

Information for patients and carers

Endoscopic Sinus Surgery

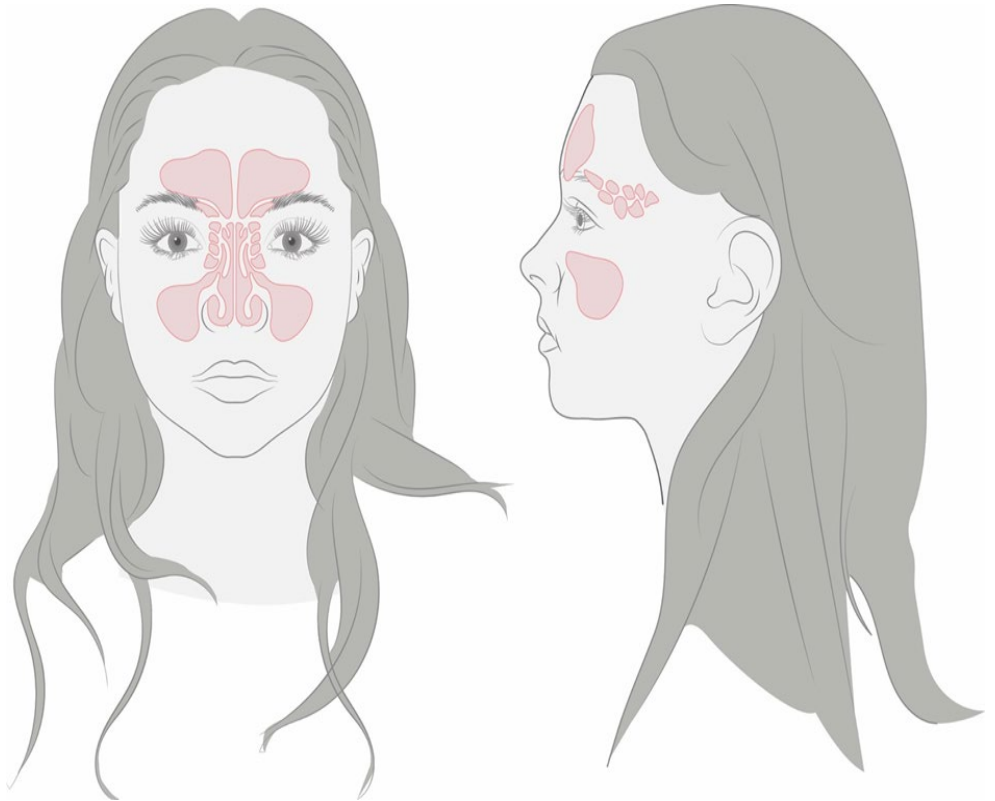
A decorative graphic at the bottom of the page consisting of three overlapping, wavy horizontal bands in shades of blue, ranging from a light sky blue to a dark navy blue.

Welcome to ENT (Ear, Nose and Throat)

This leaflet has been produced to answer questions you may have about having Endoscopic Sinus Surgery (ESS) and what to expect during your visit. If you have any other questions, please ask your surgeon or a member of the nursing team.

What are sinuses?

Sinuses are air-filled spaces in the bones of the face and head and are connected to the inside of the nose through small openings.



Why am I having this surgery?

Endoscopic sinus surgery is a procedure used to diagnose and treat problems of the nose and sinuses that have not got better with medical treatment. Surgically opening the sinuses will improve the symptoms of nasal blockage and discharge. ESS is also known as Functional Endoscopic Sinus Surgery (FESS) - this is the same operation. You may need this procedure if you have abnormalities in the structure of your nose or polyps that stops the medication getting to the areas where it needs to work. If you have long-standing facial pain caused by your sinuses you may need this surgery.

Why did I have a CT scan?

The CT gives a 3D image and lets the surgeon see the anatomy before the surgery and is used as a 'road map' that makes the operation safer. A CT scan is not to diagnose your disease. Diagnosis will be made from your medical history including what medication you have tried and an examination with a small rigid endoscope. The scan takes about 15 minutes and is non-invasive and not painful.

Where in the nose is the surgery happening?

The surgery is performed on the osteo-meatal complex. This is a small area on the inside of the nose where most of the sinuses drain into the nose. It is on the inside of the nose, close to where your glasses would press on the outside of the nose. Some patients need surgery to the sinuses that are deeper in the skull.

If you suffer from nasal polyps, the surgery will remove polyps from inside the nose and inside the sinuses where the polyps arise.

Some patients will also need septal surgery to straighten the middle wall of the nose to improve access to the sinus drainage area. Some patients will also have turbinate surgery. Turbinates are bony shelves on the sidewall of the nose, which may also block the sinus drainage area.



How is the surgery carried out?

For this surgery you will have a general anaesthetic, this means you will be asleep during the operation. A rigid endoscope is used which is a telescope that is connected to a camera. This makes it possible to get a clear view so the surgeon can see and operate accurately in the small area where the sinuses drain. The surgery is carried out

using special instruments and usually a micro-debrider, which is a combination of a cutting and sucking instrument to remove tissue.

What are the benefits of surgery?

