



PATIENT INFORMATION

Endoscopic Sinus Surgery

This information sheet is designed to help you make an informed decision about having surgery. If you have any further questions, please discuss these with our staff before your operation.

What are sinuses?

Sinuses are air spaces within the bones of your cheeks, your forehead and deep inside your nose. They have a thin lining looking a little like the lining on the inside of your cheeks which can produce mucus and swell up if infected.

Each sinus has a small opening into the nose which allows air to get into the sinus and mucus to drain out. Sometimes infections occur (sinusitis) if these openings are particularly narrow or blocked causing facial pain or fullness over the sinuses.

What is Endoscopic Sinus Surgery?

The purpose of the operation is to enlarge the sinus openings, which improves mucus drainage and ventilation of the sinuses, which reduces inflammation and infection. It is called Endoscopic Sinus Surgery because it is an operation on the sinuses using small fiberoptic telescopes (endoscopes). These endoscopes allow the surgeon to get an excellent view of the inside of the nose and to use highly specialised instruments to perform the surgery. The operation takes about an hour to perform.

Endoscopic Sinus Surgery (ESS) is also sometimes called Functional Endoscopic Sinus Surgery (FESS) and is performed through the nose, so you won't have any incisions on the outside.

Are there alternatives to surgery?

Yes, although usually these will have been tried before suggesting surgery. These include: saline douche (salt water nose rinse), steroid nasal sprays or drops, decongestant nasal sprays, antibiotics, antihistamines and steroid tablets. However, not all of these are suitable for everybody.

What improvements can I expect from Endoscopic Sinus Surgery?

Most people who have Endoscopic Sinus Surgery will have had repeated sinusitis despite trying other treatments. The main aim of surgery is to help to relieve the symptoms of sinusitis.

Many patients will have permanent cure of their sinusitis, others will have a reduction of their symptoms and some may find that the surgery may help some symptoms and

not others. Not everyone will benefit from sinus surgery, so your doctor will carefully assess whether you are suitable.

Some of the symptoms of sinusitis which may improve with surgery include blocked nose, nasal discharge/mucus, drip down the back of the nose, fullness in the cheeks, facial pains, frontal headache and reduced sense of smell.

What are the risks of surgery?

Overall Endoscopic Sinus Surgery is safe in most people. Your risk depends somewhat on which sinuses your surgeon will be operating on, whether you have had previous sinus surgery and also on any other medical problems you may have. Some of these risks are very rare, but serious. Some are more common but less troublesome.

Firstly, you will have a general anaesthetic (you will be asleep for the operation). You will have a chance to discuss this with the anaesthetist (the doctor who will put you to sleep) before your surgery.

Common risks

- **Nasal Obstruction:** You will probably have lots of dry blood and crusting causing a blocked nose for the first few weeks.



- **Bleeding:** A small amount of bleeding after surgery is quite common.

Very occasionally patients may need to have their nose packed during or after the operation to stop the bleeding and it may be necessary to stay overnight. You may notice some blood when you blow your nose for about a month after the operation. Very rarely the bleeding may be more significant and you may have to come back to hospital for assessment. If you take aspirin or warfarin, or if you have a history of bleeding problems, then you must tell your surgeon before your operation.

Occasional risks

- **Discomfort:** It can sometimes be a bit uncomfortable after the operation for a few days and it is important that you regularly douche the nose (rinse with salty water - see separate information sheet) or hard crusts can form and it can lead to an infection.
- **Infection:** Occasionally the sinuses can get infected after surgery which may cause, amongst other things, a smelly discharge requiring antibiotics.
- **Return of symptoms:** Although your symptoms may initially improve this may not be permanent requiring continuing or further treatment. There are some conditions which make this more likely, for example, if you also have nasal polyps.
- **Failure of treatment:** Occasionally, sinus symptoms don't get better after sinus surgery. Similar symptoms can be caused by other conditions and for this reason sinus surgery is not offered unless your surgeon thinks that it is likely to help.

Very rare risks (most of these have never occurred to our patients)

- Eye problems: Because some of your sinuses are separated from your eyes by only a very thin layer of bone (less than a millimetre), there is an exceptionally small risk of causing injury to your eye. In the worst case, this could cause watering of the eye, double vision or even blindness.
- Brain complications: Similarly, some of your sinuses are very close to your brain. There is an extremely small risk of causing infections in or around your brain, or of a leak of brain fluid through your nose.
- Loss of sense of smell: Often sinus surgery will improve a loss of smell, but rarely it can cause a loss of sense of smell.

Preparation for surgery

- You will be contacted by the hospital with a date for the operation and will be sent information about when to stop eating and what to bring to hospital.
- You may be asked to attend a pre-admission clinic before your operation to assess your general health and to decide whether anything else needs to be done before the operation. It is vital that you let staff know about any other illnesses you have and any medication you take.
- If you smoke, you should aim to stop at least 24 hours before your operation.
- If you decide you don't want the operation you should contact us at ENT admissions telephone (01803) 654797 and your GP as soon as possible.

The day of the operation



- Ensure you follow the advice given to you regarding what to do before coming to the hospital, particularly regarding when to stop eating and drinking and what you should do about your medication. Failure to do this may mean cancelling your operation.
- Prepare for a long day - bring something good to read!
- Your operation may not occur as soon as you arrive, as there is lots of preparation that we need to do. You will have some forms to read and fill out, you will be checked by the nurse and you will see the anaesthetist before your operation. If you have any last minute questions these can always be answered.
- Unfortunately, due to other emergencies or unforeseen circumstances, operations are sometimes delayed or occasionally cancelled and rescheduled at late notice. Obviously this only occurs if absolutely unavoidable.

After the Operation

- Usually we are happy for you to go home the same day as your operation, but be prepared to stay one night in hospital.
- You should not drive after your operation, so you will need to arrange someone to collect you from hospital.
- You will require at least 2 days off work, although most people take a week or so off work to recover. The actual time required varies from person to person and is also dependant to an extent on what work you do (avoid work for 2 weeks if you perform heavy manual labour or work in a dusty environment).
- For the first month after the operation, you should use a nasal saline douche (salt water) to rinse your nose. Often you will also need nose sprays and sometimes antibiotics or other medications.
- We will make an appointment to see you again in the outpatient clinic for a few weeks after the operation to check how you have been.

For further information you can discuss with a member of the ENT Department

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