

UW Rhinology and Endoscopic Skull Base Surgery Fellowship 2024-2025 Case Log

Case Logs: 2025

Primary ESS	113
Revision ESS	65
Advanced Frontal	30 (12 Draf III)
Sinus Tumors	45
Orbit pathology	19
Nasal obstruction/HHT/Cryoablation	86
Pituitary	51
Encephalocele/CSF leak	13
Skull base tumors (non-pit)	9
Total	431

Average Fellow Cases (Last 3 Years)

Primary ESS	100
Revision ESS	100
Advanced Frontal	25
Sinus Tumors	30
Orbit pathology	15
Nasal obstruction/HHT/Cryoablation	90
Pituitary	50
Encephalocele/CSF leak	15
Skull base tumors (non-pit)	20
Total	~ 400 Cases

2024-2025 Case Log

Include hybrid ESS/balloon cases here. Standalone balloon cases should be listed in the balloon tab.
 Cases done primarily for complex frontal disease should be included in the advanced frontal category.
 Specify any external approach performed.

Attending	Procedure	Indication/Diagnosis	Side (R,L,B)	External approach	Other notes
Humphreys	ESS	Facial pressure, obstruction	B	No	Bilateral miniFESS, turbinates
Humphreys	ESS	L>R obstruction, facial pain, smell loss	B	No	Bilateral miniFESS, endoscopic septoplasty, turbinates
Jafari	ESS	Persistent pain, obstruction	B	No	Bilateral full FESS, septoplasty, turbinates, propel implants, highly pneumatized frontal
Jafari	ESS	Right facial pain, obstruction, silent sinus syndrome	R	No	Right miniFESS, maxillary sinus atelectasis
Abuzeid	ESS	Recurrent acute sinusitis	B	No	Bilateral full FESS, propel implants
Perez/Jafari	ESS	Acute sinusitis, orbital cellulitis, IFS rule out	R	No	Orbital cellulitis, AML patient, fungus on OSH path, no evidence of IFS intraop
Jafari	ESS	Nasal obstruction, CRS	B	No	Severe pansinusitis, thick eosinophilic mucin throughout, severe left caudal septal deviation. Full FESS, septoplasty, inferior turbinate reduction
Jafari	ESS	CRS, refractory medical therapy	B	No	Bilateral full FESS, septoplasty. Inferior turbinate reduction
Abuzeid	ESS	Barosinus	B	No	Bilateral miniFESS, septoplasty, turbinates
Humphreys	ESS	Hx SNEC presenting with AMS, orbital swelling	B	No	Bilateral maxillary anastomies, debridement of necrotic flap from prior surgery, pending skull base recon
Jafari	ESS	CRS, refractory medical therapy	B	No	Bilateral full FESS, septoplasty, turbinates, Crouzon's syndrome
Humphreys	ESS	CRS, refractory medical therapy	B	No	Bilateral full FESS, septoplasty. Inferior turbinate reduction
Jafari	ESS	CRS, deviated septum	B	No	Bilateral miniFESS, endoscopic septoplasty, turbinates
Jafari	ESS	CRS, refractory to medical therapy	B	No	Bilateral full Fess
Jafari	ESS	Silent sinus syndrome, enophthalmos	R	No	Right maxillary anastomomy and anterior ethmoidectomy, significant lateral retraction of medial maxillary wall
Humphreys	ESS	CRS, nasal obstruction, adenoid hypertrophy	B	No	Bilateral maxillary, ethmoids, sphenoids, adenoidectomy
Humphreys	ESS	CRS, nasal obstruction	B	No	Bilateral miniFESS, endoscopic septoplasty, turbinates
Humphreys	ESS	Odontogenic sinusitis	L	No	Left odontogenic sinusitis, maxillary anastomomy, partial ethmoidectomy
Humphreys	ESS	CRS, odontogenic sinusitis, oroantral fistula	L	No	Left odontogenic sinusitis, ethmoidal sinusitis
Humphreys	ESS	Mucocele, facial pain	L	No	Left frontoethmoidal mucocele, left maxillary anastomomy, ethmoidectomy, frontal sinus widely patent
Abuzeid	ESS	Recurrent acute sinusitis	B	No	Left maxillary and anterior ethmoidectomy, right maxillary and total
Jafari	ESS	Right sided mucopyocele with post-obstructive	R	No	Right full FESS, septoplasty
Jafari	ESS	CRSwNP	B	No	Bilateral full FESS with septoplasty
Humphreys	ESS	Recurrent acute sinusitis	B	No	Bilateral miniFESS
Jafari	ESS	CRSwNP	B	No	Bilateral full FESS, polyposis
Humphreys	ESS	Recurrent sinusitis	B	No	

Humphreys	ESS	CRSwNP	B	No	Bilateral full FESS, concha bullosa removal, Cornelia de Lange Syndrome
Humphreys	ESS	Necrotic palate lesion, unilateral maxillary sinusitis	L	No	Left maxillary anastomy, ethmoidectomy and sphenoidectomy with debridement of left palate
Abuzeid	ESS	Chronic sinusitis	B	No	Bilateral full FESS, septoplasty, repair of septal perforation
Jafari	ESS	Recurrent acute sinusitis, vasomotor rhinitis	B	No	Bilateral miniFESS with radiofrequency treatment of posterior nasal nerves, bilateral haller cells
Jafari	ESS	CRSwNP, nasal septal deviation	B	No	Bilateral full FESS, septoplasty, inferior turbinate reduction
Jafari	ESS	CRSwNP, nasal septal deviation	B	No	Bilateral fullFESS, septoplasty, inferior turbinate reduction, concha bullosa removal
Abuzeid	ESS	CRS, septal deviation	B	No	Bilateral maxillary anastomies and total ethmoidectomies, septoplasty
Humphreys	ESS	CRS	B	No	Bilateral fullFESS
Jafari	ESS	Rule out CSF leak, dehiscence along skull base bilaterally with symptoms of rhinorrhea	B	No	Bilateral fullFESS with complete skull base dissection, lumbar drain
Jafari	ESS	AFRS	R	No	Right fullFESS, thick eosinophilic mucin within sphenoid requiring curette
Perez	ESS	Sphenoid sinusitis, vision loss, AMS	B	No	Right maxillary anastomy, ethmoidectomy, sphenoidotomy with mycetoma removal, left sphenoidotomy via transnasal approach with mycetoma removal
Jafari	ESS	CRS, septal deviation	B	No	Bilateral miniFESS, septoplasty, concha bullosa resection
Jafari	ESS, SP3 procedure	Rule out CSF leak, dehiscence along right ethmoid skull base with symptoms	R	No	Right full FESS, fluorescein with none visualized in sinuses, SP3 procedure performed once CSF leak ruled out
Jafari	ESS	CRS	B	No	Bilateral full FESS with septoplasty
Jafari	ESS	Right odontogenic sinusitis	R	No	Right full FESS
Jafari	ESS	AFRS, right sided vision loss from dehiscence along optic nerve	B	No	Bilateral fullFESS with bilateral medial maxillectomies with extensive fungal debris causing optic nerve compression, sphenoid expansion
Jafari	ESS	Sphenoid mycetoma	L	No	Left sphenoidotomy, septoplasty, turbinates
Jafari	ESS	CRS, septal deviation	B	No	Bilateral fullFESS, septoplasty, inferior turbinate reduction
Abuzeid	ESS	CRS	B	No	Bilateral fullFESS, inferior turbinate reduction
Abuzeid	ESS	CRS	B	No	Bilateral maxillary, left ethmoid, sphenoid, frontal
Jafari	ESS	Fungal mycetoma	L	No	Left maxillary, partial ethmoid
Jafari	ESS	Fungal mycetoma	R	No	Right sphenoidotomy, septoplasty
Humphreys	ESS, SP3 procedure	CRS, EGPA	B	No	Bilateral fullFESS
Humphreys	ESS	CRS	B	No	Bilateral miniFESS, ITR
Humphreys	ESS	CRS	B	No	Bilateral maxillary, total ethmoid, sphenoid, septoplasty
Humphreys	ESS, vestibular stenosis repair	CRS, history NK/T cell lymphoma	B	No	Bilateral maxillary, ethmoid, vestibular stenosis repair, destruction of intranasal lesions
Perez	ESS	CRS	B	No	Bilateral fullFESS, septoplasty, ITR
Humphreys	ESS, SP3 procedure	CRS, refractory rhinitis	B	No	Bilateral maxillary anastomy, partial ethmoid, SP3

