



Functional Endoscopic Sinus Surgery (FESS)

Information for patients from Head and Neck

Why have I been recommended for Functional Endoscopic Sinus Surgery?

FESS is an operation for sinus disease. It is called functional because it aims to return the working of the sinuses to normal.

Normally your sinuses contain air. They open into your nose, and the mucus which they produce drains into your nose. Usually you are not aware of this. However, the opening of your sinuses into the nose can become blocked. This is most often caused by swelling of the nasal lining (otherwise known as mucus membrane or mucosa) during a common cold or with allergy. This swelling will often go down by itself with time, but when the drainage passages of the sinus remain blocked, the mucus is unable to drain and may become trapped and infected.

There are a number of other things which can block your sinus openings. Examples would be a bent nasal septum, allergy, polyps, or abnormality of the side wall of your nose. The CT scan will show exactly which sinuses are affected and will help your surgeon to decide what operation is needed.

The operation is tailored to suit each individual patient. It is based on an examination of your nose in the clinic and usually a CT scan of your sinuses.

Are there alternatives?

The treatment of sinus disease starts with antibiotics and nasal sprays or drops to deal with the infection, reduce the swelling of the nasal lining, and open up the sinus drainage passages.

Avoiding anything you are allergic to is also helpful. We usually only consider surgery when treatment along these lines has failed to improve your situation.

Will I have anaesthetic?

Normally this surgery is performed under general anaesthetic (you will be asleep).

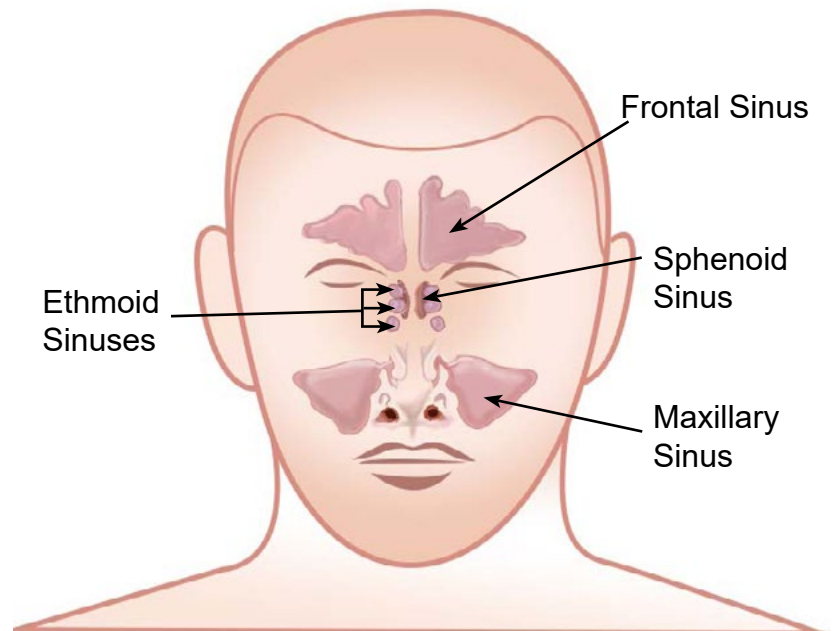


What does the operation involve?

Each operation is individual, depending on the cause of the disease and which sinuses are involved. Your surgeon will explain the procedure beforehand.

The maxillary sinuses (in the cheek), and/or the ethmoid sinuses (between the eyes) may be affected, and may need to be opened up. Less commonly the frontal sinuses in the forehead may need to be opened. If this is the case, small inflatable balloons may be used to open these forehead sinuses.

The operation is done through your nostrils using telescopes to give a close-up view of the sinuses, using small custom-made instruments.



At the end of your operation dissolvable dressings are put into your nose to stop any bleeding and to help with healing. Sometimes if the bleeding is a little heavier, small packs (like customised tampons for the nose) may be placed in to your nose before you wake up. These packs may need to stay in overnight (meaning you have to stay in hospital), but if just the dissolvable dressings are used you can usually go home the same day.

Are there any risks?

All general anesthetics have some risks.

- Usually there is no need for any cut on the outside of your nose. However, if the bleeding is very heavy it may rarely be necessary to make a cut on the side of your nose to allow your surgeon to tie off one of the arteries going to the sinuses.
- **Bleeding** may occur after any dressing has been removed, but usually stops quickly.
- The sinuses are close to the brain. If the thin bone between the sinus and the brain is damaged, the fluid which bathes the brain (cerebrospinal fluid or CSF) can leak into the nose bringing with it a risk of **infection**. If this is spotted during the operation, it can usually be repaired then and there before you wake up, often without you knowing anything happened. But if not and it becomes apparent afterwards, we may need to give you antibiotics and keep you under close review in outpatients. Usually this leakage stops on its own within a week or two, but if it does not a further operation (usually performed up inside the nose again) may be needed.
- Extremely rarely, the eye or optic nerve can be damaged, resulting in **short-lived but possibly permanent impaired eyesight**. Your eye may water due to damage to the tear duct; this may continue. The tear duct may need to be reconnected with a further operation if this happens.

How will I feel after my operation?

Because the tissues inside your nose have been cut, they will swell and your nose will feel blocked. You may have bloodstained nasal discharge which may go into the back of your throat. After your operation you will be asked to attend the outpatients department where your nasal cavities may need further treatment. Healing is gradual and it will be several weeks before your nose stops running and feels clear.

The operation will not cure you of any underlying problem with your nasal lining. It is often necessary to continue with nasal drops or a spray after your operation to prevent the problem happening again. You will be advised about this when you come to the outpatient clinic. If you are allergic to anything you will need to continue to avoid it.

How do I care for my nose following surgery?

- Your nose may well feel blocked for the first few weeks; this is normal. There may be some crusting inside. Nasal douches can help to clear this; you may be given an instruction leaflet to help with this. Alternatively, sitting over a bowl of steaming water and inhaling the steam two or three times each day can help.
- Some blood-stained discharge from your nose in the first few days is normal and nothing to worry about. **If you get a large amount of bright red blood this is not normal.** You should sit down and pinch your nose and breathe through your mouth. If someone is with you ask them to put some ice in a plastic bag and hold it over the bridge of your nose or suck ice. If this does not stop it within 15 minutes, contact the ward you were discharged from or, if out of hours and/or the bleeding is heavy, go to your nearest Emergency Department for advice.
- Do not place anything whatsoever inside your nostrils - even tissues - as this may cause infection.
- It is not advisable to blow your nose in the the first week after nasal surgery.
- Avoid heavy physical exertion, which could bring on a nosebleed.
- You may wish to take a painkiller such as paracetamol in the first few days. **Avoid painkillers containing or related to aspirin, as these thin the blood and may cause an increased risk of bleeding.**
- Avoid going into crowded places in the first week after your operation. Mixing with others increases the risk of catching a cold or flu, which would be especially uncomfortable while your nose is healing.
- Exposure to smoke should also be avoided.
- If you have any further queries, please speak to your surgeon or consultant.

This leaflet has been produced with and for patients

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