

Establishing a threshold for surgery in recurrent acute rhinosinusitis

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A study in the May 2012 issue of *Otolaryngology–Head and Neck Surgery* suggests a threshold for when to choose surgery over medical therapy for recurrent acute rhinosinusitis (RARS) based on the patients' lost productivity in response to RARS and each treatment strategy.

The authors compare the burden of [surgery](#) and the burden of disease. On one hand, "Surgery and postoperative convalescence for comprehensive endoscopic sinus surgery can take 5 to 7 days or 3 to 5 workdays..." they write. However, the impact of each bout of infection also diminishes quality of life through absenteeism and partial productivity.

In this study, the authors find that the productivity lost to surgery is outweighed by the productivity lost to illness when patients suffer 4 or more episodes of RARS a year. To counteract the fact that patients may have difficulty distinguishing between an episode of RARS and the 2 viral upper respiratory infections suffered by the average North American each year, the authors suggest using a threshold of 6 episodes per year.

The authors caution, "...productivity is not a perfect surrogate for quality of life... and is not the only way people are affected by a disease. ...variability in the degree of debilitation with each infection requires discussion between the clinician and patient to fully appreciate the impact of the disease on an individual basis..." Nonetheless, this threshold provides the first step to a meaningful discussion in patient-

centered decision making.

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