Humphreys	ESS, septoplasty	CRS, history LeFort1	B	No	Bilateral miniFESS, septoplasty, ITR
Jafari	ESS, septoplasty	CRS	B	No	Bilateral fullFESS, septoplasty, inferior turbinate reduction, concha bullosa removal
Abuzeid	ESS	CRS, AFRS	B	No	Bilateral fullFESS, ITR, fungal mycetoma removal
Abuzeid	ESS	Barosinus, nasal obstruction	B	No	Bilateral minifess, right frontal sinusotomy, septoplasty, ITR
Jafari	ESS	Sphenoid mucocele with left ptosis and vision loss	B	No	Approach to mucocele via transnasal transphenoid corridor, dura intact
Jafari	ESS	Recurrent acute sinusitis, septal deviation	B	No	Bilateral miniFESS, septoplasty, turbinates
Perez	ESS	Fungal sphenoid sinusitis, dural enhancement	B	No	Bilateral transnasal sphenoidotomies, removal of fungal debris within left sphenoid
Humphreys	ESS, septoplasty	CRS	B	No	Bilateral miniFESS, septoplasty, turbinates
Jafari	ESS	RARS	B	No	Bilateral miniFESS, concha bullosa excision, septoplasty, turbinates
Jafari	ESS	CRS	B	No	Bilateral fullFESS, septoplasty, concha bullosa resection, turbinates
Abuzeid	ESS	CRS	B	No	Bilateral miniFESS, septoplasty, turbinates, left concha bullosa excision
Abuzeid	ESS	CRS	B	No	Bilateral miniFESS, septoplasty, concha bullosa excision, turbinates
Jafari	ESS	CRS	B	No	Bilateral fullFESS, septoplasty, turbinates
Jafari	Left sphenoidotomy	Sphenoid lesion	L	No	Left transnasal approach to sphenoid, removal of sphenoid lesion ("organizing
Perez	ESS	Orbital NSTI	L	No	Left maxillary, total ethmoid, sphenoid. Extensive mucosal edema and purulence
Abuzeid	ESS	CRS	R	No	Right miniFESS
Humphreys	ESS	CRS, oroantral fistula	R	No	Right miniFESS, septoplasty
Humphreys	ESS	CRS, history MMA	B	No	Bilateral miniFESS, septoplasty, turbinates, left concha bullosa excision
Humphreys	ESS	CRS	B	No	Bilateral fullFESS, excision of concha bullosa
Humphreys	ESS	RARS	B	No	Bilateral miniFESS, septoplasty, ITR
Perez	ESS, external I&D	Pott's puffy, CRS	B	Yes	Bilateral fullFESS, external I&D for pott's puffy tumor
Abuzeid	ESS	CRS	B	No	Bilateral fullFESS
Jafari	ESS	CRS	B	No	Bilateral fullFESS
Jafari	ESS	CRS	B	No	Bilateral fullFESS, concha bullosa excision
Humphreys	ESS, SP3 procedure	Rhinitis, GPA	B	No	Bilateral maxillary anthroostomy, SP3
Jafari	ESS	CRS, hx heart transplant	B	No	Bilateral full FESS
Jafari	ESS	CRS	B	No	Bilateral fullFESS, septoplasty, ITR
Perez	ESS	CRS, rule out IFS, skull base erosion	R	No	Right fullFESS, septoplasty, no evidence of CSF leak or necrotic tissue
Abuzeid	ESS	CRS	B	No	Bilateral fullFESS, ITR
Abuzeid	ESS, septoplasty, ITR	CRS	B	No	Bilateral miniFESS, septoplasty, ITR, septal perforation repair, fascia interposition
Chiu	ESS	Odontogenic sinusitis, transplant patient	R	No	Right maxillary and ethmoid
Jafari	ESS, septoplasty, ITR	RARS	B	No	Bilateral miniFESS, septoplasty, ITR
Humphreys	ESS, septoplasty	RARS	B	No	Bilateral miniFESS, septoplasty
Humphreys	ESS, septoplasty, ITR	CRS	B	No	Bilateral fullFESS, septoplasty, ITR
Humphreys	ESS, SP3 procedure	Rhinitis	B	No	Bilateral maxillary anthroostomy, SP3
Jafari	ESS, septoplasty, ITR	CRS, sarcoidosis	R	No	Right fullFESS, septoplasty, ITR
Jafari	Left ESS, septoplasty, ITR	Odontogenic sinusitis, transplant patient	L	No	Left full ESS, sepotplasty, ITR

Humphreys	ESS	Silent sinus	B	No	Bilateral miniFESS
Jafari	ESS	CRS	B	No	Bilateral fullFESS, septoplasty, ITR
Jafari	ESS	CRS	B	No	Bilateral fullFESS
Abuzeid	ESS	RARS	B	No	Bilateral max, ant ethmoid, frontal, septo, ITR
Jafari	ESS	CRS, CSF leak rule out	L	No	Left max, ethmoid, frontal, septo, ITR, no evidence of CSF leak
Jafari	ESS	CRS	B	No	Bilateral fullFESS, septoplasty, ITR
Perez	ESS	RARS	B	No	Bilateral miniFESS, septoplasty, ITR
Jafari	ESS	CRS	B	No	Bilateral miniFESS, septoplasty
Jafari	ESS	RARS	B	No	Bilateral miniFESS, septoplasty, ITR
Jafari	ESS	CRS, concern for IgG4 disease	L	No	Left fullFESS, adenoidectomy
Abuzeid	ESS	CRS, fungal mycetoma	B	No	Bilateral miniFESS
Humphreys	ESS	CRS	B	No	Bilateral miniFESS, septoplasty, ITR
Humphreys	ESS	CRS	L	No	Left maxillary, ant ethmoid
Chiu	ESS	CRS	R	No	Right fullFESS, sinonasal mass removal, consistent with polyp
Chiu	ESS, SP3 procedure	RHinitis	B	No	Bilateral maxillary anthroscopy, SP3
Perez	ESS	CRS	B	No	Bilateral maxillary, ethmoids, frontal, septoplasty
Perez	ESS	CRS	B	No	Bilateral fullFESS, septoplasty, ITR
Humphreys	ESS	CRS	B	No	Bilateral miniFESS, septoplasty, ITR
Jafari	ESS	Odontogenic sinusitis	L	No	Left maxillary, ant ethmoid
Jafari	ESS	CRS	B	No	Bilateral fullFESS, septoplasty, ITR
Jafari	ESS	CRS, T1DM	L	No	Left fullFESS, septoplasty
Jafari	ESS	CRS	B	No	Bilateral fullFESS, septoplasty, ITR
Jafari	ESS	CRS	B	No	Bilateral fullFESS, ITR
Jafari	ESS	Odontogenic sinusitis	L	No	Left maxillary, ethmoid
Perez	ESS	RARS	B	No	Bilateral miniFESS, septoplasty
Perez	ESS	CRS	B	No	Bilateral fullFESS, ITR
Perez	ESS	RARS	B	No	Bilateral miniFESS, septoplasty, ITR
Jafari	ESS	IFS	R	No	Right fullFESS, Denker's, PPF exploration, orbitotomy, septectomy, palatectomy
Jafari	ESS	CRS	B	No	Bilateral fullFESS, septoplasty, ITR

2024-2025 Case Log

Include hybrid ESS/balloon cases here. Standalone balloon cases should be listed in the balloon tab.

Cases done primarily for complex frontal disease should be included in the advanced frontal category.

Specify any external approach performed.

