. If these problems are not identified and addressed, sinugal infections usually begin again within a few years. In addition, people often need to try several different combinations of drugs to get the problem under control, and this process requires constant attention to the details of how someone responds to a particular drug. I strongly feel that sinute problems are best managed by a KUST surgeon and an allergy combined skills. The KT surgeon can clean your sins and the allergist can help you prevent the problem from returning. Pulmonologists (lung specialists) are also experts in asthma, but I think an allergist would be a better choice for you, because allergists are more focused on sinues and their interaction with one's environment. S3. What is the relationship between nasal polyps, asthma and chronic sinusitis? A few years ago, a relationship between these three symptoms was described by Dr Max Samter. This is often referred to as Samter's triad or triad asthma. Now you know that with these symptoms some individuals will also develop an allergy to aspirin products. It is not unusual to develop nasal polyps and chronic sinusitis with an adult onsen asthma. Learn more at the Daily Health Asthma Center. Nasal polypectomy is a surgical procedure for the taking of nasal polyps, abnormal cancer-free (benign) masses that can occur in your nasal passages or sinus cavities. When visualized, polyps are translucent (or bright) gray color consisting of inflammatory materials. Most often polyps are found in the ethmoid sinules or middle conjuncts. While not all polyps need to be surgically removed, in some cases you and your doctor may decide that surgery is the best option to alleviate symptoms due to nasal polyps. A nasal polypectomy is not a remedy for nasal polyps, as the underlying causes of polyps can grow back if left untreated. Nasal polyps are most commonly found in adults, while children with cystic fibrosis (CF) are also prone to the development of nasal polyps. About 50 percent of children with CF develop nasal polyps, while the development of nasal polyps rarely develops in children without CF. Only 1-4 out of every 100 adults develop nasal polyps. Chronic inflammatory conditions can lead to the development of nasal polyps, so polyps consist of inflammatory tissues. Common chronic inflammatory conditions that can lead to the development of nasal polyps are as follows: Surgical removal of nasal polyps is not a primary treatment. Typically nasal polypectomy is recommended only after failure of other treatments or severe blockages emerging with uncontrollable symptoms. Treatments that can be used before surgery are: Glucocorticoid nasal sprays-Flonasen (fluticazon), Rhinocort (budesonide) or Nasonex (mometazon)Oral glucocorticoids - used only after nasal sprays fail or for severe obstruction; prednisonDupixent (dupilumab)—300 mg; monoclonal antibody is administered by Antileukotriene drugs every week with injection only-used in allergy treatment; Singulair (montelukast)Daily sinus lavageAspirin desensitization treatment with salty- If the underlying cause of nasal polyps is the use of AERD of deconjestans, it provides symptomatic relief and does not cause the nasal polyps to contract. Nasal and oral glucocorticoids may cause some shrinkage in nasal polyps. Dupixent is the first FDA approved drug to be used in the treatment of glucocorticoid drugs and uncontrolled nasal polyps with a possible way to minimize the need for surgery. RealPeopleGroup / Getty Images If there are nasal polyps with symptoms that have not responded to other treatments, nasal polypectomy should be considered in removing polyps. CT scan of your head is usually done to determine the extent and location of nasal passages and sinutic cavities polyps. Nasal polypectomy should not be considered if you are not exhibiting symptoms or if medications can control your symptoms. Other reasons that can prevent such surgeries include: Heart disease, highly controlled diabetes, highly controlled asthma, there are various complications that can occur because your nasal passages and sinus cavities are close to many different anatomical structures. However, many of these complications are rare due to the current use of endoscopic imaging during surgery and the use of CT screening before and in some cases during surgery. More frequent but typically less serious complications include: BleedingLocal infectionMucocoe (mucus kit) Bleeding can occur at home and usually improves. Uncontrollable bleeding is a medical emergency and you should seek emergency care. Your doctor may ask you to contact their office during daylight hours if bleeding occurs, but it does not delay taking emergency care for uncontrolled bleeding. Serious complications can occur, including eye, nasofrontal duct slick, and orbital problems. Any severe headaches or vision problems should be reported immediately. Severe headaches are a sign of cerebrroripinal fluid leakage. Vision problems are also possible because nasal passages and sinusal cavities are close to eye structures. Nasal polypectomy is an outpatient method. This means that after waking up enough from anesthesia, you will go home. You usually order your doctor to call the office or receive a call the day before surgery. When talking to the surgical center, most likely the following Do not eat or drink anything after midnight the night before the operation, keep any medication on the instructions of your system - you may be asked to stop taking any blood thinners it may come early to the surgical center—it varies according to the center but can be about an hour to an hour and a half typically, young children are first cases in the morning and adults are planned later. If you have any questions about the procedure, you should contact the doctor's office instead of the surgical center. Nasal polypectomy is performed by endoscopy, that is, a fiber optic tube with a camera is inserted into your nasal passages for vision. General anesthesia is widely used, that is, you are anesthesiaed with a mask that inhales anesthesia gas before the anesthesiologist inserts a breathing tube (called intubation). Topical anesthesia can be used, but general anesthesia is a more common approach. When using endoscope to visualize your polyps, your surgeon uses either forceps, cutting tools or a microdebrider to remove polyps. A CT scan before surgery will inform your doctor if your polyps are isolated only in the nasal passages or if there is polyp in your sinu cavities. The expert opinion recommends cleaning sinu cavities whenever polyps remove the sins, but this is left to the doctor's assessment for individualized patient needs and recovery. Caterization is rarely necessary to stop bleeding, and is used only when nasal packaging, vasoconstriction drugs (which narrow blood vessels) or hemostatic (stop bleeding) products are insufficient to stop bleeding. After the operation, the nose will be packed, which is left in place. Before being discharged (or cleaned to go home), the nurse who helps you recover will give instructions on when you can remove the nasal packaging. This is usually to keep the nose packing in place for about 24 hours. If you swallowed any blood during surgery, which can usually occur, nausea and vomit can happen after the surgery. This is not a medical emergency and usually resolves once after vomiting. Your doctor will ensure that you are seen after surgery to ensure the correct healing and resolution of the symptoms related to nasal polyps. In some cases, your doctor may want to use an endoscope to visualize the areas where polyps are taken. After surgery, you should notice an improvement in any symptoms related to nasal polyps. Surgery will not correct chronic rhinosy sinusitis or other underlying causes of nasal polyps. It is important that you follow your doctor's instructions to continue any treatment for the underlying causes. Without constant use, polyps can return within the year in a few months. Thank you for your feedback! What are your concerns? Verywell Health uses only high-quality resources, including peer-reviewed studies, to support the facts in our articles. Read our editorial process and Learn more about how we keep our content accurate, reliable and reliable. Clinical presentation, diagnosis and treatment of nasal congestion. UpToDate website. (Subscription Required). Updated May 7, 2018. Dupixent: Information Prescribing events. Regeneron website. . Etiologies of nasal symptoms: Overview. UpToDate website. (Subscription Required). Updated June 21, 2018. The FDA approved the first treatment for chronic rhinosy sinusitis with nasal polyps. FDA website. . Nasal Polypectomy. Medscape website. . Updated August 27, 2018. Position Statement: Debridement of sinu cavity after ESS. American Academy of Ear Surgery - Head and neck surgery website. Updated December 8, 2012. 2012.

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