OBJECTIVE: To evaluate the necessity of conventional gauze packing after endoscopic sinus surgery (ESS) postoperative nasal packing in endonasal surgery.

METHODS: From January 2006 through January 2009, 146 consecutive patients who underwent endoscopic sinus surgery by the same surgeon in Kyoto University Hospital were evaluated. Surgical procedure was ended with conventional gauze packing in 70 cases and without nasal packing in the remaining 76 cases. Follow-up evaluations were done through August 2007 (packing group), and patients attending otolaryngological exams on operative sites were performed in 76 consecutive patients from September 2007 to January 2008 (non-packing group). We analyze preoperative demographic characteristics, comorbidities, surgical procedures, intraoperative blood loss and the incidence of packing the nose after excessive postoperative bleeding. The difference in surgeries performed in the current study may bring no advantage for the analysis. The results demonstrate no significant difference in both occurrence ratios between the two groups (p = 0.63).

RESULTS: 1. Demographic characteristics
   a. Age, Gender, Comorbidities, surgical procedures, intraoperative blood loss and the incidence of packing the nose after excessive postoperative bleeding.

2. Postoperative bleeding and adhesions
   a. No significant difference in the incidence of postoperative bleeding or adhesion observed in the present study.

CONCLUSIONS: Conventional gauze packing appear to have no benefit over placing oxidized cellulose (Surgicel, Johnson and Johnson's cellulose) after endoscopic endonasal surgery. For endoscopic endonasal surgery, the incidence of postoperative bleeding and adhesion without use of conventional gauze packing was compared with that with its use, retrospectively. The results demonstrate no significant difference in both occurrence ratios between the two groups, indicating no need of conventional gauze packing after endoscopic endonasal surgery.

REFERENCES
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