The surgery opens the area where most of the sinuses drain into the nose. This allows the medication to reach this area and reduce the swelling in the nasal lining which caused the blockage of the sinuses. The feeling of nasal congestion, blockage and facial pain should reduce. If you have post-nasal drip, you should see an improvement after the surgery (but it may not be completely gone). You may also notice that your sense of smell may have improved. Remember, surgery does not change the way the lining of your nose reacts. It cannot make you 'not allergic' but will improve the effects of medication to control your symptoms.

What are the risks of surgery?

The surgery is very safe. Less than one in two hundred patients have any complications. Most of the risks are very unlikely to occur but we still need to let you know what they are.

There is a risk of blindness if the eyeball or the nerve to the eye is damaged, or if the pressure is not released after a bleed in the eye socket. If the muscles that move the eye are damaged, there is a risk of double vision. If the very thin bone in the roof of the nose is damaged, the fluid from around the brain (the CSF) may leak, and there is a risk of meningitis if not repaired.

What will happen if I decide not to have the operation?

If you decided not to have the operation, you would continue to have symptoms, and these may get slowly worse and cause other health concerns. Please discuss this with your doctor.

What should I expect after the surgery?

There are no cuts on the outside of the nose and most patients do not need any nasal packing. If you do need packing, it will dissolve on its own with time. If you have non-dissolvable packing, the Doctor will tell you when these need to be taken out and who will take them out. There may be some oozing of blood for the first 24-48 hours, but this is normal. Most patients go home on the day of, or day after, the surgery. You will be given some medication to take home. Later, you may sniff back some large clots from the nose, and this is normal. There may be stitches in the nose, which drop out of the nostril. Do not worry about this. Either cut them off, or, if not sore, pull the whole stitches out.

What should I do after surgery?

You will need two weeks off work so please ask the nurse for a 'Fit Note' before you leave hospital. After the operation, sniff gently and do not blow your nose. If you sneeze, try to keep your mouth open. Steam inhalations will soften the clots and crusts in the nose and help them come out more easily. Do not pick the nose as this could cause bleeding. You must take the medication as prescribed and complete the whole course. Unless you have neck problems, take the nose drops with your head bent forwards and down (with your forehead on the floor). If you can, you need to stop smoking before and after your procedure as this can make a great impact in the recovery to healthy sinuses.

How long will I wait to be seen after surgery?

You are usually seen 3 weeks after your surgery. A further visit at 1 and 3 months is usual. Most patients are discharged back to the care of their GPs at 12-18 months.

What should I do if I am worried?

If you have any worries about the state of your nose or the effects of the medication, please telephone the ward where you were a patient for advice from the Nursing staff.

Pre-operative and post-operative advice

Pre-operative advice

Please stop eating 6 hours before your operation. Stop drinking 2 hours before your operation and only drink water up to this time. No milk products are to be drunk. Please take an up-to-date list of medications. If you have been given the consent form, bring this with you but do not sign it. Write down any questions/concerns that you have. If going home on the same day, make sure there is an adult staying with you for 24 hours after your operation. Do not drive or operate machinery.

Post-operative advice

After your operation you will go to the day case ward where you will rest until the anaesthetic has worn off. If you are informed that you will need an overnight stay, you will be transferred to an Inpatient ward. You will normally be discharged 4 hours after your operation however, you must achieve some set goals before you can leave, such as being able to eat and drink and getting out of bed.

Following your operation, you will need to take 2 weeks off work to allow time for healing. You will need to keep using a nasal steroid (spray or drops) and saline rinses or sprays after your operation. You may also need other medications, but these will be given to you before you go home.

Make sure you have an adult staying with you for 24 hours following your operation. You can apply ice packs over the nose and affected sinuses for the initial 24 hours after surgery (15 minutes on/30 minutes off). You must not drive or operate machinery for 24 hours following your surgery because of the general anaesthetic. It is advisable that you avoid flying for two weeks following your operation.

Frequently asked questions

Can I exercise after surgery?

It is advised to stop strenuous activity for one week before your procedure including bending, straining, or lifting more than 20lbs. Light walking and routine daily activities are acceptable immediately after surgery. You may start exercise at 50% intensity after one week and full intensity after two weeks.

Can I change my mind if I have already agreed to the surgery?

You may wish to change your mind about having an operation and you can do this at any time. Signing a consent form does not mean that you must go through with the operation.

What do I do if I am worried after my operation?

If you have any worries about the effects of your medication, please telephone the ward you were discharged from.

Contact details

Should you need further advice or information please contact the Ear Nose and Throat Department at Royal Preston Hospital on **01772 523164** and for post operative concerns following your procedure contact Ward 3 for adults or Ward 8 for children via the switchboard on **01772 716565**.

Sources of further information

www.lancsteachinghospitals.nhs.uk

www.nhs.uk

www.accessable.co.uk

www.patient.co.uk

www.entuk.org

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www.lancsteachinghospitals.nhs.uk/patient-information-leaflets

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If you want to stop smoking, you can also contact Smokefree Lancashire on Freephone **08081962638**

Please ask a member of staff if you would like help in understanding this information.

This information can be made available in large print, audio, Braille and in other languages.

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