



Functional Endoscopic Sinus Surgery (FESS)

Information for patients from the Ear Nose and Throat (ENT) Department

You have been referred to the hospital for functional endoscopic sinus surgery (FESS). This leaflet will explain:

- what the surgery is and what it involves
- what the risks are; and
- what happens after surgery.

If you have any questions after reading this leaflet, please speak to your surgeon.

What is functional endoscopic sinus surgery (FESS)?

Endoscopic sinus surgery is the name given to operations used for severe or difficult to treat sinus problems. You will likely have already been given nose drops, sprays, or antibiotics to try and improve your symptoms. If these medications have been unsuccessful in treating your sinus problems, an operation may be needed.

What causes sinus problems?

Normally your sinuses contain air. They open into your nose, and the mucus which they produce drains into your nose. If the opening of your sinuses into the nose become blocked, this can lead to problems.

The blockage is often caused by swelling of the nasal lining, when you have a common cold or with allergies. The swelling will often go down by itself with time. However, if the sinus drainage passages remain blocked, the mucus cannot drain and may become trapped and infected.

Other things which can block your sinus openings include:

- a bent nasal septum
- allergy
- polyps, or

- abnormality of the side wall of your nose.

Are there alternatives to surgery?

Treatment will start with antibiotics and nasal sprays or drops. These will help to deal with the infection, reduce the swelling of the nasal lining, and open up your sinus drainage passages.

Avoiding anything you are allergic to is also helpful.

We only consider surgery when these treatments have failed to improve your situation.

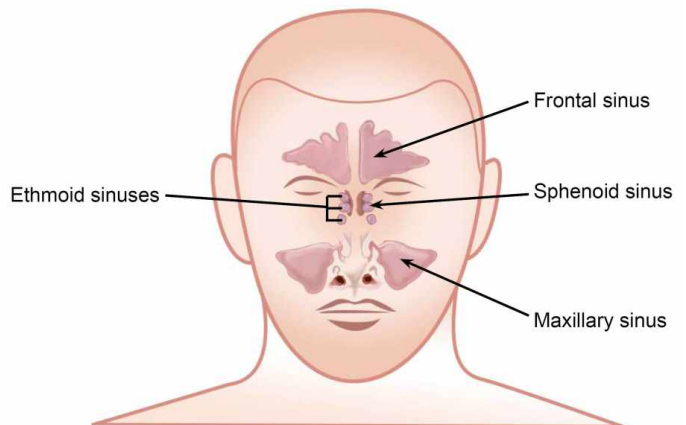
What does the operation involve?

Each operation is based on the individual patient. It depends on what is causing your symptoms and which sinuses are affected. Your nose will be examined in clinic, and you may also have a CT scan of your sinuses. The CT scan will show exactly which sinuses are affected, and help your surgeon to decide what operation you need.

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 the forehead sinuses.

The operation is done through your nostrils. Your surgeon will use a small telescope to give a close-up view of your sinuses.



The ethmoid, frontal, maxillary, and sphenoid sinuses

Will I have anaesthetic?

Yes. You will have this surgery under general anaesthetic (you will be asleep).

Are there any risks?

- All general anaesthetics have some risks. For more information, please read the **You and Your Anaesthetic** leaflet. (<https://www.rcoa.ac.uk/patients/patient-information-resources/leaflets-video-resources/you-your-anaesthetic>)
- Usually there is no need for a cut on the outside of your nose. However, **if the bleeding is very heavy it may be necessary to make a cut on the side of your nose**. The cut allows your surgeon to tie off one of the arteries going to the sinuses. This is rare.
- **Bleeding** may occur after any dressing is removed, but it usually stops quickly.

- The sinuses are close to the brain. If the thin bone between the sinus and the brain is damaged during surgery, the fluid which bathes the brain (cerebrospinal fluid or CSF) can leak into the nose. If this happens, it can cause an **infection**. If spotted during your operation, your surgeon may be able to repair this during surgery. However, if it is only noticed afterwards, we may prescribe you antibiotics and keep you under close review in outpatients.

Usually the leak stops on its own within a week or two. If it continues, you may need another operation.

- Very rarely, the eye or optic nerve is damaged. This can result in **short-lived but possibly permanent impaired eyesight**.
- **Your eye may water due to damage to the tear duct**; this may continue. If this happens, the tear duct may need to be reconnected with a further operation.

