



Functional Endoscopic Sinus Surgery (FESS) Patient Information Sheet

The operation

The aim of sinus surgery is to open the natural openings into the cheek sinuses and remove any diseased tissue from the ethmoid sinuses between the eyes. Only rarely is the frontal sinus operated on. Usually improving the function of the sinus complex by removing the anterior ethmoid sinuses allows better frontal sinus drainage.

Sinus surgery is good for relieving the following:

- facial pain/headache secondary to sinus disease congestion around the nose

Sinus surgery will have little or no effect on

- Post-nasal drip/catarrh
- Sneezing /dripping
- Poor sense of smell

Septal surgery may also be required for surgical access to the sinuses and to help with nasal obstruction.

The patient is admitted on the day of surgery and seen by the surgeon and anaesthetist. The operation is performed under a general anaesthetic and takes around one hour. Telescopes and fine instruments are used to remove the ethmoid sinuses between the eyes and to enlarge the natural ventilation and drainage hole into the cheek (maxillary) sinuses. If necessary, a light vaseline gauze pack is placed in the nose to stop any bleeding and the patient is observed overnight. Next morning the pack is removed and the patient discharged.

What are the risks?

Although uncommon the most likely complication should one happen is bleeding from the nose. Occasionally a return to theatre is required to stop the bleeding. More serious but extremely rare complications include damage to the orbital (eye) contents and a "CSF" leak where fluid from around the brain leaks through into the nose via a defect which may happen during the operation. If a leak should occur a longer stay in hospital may be necessary.

Aftercare

For a few weeks after the operation the nose feels sore and there may be slightly blood stained mucus.

There is much crusting in the nose and it is very important to keep the nose clean with salt water washes (Sterimar/Neilmed Sinurinse/ or cooled boiled 1/2 pint water with teaspoon of salt and bicarbonate mixed in) as often as possible in the first 2 weeks (4 times a day at least). In addition a topical nasal decongestant spray (such as Nasonex) may be prescribed to be taken regularly until the clinic appointment.

Follow up

After surgery a period of 2 weeks at home is required before returning to work. An outpatient visit at 4 weeks ensures the nose is healing properly. A further review at 3 months assesses the final result.

What to do if you have any worries or concerns after the surgery

If it is within 48 hours or out of hours, phone the ward where you were admitted for surgery. During office hours phone our secretaries on 0118 9213160.

I have read this leaflet and had the chance to ask any questions to my surgeon.

Name:

Signed:

Date:

Surgeon:

Signed

Date: