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The Royal Liverpool
and Broadgreen
University Hospitals
NHS Trust

Patient information

Endoscopic Nasal Polypectomy

Ear Nose and Throat Speciality

Your Consultant / Doctor has advised you to have a Nasal Polypectomy.

What is an Endoscopic nasal polypectomy?

It is an operation to remove polyps from your nose. This operation is performed as a day case. Admission for a day case procedure requires you to have an escort home, access to a telephone and someone with you overnight.

What are the benefits of having an endoscopic nasal polypectomy?

An endoscopic nasal polypectomy will increase the space in your nostrils to improve breathing.

What are the risks of having an endoscopic nasal polypectomy?

Bleeding: Dissolvable nasal packs may be put into the nose at the end of the operation if necessary; they will slowly dissolve in your nose after approx. one week.

Infection: this may present as thick discharge, and discomfort. You should contact your family doctor (GP) if this occurs.

Re-occurrence: Polyps are rarely cured and do re-occur. Surgery is only part of the treatment to help control symptoms.

Orbital Injury: The roots of the polyps are near to the eye and brain lining: it is possible, but **rare** for injury to occur to these structures, which could result in a leak of fluid (CSF) from around the brain. Every precaution is taken by the surgeon to prevent this. If this happens you would be treated with antibiotics.

Altered sense of smell: You may experience an improvement in your sense of smell, but this is not guaranteed. You may also lose any sense of smell you had prior to your surgery, which may be permanent.

Intra-nasal adhesions: Scar tissue may develop which may require further surgery to remove.

Are there any alternatives to surgery?

The alternative to surgery is possible long-term use of steroid nasal spray/drops. This however is not guaranteed to prevent your nasal polyps continuing to develop.

What will happen if I decide not to have surgery?

Nasal polyps usually continue to grow causing worsening symptoms.

You may change your mind about the operation at any time, and signing a consent form does not mean that you have to have the operation. If you would like to have a second opinion about the treatment, you can ask your specialist. He or she will not mind arranging this for you. You may wish to ask your own GP to arrange a second opinion with another specialist.

What sort of anaesthetic will be given to me?

This procedure is done under general anaesthetic. General anaesthesia is drug-induced unconsciousness. An anaesthetist always provides this: a doctor with specialist training.

Unfortunately, general anaesthesia can cause side effects and complications. Side effects are common, but are usually short-lived: they include nausea, confusion and pain.

Complications are very rare, but can cause lasting injury: they include awareness, paralysis and death.

There is a risk of damage to teeth, particularly caps or crowns and veneers. Your anaesthetist will take every care, but occasionally damage can occur.

The risks of anaesthesia and surgery are lower for those who are undergoing minor surgery, and who are young, fit, active and well.

For more information, please ask for a copy of the leaflet **“You and Your Anaesthetic”** (PIF 344).

You will be given an opportunity to discuss anaesthetic options and risks with the anaesthetist before your surgery.

If you are worried about any of these risks, please speak to your Consultant or a member of their team.

Getting ready for your operation

- You will be seen in the pre-operative clinic before you are admitted to hospital. Here you may have blood tests, and a heart trace if necessary. You will be assessed to see if you are fit for the anaesthetic.
- The staff will ask routine questions about your general health, the medicines you take at the moment and any allergies you may have.
- You will be able to discuss the operation with a nurse practitioner. You will be asked to sign a consent form to say that you understand the procedure, and what the operation involves.

The day of your operation

- Before your general anaesthetic, you must not eat for a minimum of six hours or drink for a minimum of three hours. You will be told when this is to start.
- Please leave all cash and valuables at home. If you need to bring valuables into hospital, these can be sent to General Office for safekeeping. General Office is open between 8.30 and 4.30 Monday to Friday. Therefore, if you are discharged outside these times we will not be able to return your property until General Office is open. The Trust does not accept responsibility for items not handed in for safekeeping.
- You will be asked to remove jewellery - plain band rings can be worn but they will be taped.
- Please do not wear makeup.

