

References

If you require a full list of references for this leaflet please email patient.information@ulh.nhs.uk

The Trust endeavours to ensure that the information given here is accurate and impartial.



If you require this information in another language, large print, audio (CD or tape) or braille, please email the Patient Information team at patient.information@ulh.nhs.uk



Functional Endoscopic Sinus Surgery (FESS)

Ear, Nose and Throat Department
Clinic 6, Lincoln County Hospital 01522 573255
Clayton Ward 01522 573130/573778
Surgical Admissions Unit 01522 573089/573144
www.ulh.nhs.uk

Aim of the leaflet

This leaflet is aimed at patients undergoing functional endoscopic sinus surgery (FESS). It aims to explain the procedure and what to expect afterwards.

What is a FESS and why is it done?

The nasal sinuses have complicated drainage channels. Due to prolonged infection, allergy or polyps, the passages may become narrowed. Without treatment you may experience symptoms such as nasal obstructions, facial pains, headaches and an offensive discharge down the back of your throat.

Do I have to have surgery or is there any other sort of treatment available?

Surgeons undertake this procedure when antibiotics, decongestants and other methods of clearing the sinuses have not proved effective.

It is carried out entirely through the nose as telescopic or “keyhole” surgery. There will be no cuts or stitches.

What are the benefits of a FESS?

The aim of a FESS is to improve drainage of the sinuses, helping them to function normally to improve your breathing and/or reduce the incidence of infection.

All information in this leaflet has been verified by our Consultant Surgeons in ENT.

For further information please ask a member of staff or visit www.entuk.org

Contact details

If you have any questions about any of the information contained in this leaflet please contact:

Ear, Nose and Throat Department

Clinic 6, Lincoln County Hospital (01522) 573255

For 48 hours after your operation do not:

- drive
- drink alcohol
- travel by public transport
- make any important decisions
- go out unaccompanied
- operate machinery
- be aware of feeling dizzy
- take care with cookers, fires, kettles, etc
- you should not be going out to work or looking after young children and should have an adult stay with you for 24 hours.

Are there any risks involved?

The sinuses are very close to the eyes and brain. Leakage of cerebral spinal fluid and damage to the optic nerve is rare, but can happen.

Incidences of post-operative haemorrhage, infection and nasal/sinus tissue adhesions are experienced by a small percentage of patients. Please note that all associated risks will be discussed with you prior to obtaining your consent for surgery.

Sinus surgery usually improves your symptoms, but some patients continue to have problems after surgery.

Getting ready for your operation

You may be asked to attend a pre-assessment clinic, where your medical history will be noted and your operation explained. Any necessary tests e.g blood tests, ECG (a tracing of your heart) will be carried out. You may also be asked to sign your consent form for your operation. Please make sure you understand what your operation involves before signing the form.

Any medications that you are currently taking will be discussed with you and advice given as necessary. If you are not asked to attend this clinic, all the above tests will be carried out when you are admitted for your operation.

What sort of anaesthetic will I have?

This procedure is done under a general anaesthetic, which means you will be asleep during the operation. The normal length of the procedure is 30 to 40 minutes.

What should I expect after my operation?

Your nose may feel uncomfortable. You can request pain relief in an injection or tablet form. Occasionally, on return to the ward, you may have soft sponge packs in your nose to prevent bleeding. A nurse will remove the packs either the same day or the following morning. You will not be discharged home with the packs in place.

How long will it take to recover

Most patients go home the day of the operation. It is, however, normal for your nose to feel “blocked” or uncomfortable for up to six weeks. Simple analgesia such as paracetamol taken at regular intervals should help to relieve this (up to a maximum of 8 tablets in 24 hours).

To prevent unnecessary bleeding, it is important that you avoid the urge to blow or pick your nose. To help with this, you may be asked to “douche” when you go home (see separate advice sheet for full details). The nurse will advise you when to start douching (if required) and how long you will need to continue with this.

You are advised not to return to work for at least 14 days. Medical certificates are available on your discharge from hospital. Please ask nursing staff if you require one.

Are there any long lasting effects on a FESS?

In a small percentage of cases, a FESS may not be corrective, therefore patients may be advised to undergo a revision - a repeat of this operation.

You should contact your GP for advice if you experience any of the following problems once you are discharged from hospital:

- pain in and around the eyes
- persistent headaches
- continued dizziness
- persistent watery discharge or brisk bleeding from the nose
- visual disturbances i.e. blurred or double vision