Attending	Procedure	Indication/Diagnosis	Side (R,L,B)	External approach	Other notes
Jafari	ESS, inferior turbinate reduction	Chronic sinusitis	B	N	Previously resected middle turbinates, diffuse polypoid edema, all sinuses revised
Abuzeid	ESS, septoplasty, inferior turbinate reduction	CRS, facial pain, nasal obstruction	B	N	All sinuses revised, right ethmoid requiring complete dissection
Humphreys	ESS, septoplasty, inferior turbinate reduction	CRS, CVID	B	N	All sinuses revised, bilateral draf lib
Humphreys	Medial maxillectomy	CRS, recurrent disease of right maxillary	R	N	Revised right medial maxillectomy
Humphreys	ESS	CRS, recurrent pansinus disease	B	N	Polyps in middle meatus, all sinuses revised
Jafari	Left ESS, septoplasty, inferior turbinate reduction	Left antrochoanal polyp, CRS, deviated septum	L	N	Polyp based anteriorly on maxillary wall requiring 70 scope and 90 degree instruments
Humphreys	Right ESS, septoplasty	Right ethmoidal mucocele	R	N	Lateralized right middle turbinate requiring sickle knife to separate, mucocele decompressed, all sinuses opened
Humphreys	Bilateral ESS	Refractory CRS, severe nasal polyposis and edema of all sinuses	B	N	Significant pansinusitis, inspissated mucus requiring revision of all sinuses
Abuzeid	Bilateral ESS, inferior turbinate/meatal augmentation	Scarring of bilateral middle turbinates to orbit resulting in ethmoid sinusitis	B	N	Scarred middle turbinates, empty nose syndrome, filler placed
Jafari	ESS, septoplasty, inferior turbinate reduction	CRS, history of ESS x2 with symptom persistence	B	N	All sinuses revised, high septal deviation requiring drill
Humphreys	Right revision maxillary antrostomy	CRS, recirculation of maxillary sinus	R	N	Recirculation identified, natural os included
Humphreys	ESS, revision septoplasty, turbinate reduction	CRS, nasal polyposis, pansinusitis	B	N	All sinuses revised, retained uncinates, lateralized middle turbinates with concha bullosa
Jafari	Right ESS	CRS, history of bilateral sinus surgery with recurrent symptoms	R	N	Middle turbinate was lateralized and partially resected, mucopurulence noted in ethmoids
Abuzeid	Bilateral medial maxillectomy, left frontal exploration	CRS, history of bilateral sinus surgery with recurrent symptoms	B	N	Bilateral medial maxillectomy performed, fungal debris noted in bilateral maxillary sinuses and at entrance of left frontal sinus
Humphreys	Bilateral ESS	CRS, history of prior miniFESS at B OSH	B	N	Bilateral maxillary antrostomies with complete ethmoidectomy, significant osteitic bone noted
Perez/Jafari	Bilateral revision maxillary antrostomy, ethmoidectomy	CRS, with focus of central disease	B	N	Bilateral maxillary antrostomies with complete ethmoidectomy, septoplasty
Abuzeid	Bilateral revision maxillary antrostomy, ethmoidectomy, sphenoidotomy, inferior turbinate reduction	CRS, recurrence of disease	B	N	Bilateral revision maxillary antrostomy, ethmoidectomy, frontal and sphenoid
Humphreys	ESS	CRS, CVID	L	N	Left maxillary antrostomy, anterior ethmoidectomy

Jafari	Bilaeral medial maxillectomy, revision ethmoid, sphenoids, left frontal sinusotomy	CRS, cystic fibrosis	B	N	Bilaeral medial maxillectomy, revision ethmoid, sphenoids, left frontal sinusotomy
Jafari	ESS, bilateral	CRS	B	N	Bilateral frontal, left ethmoid, sphenoid, left maxillary
Humphreys	ESS, bilateral	CRS	B	N	Bilateral maxi, ethmoid, left frontal, left concha bullosa excision
Jafari	ESS, bilateral	CRS, cystic fibrosis	B	N	Bilateral medial maxillectomy, revision sphenoidotomy with nasalization, right Draf 2B, left Draf 2A
Jafari	ESS, left	CRS	L	N	Left maxillary anthroscopy, radiofrequency treatment of inferior turbinates, von willebrand disease patient
Abuzeid	ESS	CRS	B	No	Bilateral maxillary, left total ethmoid, revision septoplasty, ITR
Humphreys	ESS, SP3 procedure	Refractory rhinitis	B	No	Bilateral maxillary revision, SP3 procedure
Humphreys	Revision sphenoidotomy	History mucosal melanoma	R	No	
Humphreys	ESS	CRS, cystic fibrosis	B	No	Bilateral full revision ESS, right ethmoid mucocele
Abuzeid	ESS	CRS	B	No	Bilateral full revision ESS
Humphreys	Revision maxillary anthroscopies	CRS	B	No	Bilateral revision maxillary anthroscopy, active recirculation noted
Jafari	ESS	CRS	B	No	Bilateral medial maxillectomy, revision ethmoidectomy, sphenoidotomy, frontal sinusotomy
Jafari	ESS	CRS	B	No	Bilateral full revision ESS, septoplasty, turbinates
Jafari	ESS	CRS	B	No	Bilateral full revision ESS, left Draf IIb
Humphreys	ESS, medial maxillectomies	CRS, PCD	B	No	Bilateral full revision ESS, bilateral medial maxillectomies
Humphreys	ESS	CRS	B	No	Bilateral full revision ESS, excision of bilateral concha bullosa
Humphreys	ESS	CRS	B	No	Bilateral full revision ESS, excision of bilateral concha bullosa
Jafari	ESS, medial maxillectomies	CRS	B	No	Bilateral full revision ESS, EGPA
Abuzeid	ESS	CRS	B	No	Bilateral revision ESS, right mega anthroscopy
Abuzeid	ESS	CRS, AFS	B	No	Bilateral full revision ESS, allergic fungal
Jafari	ESS, septoplasty, inferior turbinate reduction	CRS	B	No	Bilateral revision ESS, septoplasty, turbinates
Humphreys	Bilateral sphenoidotomy revision	CRS, EGPA	B	No	Bilateral sphenoid revision, underlying immunodeficiency
HUmphreys	ESS	CRS	R	No	Right full revision ESS with medial maxillectomy
Humphreys	ESS, SP3 procedure	CRS, Rhinitis	B	No	Bilateral revision maxillary anthroscopies, SP3 procedure
Humphreys	ESS, bilateral medial maxillectomy	CRS, CF	B	No	Bilateral medial maxillectomies
Jafari	IFS rule out 2nd look, re-assess area of skull base erosion, free mucosal graft	CRS, IFS ruleout	R	No	Revision right total ethmoidectomy, right middle turbinectomy, no evidence of CSF leak, no malignancy, free mucosal graft for reconstruction
Abuzeid	ESS	CRS	B	No	Revision bilateral fullFESS
Humphreys	ESS	CRS	B	No	Right medial maxillectomy, partial ethmoid, frontal, left maxillary
Jafari	ESS	CRS, CSF leak rule out	B	No	Bilateral full ESS, no encephalocele noted or active leak after fluorescein
Jafari	ESS, RFA PNN	CRS	B	No	Bilateral full ESS, septoplasty, ITR, RFA PNN
Humphreys	ESS, Coblation of telangiectasias	CRS, HHT	L	No	Left medial maxillectomy, coblation of HHT telangiectasias
Abuzeid	ESS	CRS	B	No	Bilateral fullFESS
Jafari	ESS	CRS	B	No	Bilateral fullFESS, septoplasty, ITR

