

Functional Endoscopic Sinus Surgery (FESS)

What are sinuses?

Sinuses are air-filled bony cavities within the skull. The four types of sinus are the maxillary, ethmoid, frontal and sphenoid sinuses. The position of each sinus can be seen in the diagram below.

What is Endoscopic Sinus Surgery (ESS)

This is surgery to the sinuses using telescopes inside the nose. The aim is to restore normal function to the sinuses by allowing unimpeded ventilation and drainage of the sinuses.

Why is ESS carried out?

Most sinus infections and disease either originate or are continued by, abnormal anatomy and/or chronic disease in the narrow passages between the sinuses and the nose itself. A decision to offer ESS is usually made after failure of medical treatment such as antibiotics, steroid drops and sprays, decongestants and sometimes antihistamines. In some patients, a problem will be evident to your surgeon on examining your nose with a telescope in the Outpatient Department.

What does the operation involve?

The day of the operation:

Admission is almost always on the day of surgery. The nurses will complete some routine paperwork and tests. You will be asked to change into a gown ready for theatre. The anaesthetist will come to see you and discuss the anaesthetic side of things. A member of the ENT team will also see you before your operation.

The anaesthetic:

A general anaesthetic is normally required although occasionally ESS is done under local anaesthetic.

The operation itself:

The operation takes between 60-90 minutes for the majority of patients. More complex surgery will take longer. Surgery is entirely within the nose using telescopes and small instruments. Thin delicate bone is removed between the inside of the nose and the sinuses. At the end of the operation, a small pack may be inserted into your nose to prevent bleeding. The pack is removed either later in the day or the next morning. Sometimes dissolvable packs are used, which do not need to be removed.

After the operation:

At the end of the operation, you will be moved into a recovery room in theatre and then transferred back to the ward. You will be encouraged to drink and then eat as soon as the anaesthetic has worn off.

Your discharge from hospital:

Some patients will be able to go home on the day of surgery and most patients go home by mid-day on the day following surgery. You will need to arrange for a responsible adult to pick you up to take you home and stay with you for 24 hours after discharge (following a general anaesthetic). Depending on how fit and active you are before your operation, you may need to arrange for someone to stay with you for a few days.

For all enquires:

P: 0407 924 224

F: 03 8677 2872

Email: info@drtimprice.com.au

Visit: <https://drtimprice.com.au/>

What should I do when I leave the hospital?

Activity:

Following a general anaesthetic, you may find that you need more rest than before for a day or two. This is normal. Please avoid contact with other people, especially if they have coughs or colds and please also avoid cold, dry or smoky atmospheres. Your surgeon will prescribe post-operative, medication for you to take home.

Pain:

Most people do not have much post-operative pain, however, you will be provided with a prescription for some Panadiene Forte on discharge. Some patients experience mild headaches following ESS.

Eating & Drinking:

You should avoid very hot drinks for the first 72 hours following surgery as this may cause the nose to bleed. Otherwise, there are no restrictions on the type of food that you can eat.

Driving:

You should not drive for at 24 hours following your operation, depending on your progress. You can then drive when you are able to perform an emergency stop safely.

Wound care:

For the first week please do not blow your nose, simply sniff back into your nose. The nose may block slightly after surgery and some blood and crusts are likely. The use of a saltwater nasal spray will assist in removing crust and blood from the nasal cavity. Antibiotics, nasal steroid wash or spray, may also be prescribed for long term post-operative use.

Work:

Two weeks off work is recommended. You will be provided with a medical certificate if required.

Are there any risks involved in this operation?

Although modern surgery and anaesthetics are considered to be safe, all medical procedures carry some risks. The risks increase if you are unhealthy or have other major medical problems, or are diabetic or asthmatic. The surgeon will discuss all these risks with you.

The surgeon and Anaesthetist will discuss all these risks with you.

Specific Risks Related to Endoscopic Sinus Surgery:

- Bleeding during surgery (likelihood of this is reduced if aspirin is stopped one week before surgery) or in the first few hours after surgery may occur in rare circumstances and is usually easily controlled with a fresh dressing to the nose. Bleeding rarely happens after discharge home although small blood clots may appear for several days. Any persistent bleeding will require readmission to the ward for further evaluation and treatment.
- A black eye can occur (approximately 1 in 300) but is rarely severe. Heavy nose blowing in the initial postoperative period may lead to swelling of the eye socket; this is unsightly for a few days but not dangerous.
- When removing small amounts of bone from the sinus wall inadvertent injury to the nasolacrimal duct (duct system which drains tears from the eye) can result in blockage of that duct. The patient may experience excess watering of the eye on the affected side as a result of obstructed drainage. Further surgery can be undertaken to relieve this problem.
- Infection post-operatively can occur and will manifest itself with increasing pain, headache and discharge from the nose. Antibiotics, usually easily obtained from your General Practitioner, will usually resolve the problem.
- The eye and brain are immediately adjacent to the operation site. Very rarely, inadvertent injury to these structures can occur, affecting less than one case in every thousand. Breach of the thin bone protecting

the eye can result in injury to the orbital content. Double vision or loss of vision can occur but is usually only associated with complicated major ESS and your consultant will most certainly want to discuss this possibility with you if major surgery is planned. The same applies to a leak of cerebral spinal fluid from within the skull and this too may require further surgery to resolve. Once again, this is usually only associated with major ESS surgery.

- The infraorbital nerve runs beneath the eye; rarely, injury to this nerve can be associated with persistent facial pain, which can be difficult to treat.
- Very rarely a heavy sudden bleed into one of the eye sockets can occur shortly after surgery requiring immediate further operation.
- Scar tissue can form within the nose several months after surgery, which can block the nose and may require further surgery to resolve.
- Rarely patients report an altered sense of smell and taste, following ESS. This usually returns in the months following surgery but can be permanent.
- In approximately 1 in 10 cases Sinus surgery is unsuccessful and symptoms may come back.
- Your nose and sinuses will require 2-6 weeks to settle down postoperatively but sometimes may take a bit longer.

What could happen if I don't have the operation?

If you decide not to have surgery your symptoms may persist or worsen. On very rare occasions, persistent chronic sinus infections can cause the spread of infection to the eye and brain.

Are there any alternatives to this operation?

Endoscopic sinus surgery is only considered when there has been a failure to respond to initial medical treatment with antibiotics, steroid nose drops or sprays. Use of surgical balloons within the nose to open the sinuses is also an alternative for certain types of sinus problems and you may want to discuss this further with your surgeon.

Further information and advice:

If you experience POST-OPERATIVE pain not relieved by painkillers, heavy bleeding, eye swelling, visual problems or a persistent watery clear nasal discharge after your operation please contact your Mr Price's rooms, your GP or go to the Accident & Emergency Department.

Where can I find out more about the operation?

Royal Australian College of Surgeons

<http://www.surgeons.org>

Australasian Society of Otolaryngology and Head & Neck Surgery (ASOHNS)

<http://www.asohns.org.au>

Alternatively, visit the following websites:

ENT UK have a patient information leaflets:

https://entuk.org/docs/patient_info_leaflets

or just Google 'FESS information leaflet' and many ENT departments around the country have produced their own patient information leaflets. If you have any questions about general anaesthetics, the Royal College of Anaesthetists website has a lot of information:

<http://www.rcoa.ac.uk/patientinfo>