- Please leave body piercings at home. False nails and nail polish will also need to be removed if worn.
- If you are on regular medication, you will be told to take this if necessary.
- You will be asked to put on a gown and disposable underwear. You may bring with you a dressing gown and slippers.
- A bracelet with your personal details will be attached to your wrist.
- A porter will take you to the operating theatre.
- If you have dentures, glasses or hearing aid they can stay with you on your journey to the operating theatre. They will be removed whilst you are in the anaesthetic room and kept with you until you arrive in the recovery area. Once you are awake they can then be put back in place.
- When you arrive in the theatre waiting area, a nurse will check your details with you. You will then be asked to put on a disposable hat.
- You will then be taken to the anaesthetic room.

What should I expect after my operation?

After your operation you will be kept in the theatre recovery room before being transferred to the ward.

A nurse will check your pulse, blood pressure, and breathing and wound regularly.

It is important that if you feel any pain you must tell the nursing staff: who can give you painkillers to help.

The nursing staff will also advise you when you can start taking sips of water. Anaesthetic drugs can make some people sick. If you feel sick we advise you not to drink until this feeling has passed. The nursing staff may offer an injection to help this sick feeling go away.

You may experience a headache while you have packs in, please inform the nursing staff should you need any tablets for this.

The first time you get out of bed, please make sure you ask a nurse to be with you. This is in case you feel dizzy.

Going Home

Your doctor will normally discharge you on the day of your operation.

You have had a general anaesthetic, for the next 24 hours **you must not**

- Travel alone.
- Drive any vehicle e.g. car or ride a bicycle.
- Operate machinery (including domestic appliances such as a kettle).
- Climb ladders.
- Make important decisions; sign any business or legal documents.
- Drink alcohol.

You **should**

- Take it easy for the rest of the day, avoid strenuous activity
- Take your medications as usual.
- Let someone else care for anyone you usually look after, such as children or elderly or sick relatives.

Discharge Information

Pain relief and medication

The nursing staff will advise you about painkillers before you leave the hospital. Please tell the nurses what painkilling tablets you have at home.

Your nose

- Your nose may feel swollen and “bunged up’ for the next two to three weeks. It usually takes this time for the swelling to settle.
- You may have some watery blood-stained discharge, this should stop after a few days.
- Sneezing may occur as your nose is irritated. Try to keep your mouth open, as it will prevent excess pressure in the nose.

Your nose may become “crusty”: The Saline Nasal Douching procedure is recommended: Please see Patient Information Leaflet 1452 Saline Nasal Douching for full instructions.

- One teaspoon of sodium bicarbonate (baking powder) / sea salt and a few drops of baby shampoo (non-perfumed) dissolved in one pint of warm previously boiled water.
- Draw this up into a syringe or NeilMed nasal rinse bottle and gently squirt into one nostril at a time, allowing the solution to then run from the nose into the sink.

This procedure will be explained to you before leaving the hospital and you will be provided with a syringe.

You may be prescribed a nasal spray to start two weeks after your operation; you will need to carry this on long term to prevent reoccurrence of your polyps Your doctor will advise you about this.

Getting back to normal

Remember that you have just had an operation, and you will take some days to recover. It is normal to feel more tired than usual for a few days after having an operation. If you are a parent or a carer you will need some support during this time.

Do not smoke for at least two weeks after your operation.

You must **avoid** smoky and crowded areas for at least two weeks after your operation.

Returning to work

Due to infection risks, you will require two weeks off work unless working from home. You can self-certify for the first seven days of sickness.

Before you are discharged, a medical certificate (fit note) can be issued at your request by the ward staff to cover the expected time off you will need. For any further fit notes you will need to go to your GP.

Further Appointments

A follow up appointment will be arranged for you. An appointment card will be sent to you with the date and time on.

Feedback

Your feedback is important to us and helps us influence care in the future

Following your discharge from hospital or attendance at your Outpatient appointment you will receive a text asking if you would recommend our service to others. Please take the time to text back, you will not be charged for the text and can opt out at any point. Your co-operation is greatly appreciated.

Patient notes:

Further information

If you have any queries or concerns please contact the ward staff or the Nurse Practitioners.

ENT Nurse Practitioners:

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All Trust approved information is available on request in alternative formats, including other languages, easy read, large print, audio, Braille, moon and electronically.

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