Perez	ESS	CRS	B	No	Bilateral fullFESS
Jafari	ESS	CRS, mycetoma	R	No	Right medial maxillectomy, ethmoidectomy, vivaer (repair of nasal valve collapse with low energy temperature controlled subc/subm remodeling)
Abuzeid	ESS	CRS	B	No	Bilateral max, sphenoid, right ethmoid
Jafari	ESS	CRS	L	No	Left full ESS
Humphreys	ESS	CRS	L	No	Left medial maxillectomy
Humphreys	ESS	CRS	B	No	Bilateral medial maxillectomy, right total ethmoid, sphenoid, bilateral frontal, left concha bullosa excision
Jafari	ESS	CRS, Osteoma	B	No	Bilateral ESS with removal of bilateral osteomas, no CSF leak encountered with left osteoma removal
Humphreys	ESS	RARS	B	No	Bilateral miniFESS
Abuzeid	ESS	CRS	B	No	Bilateral medial maxillectomy, extended sphenoidotomy, total ethmoid, draf IIa
Humphreys	ESS	CRS, CF	L	No	Left medial maxillectomy, septoplasty, ITR
Jafari	ESS	CRS	B	No	Bilateral miniFESS, septoplasty, ITR
Humphreys	ESS	CRS	B	No	Bilateral miniFESS, left frontal, septoplasty, ITR
Humphreys	ESS	CRS, CF	B	No	Left maxillary, right ethmoid and frontal revision
Humphreys	ESS	RARS	R	No	Revision maxillary
Perez	ESS	CRS, frontal mucocele	R	No	Right maxillary, ethmoid, frontal, mucocele marsupialization
Jafari	ESS	CRS	B	No	Bilateral fullFESS, minor revisions
Abuzeid	ESS	CRS	B	No	Revision fullFESS
Humphreys	ESS	CRS	B	No	Revision bilateral maxillary and frontals
Humphreys	ESS	CRS	B	No	Revision fullFESS

2024-2025 Case Log

Hybrid ESS/balloon cases should be listed in the primary or revision ESS category, as appropriate.

Attending	Procedure	Indication/Diagnosis	OR or office?	Maxillary (R,L,B)	Frontal (R,L,B)	Sphenoid (R,L,B)	Other Notes
Abuzeid	Left sphenoid sinuplasty	History prior surgery with scarring of sphenoid	Office			L	

2024-2025 Case Log

Use this section for frontal inflammatory disease. Frontal sinus tumors and trauma should be logged in the sinonasal tumor and trauma sections, respectively. Specify any external approach performed.

Attending	Procedure	Indication/Diagnoses	Side (R,L,B)	Drill Used?	External approach	Other notes
Humphreys	ESS	CRSsNP, lateralized middle turbinates adherent to lamina	B	No	No	Draf IIB, revision
Humphreys	ESS, trephine	Hx GSW with multiple left ethmoid and frontal mucoceles	L	Yes	Yes	Required surgery through open palate defect, absent nasal vestibule, trephination with significant drilling of new outflow tract
Abuzeid/Moe	ESS, Osteoplastic flap	Incidental large left frontal osteoma	L	Yes	Yes	Draf III, osteoma removed in large fragments externally, steroid eluting stents and silastic
Abuzeid	ESS, revision	CRS failed prior OSH surgery	L	Yes	No	Draf IIB, narrowed frontal sinus with adjacent thickened bone requiring thinning with powered instruments
Humphreys	ESS, trephine	Previous history Draf III from frontal IP and dehiscent posterior table with mucocele	L	No	Yes	Draf III revision, trephine, drainage of purulent material
Abuzeid	ESS, Draf III	Previous history of complete FESS with persistent mucosal thickening	B	Yes	No	Draf III, bilateral medial maxillectomies, sphenoid nasalization
Abuzeid/Moe	TONES, ESS, Draf III	Gardner syndrome, obstructing osteomas	B	Yes	Yes	Draf III, ue of superior eyelid approach to establish outflow tract for right frontal sinus, left frontal and obstructing osteomas removed endonasally, wide opening created
Humphreys	ESS, revision Draf III	Mucocele of the ethmoid skull base and frontal sinus	R	Yes	No	Draf III revision
Abuzeid/Moe	TONES, ESS, Draf IIB	Previous frontal sinus obliteration with recurrent frontal sinusitis	R	Yes	Yes	Draf IIB, contralateral transorbital approach, removal of previously placed fat and establishing frontal drainage
Jafari	Left ESS, Draf IIB, medial maxillectomy	Prior ESS with recurrence of disease	L	Yes	No	Draf IIB, endoscopic medial maxillectomy, prior openings revised and skull base dissection completed
Jafari	Bilateral ESS w left draf IIB	Large mucocele occupying entire left frontal sinus with posterior table dehiscence	B	No	No	History of prior craniotomy for giant orbitofrontal osteoma, cranialization with right orbitofrontal mucocele
Jafari	Bilateral ESS with right Draf IIB	giant orbitofrontal osteoma, cranialization with right orbitofrontal mucocele	R	Yes	No	Draf IIB to access orbitofrontal mucocele, maintained open with silastic
Abuzeid	Bilateral ESS, draf IIBs	CRS with AERD	B	Yes	No	Draf IIB, bilateral full revision sinus surgery
Humphreys	Bilateral ESS, draf IIBs with septectomy	CRS, prior surgery	B	Yes	No	Draf IIB with septectomy, revision ethmoidectomy and concha bullosa resection
Abuzeid/Moe	Bilateral maxillary, anterior ethmoid, Draf III	CRS, prior trauma with anterior table fracture, frontal sinus obliteration, headaches	B	Yes	No	Draf III with removal of prior fat graft and fibrous scar within frontal sinus
Abuzeid	Bilateral medial maxillectomy, total ethmoid, sphenoid nasalization, Draf	CRS	B	Yes	No	Draf III, sphenoid nasalization
Humphreys	Bifrontal craniotomy, frontal sinus exploration and unobliteration	Previous history Draf III from frontal IP and dehiscent posterior table with mucocele formation, history of trephination with persistent infection	B	Yes	Yes	Bifrontal craniotomy, joint case with neurosurgery
Jafari	Bilateral ESS with Draf III	CRS, previous osteoma removal with osteoplastic flap, scarring of frontal sinus	B	Yes	No	Draf III
Jafari	ESS, Draf right IIB, left IIB	CRS, GPA, prior ESS	B	Yes	No	

Jafari	ESS, Draf III revision, bifrontal crani	Persistent osteoma with SOE obstruction	B	Yes	Yes	Crani, draf III revision, pericranial flap
Jafari	ESS, Draf III revision, destruction of nasla lesions, closure of sinocutaneous fistula	CRS, sinocutaneous fistula	B	Yes	Yes	Draf III revision, closure of fistula with FPRS
Abuzeid	ESS, Draf III	CRS, AERD	B	Yes	No	Draf III, sphenoid nasalization, full ESS
Abuzeid	ESS, Draf IIb	CRS	B	Yes	No	Draf IIb, revision ethmoidectomy, sphenoidotomy
Jafari	ESS, Draf III, medial maxillectomies	CRS, prior facial trauma, previous Raines stent	B	Yes	No	Draf III, medial max bilaterally, partial ethmoid
Jafari	ESS, Draf III	CRS	B	Yes	No	Draf III, revision full ESS
Jafari	ESS, Draf III	CRS, cirrhosis	B	Yes	No	Draf III, medial maxillectomies, sphenoid nasalization, total ethmoid
Humphreys	ESS, Draf III	CRS	B	Yes		Right maxillary anastomy, bilateral total ethmoid sphenoid, draf III
Abuzeid	ESS, Draf IIB	CRS	B	Yes	No	Bilateral Draf IIb, medial maxillectomies, posterior septectomy with sphenoid nasalization
Abuzeid	ESS, Draf IIB	CRS	B	Yes	No	Revision fullFESS, Draf IIb
Jafari	ESS, re-establish frontal sinus and SOE drainage	CRS, hx OSH surgery, CSF leak repair	L	Yes	No	Left revision frontal sinusotomy, removal of fat and previous flap
Jafari	ESS, Draf III, bifrontal crani	CRS, anterior skull base lesion	B	Yes	Yes	Bilateral fullFESS, Draf III, bifrontal crani, nasoseptal flap, TFL

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Diagnosis should report histopathology, but please also specify whether benign (B) or malignant (M) and anatomic location(s) (eg R ethmoid, R ethmoid).

