

Disclaimer

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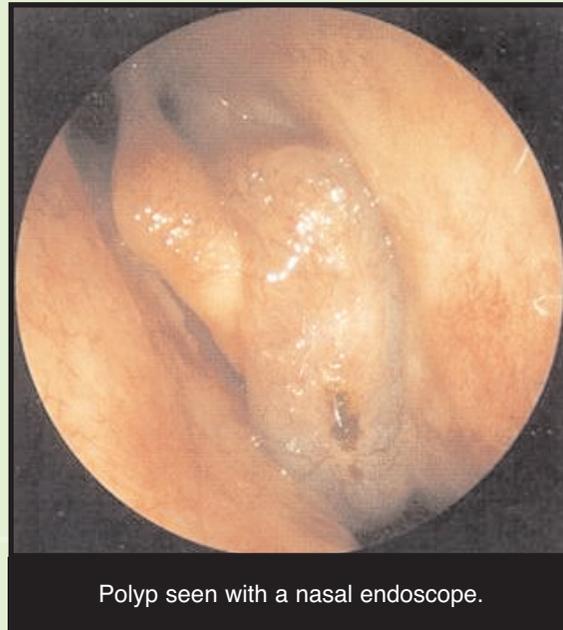
PATIENT GUIDE TO ENDOSCOPIC SINUS SURGERY/NASAL POLYPECTOMY

What are the sinuses?

The sinuses are cavities within the skull which communicate with the nose. In health they contain air but if diseased the sinuses may be filled with fluid and the lining (mucosa) becomes thickened. The sinuses may help regulate the humidity and temperature of air being breathed into the lungs.

What are nasal polyps?

Nasal polyps develop due to swelling of the lining of the sinuses which then prolapses into the nose. Most polyps arise in the ethmoid sinuses, which are situated between the eyes. In most cases this swelling is caused by inflammation and it is very rare for nasal polyps to be due to tumours.



What is endoscopic sinus surgery?

Endoscopic sinus surgery is the name given to operations for treating sinus disease and/or nasal polyps using an endoscope in the nose. Sometimes such operations are referred to as 'Functional Endoscopic Sinus Surgery' (FESS). The use of endoscopes enables the surgeon to visualise the inside of the nose in great detail and makes surgery much more precise than it was in the past. The aim of surgery is to improve ventilation and drainage of the sinuses as well as removing diseased mucosa, particularly polyps.

Why have the operation?

Endoscopic sinus surgery is recommended if symptoms due to sinus infection or nasal polyps have not responded well to medical treatment. Sinus infection may cause discomfort in the face, offensive nasal discharge or an unpleasant smell and/or taste. Nasal polyps cause a blocked nose and reduced sense of smell. Often sinus infection and nasal polyps co-exist.

What is the alternative to surgery?

Before surgery is considered you should have had adequate medical treatment with steroid sprays or nose drops. Sometimes a short course of oral steroids is used to treat nasal polyps. Antibiotics are used to treat sinus infection and in acute infection a nasal decongestant is also recommended.

Before the operation

Before surgery you will have a CT scan of your sinuses. If working, make arrangements to take 1 week off work. You should inform your surgeon if you bruise or bleed excessively or if there is any such history in your family. If you take regular Aspirin you should stop this at least 10 days before surgery. If you have a cold or chest infection within 2 weeks of your admission it is recommended that you contact the hospital to postpone your operation. If you smoke try to cut down or stop altogether before surgery. The results of endoscopic sinus surgery are less good in those who smoke and complications are increased.

About the operation

The operation is performed under general anaesthetic and takes 30-90 minutes, depending on the extent of disease. Sometimes the septum in your nose needs to be straightened to improve access to the sinuses (see leaflet on Septoplasty). After the operation you will be kept under close observation in the recovery area for a further 45 minutes, so you will be off the ward for about 2 hours. During the operation your throat is packed with gauze to prevent blood from entering the lungs during surgery. Therefore you may have a sore throat immediately following surgery, but this is usually not severe. At the end of the operation a pack is put in your nose so you will need to breath through your mouth until the pack is removed. Most patients stay in hospital the night of the operation and are discharged the next morning.

After the operation

The nasal packs will be removed later the same day or the next morning. There is often some bleeding on removing the packs but this usually settles within 30 minutes. You will have some discomfort in your nose and you will be given medication to relieve this. You should avoid Aspirin, as it may cause bleeding. Your nose will feel quite congested for 3-4 weeks following surgery and nasal mucous may be blood-stained for a few days.

To reduce the risk of bleeding, you should avoid very hot drinks and water for baths and showers should be luke warm for a week following surgery. Smoking will also increase the risk of bleeding and result in poor healing.

You will be given a course of antibiotics if the sinuses were infected. Sometimes a short course of oral steroids is prescribed, particularly if there were a lot of polyps. You will be given nasal steroids, either nose drops or a spray. You should start using the spray or drops one week following surgery and continue on this treatment until you are seen in the outpatient clinic. Usually this will be 4-6 weeks after the operation.

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Potential complications

Complications are rare, but the main complication is bleeding. This is uncommon and usually occurs within 7-10 days of surgery. Bleeding may require readmission to hospital and the nose to be packed. **If bleeding occurs you should contact the ward for advice or go to the nearest hospital casualty.**

Other potential complications are very rare indeed. The ethmoid sinuses are separated from the eye by very thin bone. Occasionally the tissues around the eye can be exposed by sinus surgery. Usually this does not cause any problems but you will be given antibiotics and advised not to blow your nose for a week. Sometimes there may be bleeding around eye and very rarely this may require another operation to stop the bleeding and protect the eye. The muscles that move the eye can be damaged, resulting in double vision. This is extremely rare but may require treatment by an eye surgeon.

The sinuses are also separated from the brain by bone which is thin in some areas. Cerebrospinal fluid (CSF) surrounds the brain and there is a very small risk of this fluid leaking into the nose during sinus surgery. If this happens you will need to stay in hospital until the leak stops and sometimes a further operation is required to stop it.