

Dr. Andrew Thamboo, MD, MHSc., FRCSC, ENT Surgeon Maxillary Antrostomy - Surgical Teaching Video

Duration: 3 minutes 28 seconds

Hi, I'm Dr Andrew Thabo. I'm from the St Paul's Science Center here at the University of British Columbia, and today we're going to talk about science procedures to optimize your outcomes for your science patients.

So let's talk about the maxillary antrostomy. The first step is obviously the uncinectomy. Here I use a back to front approach with the back biter, and we go all the way to the maxillary line. I then follow that maxillary line superiorly, all the way until I hit the agromount. Now there are obviously multiple ways to remove the superior aspect of the uncinete. Here, I can use a cutting instrument. I can use a microdebrider. My personal preference is to use the cutting instrument, but I can use a microdebrider easily to remove this as well.

Once the superior aspect is removed, I direct my attention to the lower 1/3 of the uncinete. My preference here is to place some neuro patties with 1/1000 adrenaline and switch to a 30 degree scope.

The reason I like the 30 degree scope is so I can see the natural ostia of the maxillary sinus. I want to make sure that if I'm making an opening into a maxillary sinus, I'm including the natural ostia here. I'm using an olive suction with the 30 degree scope and visualizing that natural ostia. And the next step is I take a maxillary sinus seeker to dilate that opening. I'm very careful that I do not strip the mucosa off the roof of the maxillary sinus. Once I've dilated the natural ostia, I can then use a multitude of instruments. Here. I'm using a through cutting instrument to cut the mucosa to ensure that I don't strip the roof of the maxillary sinus cavity. Once I've made that cut, I then take the microdebrider to clean up the remaining lower uncinete. Again, there are different instruments one can use. I like the microdebrider because it suctions and cuts, allowing me to visualize and be efficiently cutting away tissue so I can continue to see clearly.

Other instruments that one could use is a down biting antral punch. Once you've used the microdebrider, sometimes you do have to take some residual lower uncinete with a back biter so that you can be flushed with the roof of the inferior turbinate. The remaining aspects of the maxillary sinus can then be excised again with different instruments again to optimize the opening of your maxillary sinus so that you can optimize the irrigation into this cavity.

Here's an example of an improper maxillary sinus opening showing recirculation between the natural ostia and the opening made by the previous surgeon.

I hope you appreciated those surgical pearls for looking for more opportunities to learn to improve your surgical outcomes for your patients, definitely look for courses across Canada.

Presenter: [Dr. Andrew Thamboo, Otolaryngologist, Vancouver, BC](#)

Local Practitioners: [Otolaryngologist](#)