Attending	Procedure	Indication/Diagnosis	B or M?	Location	Other Notes
Humphreys	ESS	Vascular tumor	B	Left ethmoid, frontal sinus	Embolization 24hrs prior, bicoronal with neurosurgery for external approach to frontals, draf lib on left
Jafari	ESS	Neoplasm, fibrovascular lesion	B	Left sphenoid, left cavernous sinus	Transpterygoid approach to lateral sphenoid recess
Jafari	ESS	Inverted papilloma	B	Left ethmoid, frontal recess, frontal sinus	Draf III, history of 4 previous surgeries
Humphreys	ESS with trephination	Mucosal melanoma	M	Right nasal cavity and paranasal sinuses with tumor, spared sphenoid	Trephination required for access of tumor into right frontal. Crawford stents placed into lacrimal system
Humphreys	ESS	Inverted papilloma	B	Left maxillary sinus	Left denker's approach to maxillary sinus tumor, floor of left nasal cavity used to drape exposed bone
Humphreys	ESS	Squamous cell carcinoma, p16+	M	Right ethmoid, cribriform, nasal cavity, maxillary	Right endoscopic sinus surgery with debulking, noted dehiscence along cribriform with disease, addressed with neurosurgery. Low flow CSF leak, free mucosal graft used
Humphreys	ESS	Adenocarcinoma occupying right nasal cavity	M	Right nasal cavity, involved periorbita, right posterior septum and rostrum	Gross total resection achieved, bilateral FESS performed for post-obstructive sinusitis
Abuzeid/Moe	TONES, ESS	Recurrent inverted papilloma of apex of left supraorbital ethmoid	B	Left supraorbital ethmoid, left ethmoid skull base	Superior eyelid approach towards left frontal/left SOE apex, mucosa removed and additional drilling of exposed SOE and posterior table bone done
Abuzeid	ESS	Inverted papilloma	B	Obstructing all of right nasal cavity extending to right maxillary, sphenoid and frontal with significant polyp burden and osteogenic changes, likely pedicled at right medial ethmoids and right superior maxillary sinus	Right medial maxillectomy required for complete exposure of lateral maxillary sinus, significant tumor burden with widely involved mucosa
Humphreys	ESS	Olfactory schwannoma	B	Bilateral olfactory cleft into ethmoidal skull base	High septectomy performed, bilateral tumor removed with neurosurgery, reconstruction with fat graft
Humphreys	ESS	Adenocarcinoma, persistence	M	Bilateral nasal cavity, multiple sinuses involved and periorbita bilaterally	Palliative debulking for complete nasal obstruction
Humphreys	ESS	Inverted papilloma, recurrent	B	Right frontal recess and frontal sinus	Draf IIc with septectomy performed for removal of tumor with drilling of involved frontal sinus bone
Humphreys	Control of epistaxis, biopsy	Left sinonasal tumor, unknown pathology, epistaxis from clinic requiring urgent add on	M	Left nasal cavity through cribriform plate	Final diagnosis of sarcoma
Jafari	ESS	Left sinonasal tumor of unknown pathology with obstructive sinusitis in patient with lymphoma	M	Left maxillary sinus, middle meatus, ethmoids and into frontal recess	Left medial maxillectomy, sphenoidotomy, partial ethmoidectomy for tissue diagnosis, tumor left along skull base
Jafari	ESS	Right squamous cell carcinoma	M	Right inferior turbinate	Right medial maxillectomy, ethmoidectomy, SPA ligation with PPF exploration, posterior septectomy, margins clear
Jafari	Biopsy, control epistaxis	Right squamous cell carcinoma	M	Right sinonasal cavity with skull base invasion	Biopsy of nasal cavity with complex epistaxis control
Humphreys	Biopsy, control epistaxis	Right sinonasal tumor	M	Right sinonasal cavity, likely based from maxillary sinus	Biopsy of nasal cavity with complex epistaxis control
Jafari	ESS	Left maxillary odontogenic keratocyst	B	Right maxillary sinus	Right denker's maxillectomy, tumor resection
Moe	ESS, orbital exenteration	SCC of the right orbit, skull base and maxilla	M	Right maxillary sinus, right orbit	Right orbital exenteration, maxillectomy, ethmoidectomy, sphenoidotomy, ITF and PPF dissection
Humphreys	Right inferior turbinectomy, resection of right sinonasal mass	Right sinonasal tumor, likely papilloma	B	Right inferior turbinate	Right inferior turbinectomy, resection of nasal cavity mass

Jafari	ESS	Left inverted papilloma	B	Left maxillary sinus	Left medial maxillectomy (Denker's), septoplasty
Jafari	ESS, biopsy	Left sinonasal tumor	M	Left ethmoid/sphenoid sinus	Left ESS, tumor biopsy, resulted as SNUC
Abuzeid	ESS	Right ethmoid inverted papilloma	B	Right ethmoid, frontal recess	Bilateral maxillary, ethmoid with Draf III
Jafari	ESS	Right ethmoid squamous cell carcinoma multiphenotypic, attached to right middle turbinate	M	Right ethmoid, frontal recess, cribriform	Right maxillary, total ethmoid, frontal draf IIB with septectomy
Humphreys	ESS	Left sinonasal sarcoma	M	Left ethmoid, frontal recess	Left maxillary, total ethmoid, sphenoid, frontal, left AEA ligation, left frontal trephination, right nasoseptal flap, no CSF leak
Jafari	ESS	Left SNUC	M	Left sphenoid with lateral recess involvement	Left maxillary anastomosis, total ethmoidectomy, bilateral sphenoidotomy (ETSS approach), transpterygoid approach to left lateral recess of sphenoid
Humphreys	ESS	Right sinonasal tumor	Unknown	Right maxillary sinus, ethmoid	Right medial maxillectomy, total ethmoidectomy, sphenoidotomy, frontal sinusotomy
Humphreys	Biopsy	Left sinonasal tumor, skull base erosion, history astrocytoma	M	Left middle meatus, intracranial	
Humphreys	Excision of right sinonasal tumor	Right sinonasal tumor, initial concern for SCC, diagnosis of SNUC	M	Right nasal cavity, maxillary and ethmoid sinus	Right excision of tumor, procedure aborted due to excess bleeding, permanent pathology with SNUC prompting recommendation for chemotherapy
Abuzeid	Left modified denker's, removal of posterior maxillary wall, PPF exploration, ethmoidectomy, sphenoidotomy, posterior septectomy	Left NUT carcinoma	M	Left posterior maxillary sinus, left SER	Previous left ESS, tumor found, sent to UW, underwent surgery with confirmation of skip lesion consistent with malignancy
Humphreys	ESS, septectomy	Adenocarcinoma	M	Left nasal vault	Prior attempt at excision at OSH, base remained with interval growth
Jafari	Right ESS, PPF exploration, V2 biopsy	Hx cutaneous SCC, concern for PNI and PPF involvement	M	Right PPF, Right V2	Negative for malignancy
Humphreys	ESS	Adenocarcinoma, persistence	M	Bilateral nasal cavity, multiple sinuses involved and periorbita bilaterally	Palliative debulking for complete nasal obstruction
Humphreys	ESS, biopsy	Hx SNUC with intracranial extension, recurrence	M	Right PPF dissection	Biopsy of PPF, fascia and fat with evidence of malignancy
Chiu	ESS	right ethmoid inverted papilloma	B	Right ethmoid skull base, lamina	Right revision ESS, removal of medial orbital wall, removal of right middle turbinate
Humphreys	ESS	Sarcoma	M	Originally left ITF, maxillary sinus	Palliative debulking for complete nasal obstruction
Abuzeid	ESS, Denker's	Right inverted papilloma, CRS	B	Right maxillary sinus	Denker's approach to right maxillary sinus, bilateral full FESS
Jafari	ESS	Left frontal sinus tumor inverted papilloma, osteoplastic flap	B	Left frontal sinus	Osteoplastic flap, bilateral revision full ESS with frontal drillout, resection of IP with no evidence of CSF leak
Humphreys	ESS	Spindle cell sarcoma of the right ethmoid cavity involving orbit and abutting skull base	M	Right ethmoid skull base	Right endoscopic sinus surgery with tumor removal
Chiu	ESS	Right sphenoid inverted papilloma	B	Right sphenoid	Right endoscopic sinus surgery, posterior septectomy with sphenoid nasalization
Abuzeid	ESS	Right maxillary sinus inverted papilloma	B	Right maxillary sinus	Right medial maxillectomy, total ethmoidectomy, SPA ligation, left revision maxillary anastomosis
Perez	Biopsy	Nasopharyngeal mass	M	Nasopharynx	Nasopharyngeal mass with extension into ITF, biopsy
Jafari	ESS	Left dentigerous cyst	B	Left maxillary sinus	Left denker's maxillectomy, left full ESS, DCR, dental extraction from sinonasal cavity
Jafari	ESS	right ethmoid inverted papilloma	B	Right ethmoid, frontal recess	Incidentally noted during transphenoidal pituitary surgery, removed completely with mucosa stripped
Humphreys	ESS, rhinectomy, Draf III	Inverted papilloma with foci of invasion	B/M	Ethmoid sinus, cribriform	Bilateral full endoscopic surgery with drillout, rhinectomy, low flow CSF leak repaired with duragen and surgical
Jafari	eSS	Inverted papilloma	B	Ethmoid skull base,	Left full endoscopic sinus surgery, denker's

