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The Royal Liverpool
and Broadgreen
University Hospitals
NHS Trust

Patient information

Functional Endoscopic Sinus Surgery (FESS)

Ear Nose and Throat Speciality

Your Consultant / Doctor has advised you to have Functional Endoscopic Sinus Surgery (FESS).

What are sinuses? (*)

Sinuses are air-filled spaces in the bones of the face and head. They are connected to the inside of the nose through small openings. The sinuses are important in the way we breathe through the nose and in the flow of mucus in the nose and throat. When the sinuses are working properly we are not aware of them but they often are involved in infections and inflammation, called sinusitis, which cause symptoms.

What is sinusitis? (*)

Sinusitis is caused by blocked, inflamed or infected sinuses. Patients will often complain of a blocked nose, pressure or congestion in the face, runny nose or mucus problems. Other symptoms include headache and loss of sense of smell.

Sinusitis can be difficult to diagnose and your specialist will want to examine your nose with a telescope in order to help find out what is wrong. Most patients with sinusitis get better without treatment or respond to treatment with antibiotics, nose drops, sprays or tablets.

In a very small number of patients with severe sinusitis an operation may be needed. In rare cases if sinusitis is left untreated it can lead to complications with infection spreading into the nearby eye socket or into the fluid around the brain. These very rare complications are just some of the reasons that a sinus operation may become necessary.

What is a FESS?

Endoscopic Sinus Surgery is the name given to operations for sinus problems when treatment with tablets or sprays has not helped. Surgery is performed through the nostrils, with no cuts or stitches on the face. It is an operation to open into the sinuses and clear them and then drain the passageways of infection. Before any operation patients will be treated using drops, tablets or sprays for a period of weeks if not months.

You will usually need to have a CT scan to confirm the diagnosis and to help the surgeon plan what type of operation will help you best. (*)

This procedure will be done 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 a FESS?

FESS will open up the natural drainage passageways of the sinuses and clear the nose of infection and/or polyps that are causing obstruction and attempt to return your nose to normal function.

Sinus surgery is very effective in about 90% of patients, but sometimes sinus problems can come back in the future, and roughly one in eight patients will need another sinus operation within five to ten years. (*)

How is the operation done? (*)

Usually the operation is done with you asleep (General Anaesthetic) but it can also be done with just your nose anaesthetised (Local Anaesthetic). The operation is all done inside your nose. The surgeon will use special telescopes and instruments to unblock your sinuses. Small amounts of bone and swollen lining blocking your sinuses are removed.

Once the sinuses are unblocked, the inflammation usually settles and your symptoms should start to get better.

Rarely there may be some bruising around the eye but this is very uncommon. There should be no need for incisions (cuts) unless the operation is a complicated one in which case this will have been discussed with you before the operation.

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 family doctor (GP) to arrange a second opinion with another specialist.

What are the risks of having a FESS?

- **Infection.** Infection of the wound in your nose can happen post operatively. You can avoid this by avoiding smoke, dust and people with coughs or colds. Bleeding may result if you get an infection post operatively, if you have a nose bleed which cannot be stopped by pinching your nose, on the soft part for approximately ten minutes you should go to the Emergency Department (A&E) immediately.
- **Bleeding.** Dissolvable nasal packs are rarely put into the nose at the end of the operation but if so will dissolve up the nose taking approximately one week.
- There is a risk that a bruise around the eye may occur this is due to bleeding; this usually subsides in a few days.
- A tear duct in your eye may become blocked, resulting in watery eyes.
- There is a very small risk that damage to the optic nerve may occur resulting in blindness.
- There is also a risk of perforation of a thin area in the skull, leading to Cerebral Spinal Fluid (CSF) leak. This is documented as 0.2% of all operations and may be identified at the time of surgery and can be repaired.
- Your sense of smell may be affected and may be reduced or lost permanently.
- Scaring inside the nose can in some cases lead to blockage. This may require surgery to correct.

- Blocked nose- this can occur for several weeks after the operation due to swelling.
- Altered dental sensation- numbness and tingling along the top gum line may occur but should resolve after a few weeks

The surgeon is aware of all the associated risks and will take every precaution to prevent this happening.

Are there any alternatives available?

The alternatives are nasal steroid sprays/drops and/or antibiotics.

What will happen if I decide not to have treatment?

Your symptoms remain.

What sort of anaesthetic will be given to me?

You will be given a general anaesthetic. General anaesthesia is drug-induced unconsciousness: an anaesthetist, who is a doctor with specialist training, always provides it.

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 your 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, a and sometimes a heart trace if necessary. You will be assessed to see if you are fit for the anaesthetic.
- The nurse practitioner will ask routine questions about your health, the medicine 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

- You will come into hospital 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 any 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 in 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 waiting area a theatre 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. You may experience a headache while you have your packs in.
- It is important that if you feel any pain you must tell the nursing staff, who can give you painkillers to help.
- You may have packing in your nose to control any bleeding; these will dissolve taking approx. one week.
- The nursing staff will also advise you when you can start taking sips of water. Anaesthetics 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.

- 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.

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 doctor will inform you if any packs have been left in the nose, and whether these dissolve by themselves, or if they have to be removed. (*)
- Your nose may feel swollen and “bunged up “for the next eight weeks. It usually takes this time for the swelling to go down.
- It is important that you do not blow you nose for the first 48 hours following your operation. Your surgeon will advise you on when you can start to gently blow your nose. (*)
- You may have some watery blood-stained discharge for one to two weeks, but this should then stop.
- Sneezing may occur as the nose is irritated; try to keep your mouth open, as it will prevent some pressure and any further bleeding.
- Heavy bleeding should be reviewed by a doctor. (*)
- It is important to stay away from dusty and smoky environments while you are recovering. (*)

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 asked to commence nasal sprays a couple of weeks following the surgery, you will be informed of 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** smoke, dust 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 further fit notes you will have to see 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 of your appointment.

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 where you had your surgery or the Nurse Practitioners.

ENT Nurse Practitioners

Helene Bryant / Sue Bragan / Christine Burton

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www.entuk.org

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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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