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Otolaryngology, Head and Neck Surgery

Information Regarding Functional Endoscopic Sinus Surgery (FESS)

Reasons for having the operation

Nasal polyps

Recurrent sinusitis causing symptoms such as congestion and nasal obstruction

Results

Excellent immediate results for nasal blockage caused by polyps. One third of patients then have a lasting response, one third recur after several years, one third recur in less than 1 year. Nasal sprays may still be required in the long term. Improvement in smell is less successful, but often possible.

For sinusitis, the majority of patients get a dramatic improvement in their symptoms. This operation to improve the sinus drainage pathways makes sinusitis less frequent, less severe and easier to manage, rather than necessarily curing it completely. In patients with impaired immune systems, ongoing antibiotic treatment may also be required.

Nature of the operation

You will be admitted to hospital on the day of surgery

The operation is done under general anaesthetic

The operation normally takes about 1 hour, and is done through the nostrils using telescopes and precise, specially designed instruments.

Depending on the extent and timing of your surgery you may go home on the same day, or the following day.

Uncommonly, you require a dressing to be placed in the nose to stop any bleeding, which is removed the following day.

Side-effects and Risks

Bleeding. It is normal to get blood stained secretions for the first 2 weeks.

Heavy bleeding is very uncommon and you should proceed to the emergency department if this occurs.



Infection. There is a small risk of infection. Any increasing pain or fever should be reported to me as soon as possible.

Scar formation. Occasionally the nasal cavity may scar during healing causing blockage of the sinuses or requiring further surgery (< 3%).

Eye complications from bleeding or injury around the eye socket at the time of surgery are rare (< 1%), but potentially serious. If significant pressure builds up an external cut on the nose may be required and vision may potentially be affected (<1/5000 chance). Great care is taken to avoid this very rare complication.

Cerebrospinal (Brain) fluid leak. This is another rare (less than 1%) but serious complication, with the potential to cause meningitis. The leak can almost always be repaired through the nose, but a prolonged hospital stay is required.

Loss of sense of smell. Rarely, the sense of smell is distorted or decreased.

Other Procedures Required For Access to the Sinuses

Occasionally the septal cartilage in the middle of the nose is deflected into the sinus drainage regions and needs to be repositioned or partly excised to allow access to the sinuses. Similarly, the turbinates may need to be trimmed to allow space for sinus drainage. When these procedures are anticipated, you will be informed pre-operatively, however occasionally the need for them only becomes apparent at the time of surgery. In this instance I will do what is necessary to give the best end result for you.

Post-operative Information

Crusting

It is usual to get scabbing and crusting in the nose for the first 2 weeks. You will be given some saline spray/solution to use to help clear the nose. Nose blowing should be avoided in the first 2 weeks

Bleeding

It is recommended that strenuous activity be avoided for the first 2 weeks. Showers should be warm, not hot. Do not travel more than 1 hour away from health care facilities in this time.

If some bleeding does occur, sit up and suck on some ice.

If bleeding is persistent (longer than 5-10 minutes) or severe you should contact me on my pager and go straight to hospital.

Pain

Any increase in pain should be reported to me promptly. Simple analgaesics such as paracetamol should be adequate.

Check-up

An appointment should be made to see me in my office 2 weeks following surgery. Any ongoing concerns are discussed then.

Time off Work / School

3-14 days is usually required, depending on the type of work. A work certificate will be provided at your post operative visit as required.