Abuzeid

ESS

Mucosal melanoma M

Right inferior
turbinate, nasal
floor

Right denker's, PPF exploration with
SPA ligation, full endoscopic sinus
surgery

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Attending	Procedure	Indication/Diagnosis	Primary vs Rev?	CSF leak?	Other Notes
Abuzeid	EETS	Sellar tumor, previous crani	Rev	Yes, small	Nasoseptal flap used, pituitary neuroendocrine lesion on frozen
Jafari	EETS	Nonfunctional macroadenoma	Primary	Yes, small	Nasoseptal flap used, pituitary neuroendocrine lesion on frozen
Jafari	EETS	Nonfunctional macroadenoma, compression of chiasm	Primary	No	Nasoseptal flap used for anticipation of radiation
Jafari	EETS	Sellar lesion	Primary	No	Rathke cleft cyst
Jafari	EETS	Pituitary apoplexy	Primary	No	Apoplexy, vision recovery post-operatively
Jafari	EETS	Pituitary apoplexy	Primary	Yes, small	Apoplexy, nasoseptal flap, post-operative vision recovery
Jafari	EETS	Functional microadenoma, Cushing's	Primary	No	Subcentimeter cystic lesion removed, free mucosal graft from floor for reconstruction
Jafari	EETS	Metastatic neuroendocrine carcinoma	Primary	Yes	Nasoseptal flap, fat and fascia used
Jafari	EETS	Acromegaly, functional adenoma rapidly growing	Primary	Yes	Nasoseptal flap for reconstruction, fat and fascia used
Jafari	EETS	pituitary adenoma with previous apoplexy	Primary	No	Free mucosal graft for reconstruction
Humphreys	EETS	Incidentally noted sellar mass with chiasm compression	Primary	No	Free mucosal graft for reconstruction
Jafari	EETS	Sellar mass with optic chiasm compression	Primary	No	Free mucosal graft for reconstruction
Abuzeid	EETS	Sellar mass with optic chiasm compression	Primary	No	Free mucosal graft for reconstruction
Abuzeid	EETS	Rathke cleft cyst	Primary	No	Kept open
Jafari	EETS	Pituitary apoplexy	Primary	No	Free mucosal graft for reconstruction
Jafari	EETS	Pituitary adenoma	Primary	No	Free mucosal graft for reconstruction
Jafari	EETS	Pituitary adenoma	Primary	No	Free mucosal graft for reconstruction
Jafari	EETS	Pituitary adenoma	Primary	No	Free mucosal graft for reconstruction
Jafari	EETS	Pituitary adenoma	Primary	No	Free mucosal graft for reconstruction
Jafari	EETS	Pituitary adenoma	Primary	No	Free mucosal graft for reconstruction
Jafari	EETS	Rathke's cleft cyst	Primary	No	Kept open
Jafari	EETS	Pituitary adenoma	Primary	No	Free mucosal graft for reconstruction
Jafari	EETS	Pituitary adenoma	Primary	No	Free mucosal graft for reconstruction
Jafari	EETS	Pituitary adenoma	Primary	No	Sphenoid mucosa draped over defect
Humphreys	EETS	Meningioma	Primary	No	Kept open after pathology result, further plan for resection
Jafari	EETS	Pituitary adenoma	Primary	No	Free mucosal graft for reconstruction
Jafari	EETS	Pituitary adenoma	Primary	No	Free mucosal graft for reconstruction
Abuzeid	EETS	Pituitary adenoma	Primary	No	Free mucosal graft for reconstruction
Humphreys	EETS	Pituitary adenoma	Primary	No	Surgicel closure
Humphreys	EETS	Pituitary apoplexy	Primary	No	

Jafari	EETS	Pituitary adenoma	Primary	No	Free mucosal graft for reconstruction
Jafari	EETS	Pituitary adenoma	Primary	No	Free mucosal graft for reconstruction
Jafari	EETS	Pituitary adenoma	Primary	No	Free mucosal graft for reconstruction
Jafari	EETS	Pituitary adenoma	Primary	No	Free mucosal graft for reconstruction
Jafari	EETS	Pituitary apoplexy	Primary	No	Free mucosal graft for reconstruction
Jafari	EETS	Pituitary adenoma, GH	Primary	Yes	Nasoseptal flap reconstruction, fat and fascia used
Jafari	EETS	Pituitary adenoma	Primary	No	Surgicel closure
Jafari	EETS	Pituitary adenoma	Primary	No	Free mucosal graft for reconstruction
Jafari	EETS	Pituitary adenoma	Primary	No	Free mucosal graft for reconstruction
Jafari	EETS	Pituitary adenoma	Primary	No	Free mucosal graft for reconstruction
Jafari	EETS	Pituitary adenoma, GH	Primary	Yes	Nasoseptal flap
Jafari	EETS	Pituitary adenoma	Primary	No	Nasoseptal flap
Jafari	EETS	Pituitary adenoma	Primary	No	Free mucosal graft for reconstruction
Jafari	EETS	Pituitary adenoma	Revision	No	Free mucosal graft for reconstruction
Jafari	EETS	Rathke's cleft cyst	Primary	No	Kept open for fistula formation
Jafari	EETS	Pituitary adenoma	Primary	Yes, small	Free mucosal graft for reconstruction
Jafari	EETS	Pituitary adenoma	Primary	No	Free mucosal graft for reconstruction
Jafari	EETS	Pituitary adenoma	Primary	No	Free mucosal graft for reconstruction
Jafari	EETS	Pituitary adenoma	Revision	No	Free mucosal graft for reconstruction
Jafari	EETS	Pituitary adenoma	Primary	No	Free mucosal graft for reconstruction, incidental IP
Abuzeid	EETS	Pituitary adenoma	Primary	Yes	Nasoseptal flap reconstruction
Jafari	EETS	Pituitary adenoma	Primary	No	Free mucosal graft for reconstruction
Jafari	EETS	Pituitary adenoma	Primary	Yes	Nasoseptal flap reconstruction
Jafari	EETS	Pituitary tumor, acromegaly	Primary	No	Free mucosal graft for reconstruction
Jafari	EETS	Pituitary adenoma	Primary	No	Free mucosal graft for reconstruction

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Notes should specify location (eg R ethmoid, L sphenoid), and diagnosis (eg BIH, trauma, iatrogenic).

