

## INSTRUCTIONS FOR TREATMENT OF NEW SINUS SYMPTOMS

### Patient Instructions:

#### 1) Afrin Nasal Spray

- 1-2 sprays in each nostril every 12 hours for 3 days **THEN STOP**
- Use longer than this can result in a rebound runny nose which is difficult to treat.
- After each spray, gently sniff 3 times.

#### 2) “Sinus Rinse”

- Use as directed 30 minutes after Afrin Spray 2 times per day
- Mix with distilled or spring water (NO TAP WATER) per package instructions
- Can be used longer than 3 days



### Oxymetazoline (aka Afrin)

**USE** — Adjunctive therapy of middle ear infections, associated with acute or chronic rhinitis, the common cold, sinusitis, hay fever, or other allergies

### **ADVERSE REACTIONS** –

>10%:

Local: Transient burning, stinging

Respiratory: Dryness of the nasal mucosa, sneezing

1% to 10%:

Cardiovascular: Hypertension, palpitation

Respiratory: Rebound congestion with prolonged use

**CONTRAINDICATIONS** — Hypersensitivity to oxymetazoline or any component of the formulation

**WARNINGS / PRECAUTIONS** — Rebound congestion may occur with extended use (>3 days); use with caution in the presence of hypertension, diabetes, hyperthyroidism, heart disease, coronary artery disease, cerebral arteriosclerosis, or long-standing bronchial asthma

**DRUG INTERACTIONS** — Increased toxicity with MAO inhibitors

**MECHANISM OF ACTION** — Stimulates alpha-adrenergic receptors in the arterioles of the nasal mucosa to produce vasoconstriction

**PHARMACODYNAMICS / KINETICS**

Onset of action: Intranasal: 5-10 minutes

Duration: 5-6 hours

**Nasal irrigation**

The establishment of a more normal nasal environment through moisturization, humidification, and mechanical cleansing can be extremely helpful in the treatment of patients with chronic sinusitis. A number of studies support this modality.

A randomized controlled trial of 6 weeks of nasal irrigation with hypertonic saline in 69 patients with frequent sinusitis showed significant improvement in sinus symptoms and a reduction in antibiotic usage in the irrigation group.

*Rabago D; Zgierska A; Mundt M; Barrett B; Bobula J; Maberry R, Efficacy of daily hypertonic saline nasal irrigation among patients with sinusitis: a randomized controlled trial, J Fam Pract 2002 Dec;51(12):1049-55.*

Patients who complain of nasal congestion or drainage from excessive mucus production are instructed to irrigate their nose twice a day with warm saline solution using a bulb syringe. The saline is gently squirted into one nostril and then the other while bending over a sink. The solution should drain out of the nostrils, carrying with it excess mucus from within the nose and sinuses. This relatively simple technique can provide great symptomatic relief in many patients with sinusitis.

Commercially-available squeeze bottles prefilled with isotonic saline solutions (aka Sinus Rinse: <http://www.unimedprod.com/index.shtml>) are available for sinonasal irrigations.