

Follow-up

You will be reviewed by your surgeon 6-8 weeks after your surgery, usually in the outpatient department.

Useful Telephone Numbers

- ENT Department, Lister Hospital
Telephone: 01438 314333, Ext. 5113 / 4118
- ENT Admission Office (waiting list)
Telephone: 01438 286836 or 01438 286835
- ENT Nurse Specialist (Monday to Friday, 8.30am - 6pm)
Telephone: 01438 314333, bleep 1028
Mobile: 0778 534 3359 or 0787 639 0290

Useful ENT website: www.entuk.org

In an emergency:

Dial 999 and request an ambulance or attend the nearest A&E of the following hospitals unless away from home

- Lister Hospital A&E (SG1 4AB) ☎ 01438 784732
- New QEII Urgent Care Centre, Welwyn Garden City ☎ 01707 247549
- Luton and Dunstable
- Princess Alexandra Hospital, Harlow

www.enherts-tr.nhs.uk

You can request this information in a different format or another language.

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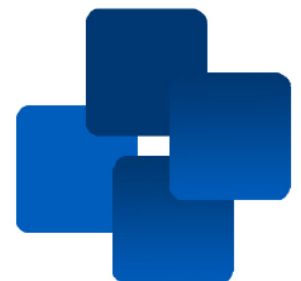
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Patient Information

Functional Endoscopic Sinus Surgery (FESS)

Ears, Nose and Throat Department



What are the sinuses and what is sinusitis?

The sinuses are air pockets or cavities in the face and around the nose. They are connected to the inside of the nose through small openings.

The sinuses are named according to the bone in which they are located:

- **Frontal** sinuses - forehead
- **Ethmoid** sinuses - between the eyes
- **Maxillary** sinuses - cheekbone area
- **Sphenoid** sinuses - middle of the head, behind the eyes

Sinuses serve many functions. They first filter and humidify the air we breathe. They naturally produce mucus and if this is unable to drain from the sinuses it can become infected.

Procedure and Anaesthetic

Endoscopic sinus surgery and functional endoscopic sinus surgery (FESS) are names given to operations for people with chronic or severe sinus infections.

Endoscopic sinus surgery opens up the sinuses between the eyes and nose/sinus in the centre of the head, to allow them to drain and ventilate. This is done from inside the nose and avoids external cuts.

Before surgery, the specialist will examine your nose with a small

telescope and arrange for a CT scan of your sinuses.

Why have sinus surgery?

Sinus surgery is required to unblock the small openings of the sinuses to drain your sinuses, relieving your discomfort and preventing infection.

How is the operation done?

The operation is usually performed under general anaesthetic (whilst you are asleep).

The operation is done inside your nose so there will be no scars or bruises on your face.

A special 'telescope' is inserted into the nose. The diseased sinuses are identified and are opened up using special instruments. If there are any polyps in the nose they are removed. The operation takes about an hour depending on the extent of the disease that must be treated. Sometimes the doctor may need to straighten the partition wall inside the nose to get access to your sinuses (see leaflet 'Septoplasty').

Risks and Complications

- **Bleeding** is a risk of any operation. It's common to have a small amount of bleeding from the nose in the days following the operation. Major bleeding is extremely uncommon, if this should happen, go straight to the Emergency Department.

- **Eye problems** - The sinuses are very close to the wall of the eye socket and sometimes minor bleeding can occur into the eye socket which is usually noticed as some bruising around the eye. This is usually minor and gets better without any special treatment. Very rarely, more serious bleeding into the eye socket can sometimes occur; this can cause severe swelling of the eye and can even cause double vision or in very rare cases, loss of sight. If such a serious eye complication did occur you would be seen by an eye specialist.

- **Spinal fluid leak** - The sinuses are very close to the bone at the base of the brain. All sinus operations carry a small risk of damage to this thin bone with leakage of fluid from around the brain into the nose. If this rare complication does happen you will have to stay in hospital longer and may require another operation to stop the leak. On very rare occasions, if infection has spread from the sinuses into the spinal fluid, it can cause meningitis but this is extremely uncommon.

Packs and Splints

We may need to put a dressing in each side of your nose to prevent bleeding. These are called 'nasal packs' and will be removed before you are discharged. It may be a

little uncomfortable and you may have a little bit of bleeding which will usually settle quickly.

Does it hurt?

It is common for your nose to be quite blocked and to have some discomfort for a few weeks after the operation.

Time in Hospital

Usually conducted as a day case.

Time off Work

Two weeks off work; a sick note will be provided before discharge.

Post-operative Care and Advice

- Avoid all moderate and heavy lifting for about 10 days after the operation.
- Avoid blowing your nose for the first week to prevent bleeding. You may be given nasal drops, spray or douches to help clear your nose. Sneeze with your mouth open to protect your nose.
- You may get some blood coloured watery fluid from your nose for the first two weeks or so, this is normal.
- Your nose will be blocked both sides like a heavy cold for 10-14 days after the operation and you may get a dry mouth - take sips of water regularly to help with this.
- Remain indoors during the first week; avoid contact with people with infections; avoid exposure to dust and smoky places.