Attending	Procedure	Indication/Diagnosis	Location	Etiology	Other Notes
Jafari	Repair of bilateral sphenoid encephaloceles	Active CSF leak, spontaneous encephalocele	Sphenoid	IIH	Bilateral encephaloceles, fluorescein used, transpterygoid approach
Jafari	CSF leak repair	Active CSF leak, mental status decline, story meningioma resection	Sella/sphenoid	Meningioma resection x2 at OSH	Previous nasoseptal flap at OSH, required lateral wall nasal flap, lumbar drain
Jafari	CSF leak repair	Concern for post-operative leak	Sella, no leak identified after flap takeodwn	Pituitary adenoma, growth hormone	Previous nasoseptal flap taken down, no evidence of active leak
Jafari	CSF Leak repair	Concern for post-operative leak due to mental status change, similar	Sella	Meningioma resection OSH s/p CSF leak repair on 9/5 with lateral nasal wall	Fluorescein administered, no evidence of active CSF leak
Jafari	CSF leak repair	Concern for post-operative leak after NSGY EETS	Sella, no leak identified	Post-operative adenoma resection	No active leak noted, nasoseptal flap placed over reconstruction
Jafari	CSF leak repair	Active CSF leak after OSH surgery	Left ethmoid skull base	Post-operative, OSH, prior attempts of repair with middle turbinate free	>1cm defect of ethmoid skull base, contralateral superiorly based hinge flap used for repair
Abuzeid	CSF leak repair	Osteonecrosis of skull base, hx of NPC, radiation x2	Clival recess	Osteonecrosis of skull basis	Recently gave birth, had viable nasoseptal flap, ued fat and fascia as well
Abuzeid	CSF leak repair with lateral nasal wall flap, takedown of nasoseptal flap	Osteonecrosis of skull base, hx of NPC, radiation x2, previous repair 1 week prior with noted pneumocephalus persistence	Clival recess	Osteonecrosis of skull basis	Recent NSF reconstruction with infection noted, LNW flap used as temporizing measure for planned free flap reconstruction
Abuzeid	ESS with repair of cribriform encephalocele	CSF leak, history of previous repair and ESS	Cribriform	IIH ?	Repaired with nasoseptal flap, supported with surgicel, gelfoam, posisep
Jafari	CSF leak repair with ALT FF, takedown of lateral nasal wall flap (remained viable)	Osteonecrosis of skull base, hx of NPC, radiation x2, previous repair with LNW holding but concern for potential infection as with NSF, leading to planned free flap	Clival recess	Osteonecrosis of skull basis	Recent NSF reconstruction with infection noted, LNW flap used as temporizing measure, ALT FF used, secured with surgicel, strip gauze packing
Abuzeid	Fat/fascia plugging of small areas of possible CSF leak along edges of ALT flap	Previous ALT flap in place, viable, concern for possible leaking, no overt fluorscsein noted	Clival recess	Osteonecrosis of skull basis	Fat and fascia used to plug area along edge of flap for additional support
Jafari	CSF leak repair from sphenoidroof	History of previous pit macroadenoma,NSF, radiation with leak	SPhenoid	Hx of pit adenoma, radiation	NSF
Abuzeid	CSF leak repair, hx chordoma removal	Previous chordoma excision, CSF leak post-op	Clivus	Chordoma	NSF, TFL with button, fat to obliterate clivus
Jafari	CSF leak repair, hx crani, meningioma removal	Prior craniotomy	Planum	Prior meningioma surgery	NSF, TFL, fat, post-op EVD (unable to get LD intraop)
Jafari	CSF leak repair	IIH, spontaneous	Cribriform	IIH	Free mucosal graft
Jafari	Encephalocele repair	IIH	Cribriform	IIH	Nasoseptal flap, frontal and sphenoid drillout

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Diagnosis should refer to histopathology but please also specify whether benign (B) or malignant (M) and anatomic location (eg clivus, planum, olfactory).

Attending	Procedure	Indication/Diagnosis	B or M?	Location	Other Notes
Humphreys	Resection skull base tumor, bilateral ESS, left nasoseptal flap	Persistent Meningioma	B	Clival, ethmoid, frontals, intracranial extension	Concurrent bicoronal approach with craniectomy by neurosurgery. NSF repair
Humphreys	Bilateral ESS with resection of sinonasal tumor, skull base reconstruction, nasoseptal flap	Esthesioneuroblastoma	M	Cribiform bilateral nasal cavity extension, left orbit, frontal lobes	Concurrent bicoronal approach with craniectomy by neurosurgery. NSF repair
Abuzeid	wide sphenoidotomy, clivus drilling, approach to clival lesion	Clival recess chordoma	M	Clival recess	High flow CSF leak, abdominal fascia with nasoseptal flap
Moe	Approach to clival lesion	Clival/C1 mass	B	Clival/C1 space	Intraoperative pathology with spindle cell lesion, benign pathology
Jafari	ETSS, transplanum	Planum meningioma	B	Planum	Reconstructed with nasoseptal flap, fascia
Jafari	ETSS, transplanum	Craniopharyngioma	B	Suprasellar	Reconstructed with duragen, fascia, NSF, surgical, gelfoam, merocel, tisseal, posisept
Abuzeid	ETSS, transsellar, transclival	Chordoma	M	Clivus	Abdominal fascia, nasoseptal flap for reconstruction
Jafari	ETSS, transsellar, transclival	Chordoma	M	Clivus, sella	TFL, fat to obliterate clivus, nasoseptal flap for reconstruction

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Notes should specify indication (eg Graves's, trauma, tumor).

Attending	Procedure	Indication/Diagnosis	Other Notes
Humphreys	TONES, removal of orbital tumor, repair of lateral posterior table defect	Patient with history of meningioma with orbital tumor and worsening pneumocephalus Left sided epiphora after raidation with canalicular stenosis	Fat graft used to pack posterior table defect, orbital tumor debulked, unable to achieve GTR
Jafari	DCR	Ethmoid skull base osteoma extending into orbit with associated EOM restriction	
Jafari	Excision of right orbital osteoma, right ESS	Nasolacrimal duct obstruction bilaterally	Draf IIb performed on the right side
Jafari	Left DCR, right revision DCR	Nasolacrimal duct obstruction	
Jafari	Left DCR	History of melanoma, radiation with subsequent scarring of naoslacrimal duct	
Jafari	Left DCR, vestibular stenosis repair	Gardner syndrome, enlarging orbital osteoma causing discomfort and cosmesis changes	Requiring lysis of adhesions and disruption of vestibular stenosis
Jafari	Left ESS, removal of orbital osteoma	Prior orbital floor fx on eliquis now with infected hematoma, fluid collection in orbit, increasing IOPs	
Perez/Jafari	Right ESS, right orbital decompression of lamina and orbital floor	Prior endoscopic surgery, right sided blindness for 4 months, cavernous sinus thrombosis, likely chronic IFS	
Jafari	Right ESS, right orbital decompression of lamina and orbital floor, exploration of PPF, modified Denker's maxillectomy		
Jafari	Left DCR	NLDO	
Jafari	Right orbital decompression, media land lateral wall	Graves orbitopathy	
Jafari	Left orbital decompression, media land lateral wall	Graves orbitopathy	

Jafari	Left medial maxillectomy, ethmoid, frontal, DCR	Cornelia de Lange
Jafari	Right modified denker's, full ESS, orbitotomy, nasoseptal flap	Right lacrimal duct cancer
Abuzeid	Right revision draf11b, right TONES, unobliteration of frontal sinus	History of previous trauma with frontal sinus obliteration

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DOS	Attending	Procedure Functional or Cosmetic?	Open or Closed?	Other Notes
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nasal airway surgery (eg septoplasty, turbinate reduction), adenoidectomy, epistaxis surgery (TESPAL, IMAX or AE ligation, laser, HHT surgery), biopsy, septal papilloma, closed reduction, septal hematoma.....

Attending	Procedure	Indication/Diagnosis	External approach?	Other notes	Rhinology surgery?
Humphreys	Septoplasty, turbinate reduction	Septal deviation, airway obstruction	No		Y
Humphreys	Coblation of HHT telangiectasias	Recurrent epistaxis requiring repeat coblation	No	HHT	Y
Humphreys	Septoplasty, turbinate reduction	Septal deviation, airway obstruction	No		Y
Jafari	Control of post-operative epistaxis	S/p FESS with epistaxis through packing	No		Y
Abuzeid	Septoplasty, turbinate reduction	Nasal obstruction	No		Y
Abuzeid	Septoplasty, turbinate reduction	Nasal obstruction	No		Y
Abuzeid	Excision of septum lesion	Septal papilloma	No		Y
Humphreys	Septoplasty, turbinate reduction	Deviated nasal septum	No		Y
Jafari	Coblation of HHT telangiectasias	Recurrent epistaxis requiring repeat coblation	No	HHT, hx laser and radiation	Y
Jafari	Septoplasty, turbinate reduction	Deviated nasal septum, nasal obstruction	No		Y
Jafari	Left sphenopalatine artery ligation	Recurrent epistaxis within one week	No	Urgent add-on, transfer from OSH with multiple cauterization attempts, bilateral IMAX embolization at OSH with still patent left SPA	Y
Jafari	Septoplasty, turbinate reduction	Nasal obstruction	No		Y
Humphreys	SP3 Ligation	Persistent rhinitis refractory to sprays, clarifix x2	No		Y
Jafari	Bilateral inferior turbinate reduction	Nasal obstruction	No		Y
Humphreys	Coblation of HHT telangiectasias	Recurrent epistaxis	No	HHT	Y
Perez	Excision of septum lesion, control of epistaxis	Recurrent epistaxis	No	Raised 1cm lesion along the left septum with noted bleeding for one month	Y
Jafari	Septoplasty, turbinate reduction	Deviated nasal septum, epistaxis	No		Y
Abuzeid	Septoplasty, turbinate reduction, adenoidectomy	Nasal obstruction	No		Y
Jafari	Post-operative debridement, partial turbinectomy bilaterally	S/p FESS with difficulty tolerating in-office debridement, significant post-operative edema	No		Y