How can I prepare for my surgery?

While you wait for your surgery date, you can start preparing for your operation. Research shows that fitter patients, who are able to improve their health and activity levels before surgery, recover more quickly. Taking an active role in planning and preparing for your operation will help you:

- feel in control
- leave hospital sooner, and
- get back to normal more quickly.

To help with this, you may be contacted by a member of the One You Kent (OYK) team. OYK work in the community, and help patients improve their general health. This includes help and advice on:

- Stopping smoking
- Losing weight
- Getting more exercise

More information can be found on the following web sites.

- One You Kent (<https://www.kentcht.nhs.uk/service/one-you-kent/>) (Kent Community Health)
- Fitter Better Sooner Toolkit (<https://www.cpoc.org.uk/patients/fitter-better-sooner-toolkit>) (Royal College of Anaesthetists)

What happens after my operation? How will I feel?

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

- The tissue inside your nose has been cut during surgery, so you will have swelling and your nose will feel blocked.
- You may wish to take painkillers, such as paracetamol, in the first few days following surgery. **Do not take painkillers containing or related to aspirin. These thin the blood and may cause an increased risk of bleeding.**
- You may have bloodstained nasal discharge, which may go into the back of your throat.
- Healing is gradual. It will be several weeks before your nose stops running and feels clear.
- The operation will not cure any underlying problems with your nasal lining. Patients often need to continue using nasal drops or spray after their operation to prevent the problem happening again. You will discuss this with your surgeon at your follow-up appointment.
- If you are allergic to anything, you will need to continue to avoid it.

When can I drive again?

Do not drive yourself home from hospital. Please arrange for someone to take you home after your operation.

Do not drive for 2 weeks following your operation. You will have blood-stained nasal discharge, and if you need to do an emergency stop this will increase your risk of bleeding. If you have any concerns, please speak to your surgeon or consultant.

When can I return to work?

Take 2 weeks off work. You need to avoid contact with other people where possible, to avoid infection.

Will I have a follow-up appointment?

Yes. After your operation you will be asked to attend an outpatient clinic, where your nasal cavities may need further treatment.

How do I care for my nose following surgery?

- Your nose may feel blocked for the first few weeks following surgery; this is normal. There may be some crusting inside. Nasal douches can help to clear this. Alternatively, sitting over a bowl of steaming water and inhaling the steam 2 or 3 times each day can help. For more information, please read the **Nasal douching after surgery** leaflet. (/nasal-douching-after-surgery)
- 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.** If this happens, 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 the bleeding does not stop 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 inside your nostrils (even tissues), as this may cause infection.
- Try not to blow your nose in the first week after nasal surgery.
- Avoid heavy physical exertion, which could bring on a nosebleed.
- Avoid going to crowded places in the first week after your operation. Mixing with others increases your risk of catching a cold or flu, which would be very uncomfortable while your nose is healing.
- Avoid exposure to smoke.

What should I do if I have any questions or concerns?

If you have any further queries, please speak to your surgeon or consultant.

This leaflet has been produced with and for patients.

Please let us know:

- If you have any accessibility needs; this includes needing a hearing loop or wanting someone to come with you to your appointment.
- If you need an interpreter.
- If you need this information in another format (such as Braille, audio, large print or Easy Read).

You can let us know this by:

- Visiting the Trust web site (<https://www.ekhuft.nhs.uk/ais>).
- Calling the number at the top of your appointment letter.
- Adding this information to the Patient Portal (<https://pp.ekhuft.nhs.uk/login>).
- Telling a member of staff at your next appointment.

Any complaints, comments, concerns or compliments, please speak to a member of your healthcare team. Or contact the Patient Advice and Liaison Service on 01227 783145 or email (ekh-tr.pals@nhs.net).

Patients should not bring large sums of money or valuables into hospital. Please note that East Kent Hospitals accepts no responsibility for the loss or damage to personal property, unless the property has been handed into Trust staff for safe-keeping.

Further patient information leaflets are available via the East Kent Hospitals' web site (<https://www.ekhuft.nhs.uk/patient-information>).

Reference number: RK/EKH110

First published:
September 2001

Last reviewed:
October 2024

Next review date:
February 2028



Illustrations and Photographs created by the Medical Photography Department.

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