Perez	Pharyngotomy repair, local muscle flap	Patient with multiple stab wounds to neck with subcutaneous air	Yes			N
Humphreys	Debridement of osteomyelitis of clival bone	Patient with history of nasopharyngeal cancer, systemic treatment, surgery with subsequent ORN requiring RFFF for reconstruction with bone exposure and osteomyelitis	No			Y
Jafari	Coblation of HHT telangiectasias	Recurrent epistaxis	No	HHT		Y
Jafari	Debridement of sinuses after invasive fungal sinusitis surgery	Diagnosis of IFS along skull base, exploration for reassessment of tissue	No	Invasive fungal sinusitis, spontaneous fistula through skull base		Y
Abuzeid	Inferior turbinate reduction	Nasal obstruction, inferior turbinate hypertrophy	No			Y
Jafari	Septoplasty, inferior turbinate reduction	Nasal obstruction, inferior turbinate hypertrophy	No			Y
Humphreys	Sinus debridement, post-operative visit	Post-operative debridement in OR	No	Syndromic, not able to do in-office		
Humphreys	Coblation of HHT telangiectasias	Recurrent epistaxis	No	HHT		Y
Jafari	Biopsy of nasopharynx and oropharynx	Nasopharyngeal mass	No			Y
Humphreys	Coblation of HHT telangiectasias	Recurrent epistaxis	No	HHT		Y
Humphreys	Coblation of HHT telangiectasias	Recurrent epistaxis	No	HHT		Y
Jafari	Control of post-operative epistaxis	Epistaxis after EETS	No	Bleeding from vidian artery 6 weeks post-ETSS		Y
Perez	Direct laryngoscopy, bronchoscopy	Airway foreign body, stable	No			N
Humphreys	Left inferior turbinate reconstruction with cadaveric rib	Empty nose syndrome	No	ENS, rib augmentation		Y
Jafari	Coblation of HHT telangiectasias	Recurrent epistaxis	No	HHT		Y
Abuzeid	Septoplasty, turbinate reduction, adenoidectomy	nasal obstruction	No			Y
Abuzeid	Nasal endoscopy with resection of soft palate mass	Soft palate mass	No	Squamous papilloma		Y
Perez/Champaloux	Direct laryngoscopy, bronchoscopy, balloon dilation of subglottic stenosis	Subglottic stenosis	No			N

Perez	Neck wound exploration, control of hemorrhage	Stab wound	No		N
Jafari	Coblation of HHT telangiectasias	recurrent epistaxis, requiring transfusion	No	HHT	Y
Humphreys	Bilateral inferior turbinate reduction	Nasal obstruction	No		Y
Humphreys	Septoplasty, turbinate reduction	Nasal obstruction, deviated septum	No		Y
Jafari	Septoplasty, inferior turbinate	Nasal obstruction, deviated septum	No		Y
Humphreys	Septoplasty, inferior turbinate	Nasal obstruction, deviated septum	No		Y
Humphreys	Septoplasty, inferior turbinate reduction	Nasal obstruction, deviated septum	No		Y
Humphreys	Coblation of HHT telangiectasias	Recurrent epistaxis	No	HHT	Y
Humphreys	Excision of scalp mass	Scalp mass, history of previous craniotomy	Yes		N
Perez	Control of epistaxis	Epistaxis after ESS	No		Y
Jafari	Septoplasty, inferior turbinate	Nasal obstruction	No		Y
Jafari	Septoplasty, inferior turbinate	Nasal obstruction	No		Y
Abuzeid	Inferior turbinate reduction	Nasal obstruction, revision	No		Y
Jafari	Septoplasty, inferior turbinate reduction	Nasal obstruction	No		Y
Jafari	Bilateral TESPAL, left maxillary fungal mycetoma removal	Recurrent epistaxis	No		Y
Jafari	Debridement after fungal sinusitis	Chronic fungal sinusitis 2nd look	No	Chronic IFS	Y
Humphreys	Septoplasty, ITR, Clarifix	Nasal obstruction, rhinitis	No		Y
Jafari	Coblation of HHT telangiectasias	HHT	No	HHT	Y
Jafari	Septoplasty, ITR, concha bullosa excision	Nasal obstruction	No		Y
Jafari	Debridement after CSF leak repair with ALT FF	CSF Leak	No	CSF leak, ORN, patient removed packing POD4	Y
Perez	Awake emergent tracheostomy	Respiratory failure, AML	Yes		N
Perez	Esophagoscopy, removal of foreign body	AML, food impaction	No		N
Humphreys	Septoplasty, ITR	Nasal obstruction	No		Y
Jafari	Septoplasty, ITR	Nasal obstruction	No		Y
Jafari	Septoplasty, ITR	Nasal obstruction	No		Y
Abuzeid	Septoplasty, ITR, PNN ablation	Nasal obstruction	No		Y
Abuzeid	Septoplasty, ITR	Nasal obstruction	No		Y
Humphreys	Septoplasty, ITR	Nasal obstruction	No		Y
Humphreys	Coblation of HHT telangiectasias	HHT	No		Y
Humphreys	ITR	Nasal obstruction	No		Y
Jafari	Septoplasty, ITR	Nasal obstruction	No		Y

Perez	Control of epistaxis	Epistaxis	No	2nd trimester pregnancy with significant R epistaxis	Y
Abuzeid	Septoplasty, ITR	Nasal obstruction	No		Y
Perez	Revision Tracheostomy	Tracheostomy dislodgement	No		N
Chiu	SP3, septoplasty	Rhinitis	No		Y
Jafari	Septoplasty, ITR	Nasal obstruction	No		Y
Jafari	Septoplasty, ITR	Nasal obstruction	No		Y
Abuzeid	Septoplasty, ITR	Nasal obstruction	No		Y
Humphreys	Coblation of HHT telangiectasias	HHT	No		Y
Humphreys	Coblation of HHT telangiectasias	HHT	No		Y
Humphreys	Nasopharynx Biopsy	History OP cancer, radiation	No		Y
Perez	Closure of scalp wound	Fall, scalp avulsion	Yes		N
Abuzeid	Coblation of HHT telangiectasias	HHT	No		Y
Humphreys	Septal perforation repair, AEA flap	Septal perforation	No	AEA flap, contralateral biodesign	Y
Jafari	Septoplasty, ITR	Nasal obstruction	No		Y
Jafari	Septoplasty, ITR	Nasal obstruction	No		Y
Humphreys	Septoplasty, ITR	Nasal obstruction	No		Y
Humphreys	Septoplasty, ITR	Nasal obstruction	No		Y
Jafari	Septoplasty, ITR	Nasal obstruction	No		Y
Perez	Lysis of adhesions, ITR	Nasal obstruction	No		Y
Abuzeid	Septoplasty, ITR	Nasal obstruction	No		Y
Abuzeid	Septoplasty, ITR	Nasal obstruction	No		Y
Jafari	Post-operative debridement after fungal sinusitis	IFS	No		Y
Jafari	Post-operative debridement after encephalocele repair	Encephalocele repair	No		Y
Abuzeid	Nasopharynx biopsy	PET avidity in nasopharynx	No		Y