

ENT09 Endoscopic Sinus Surgery

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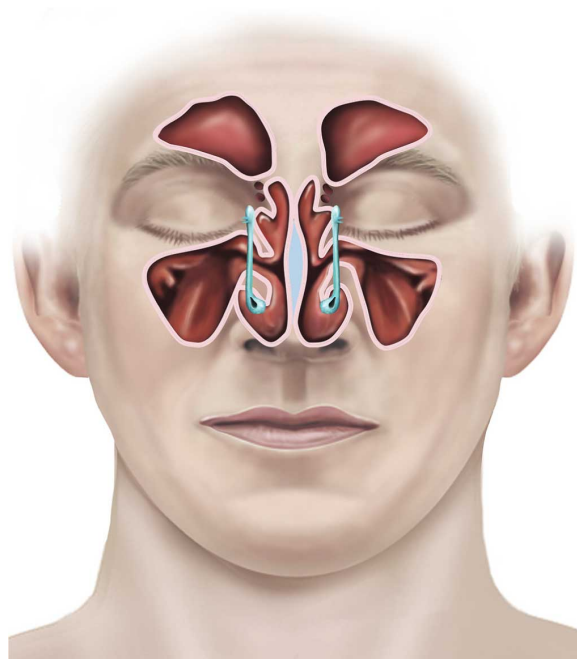
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What is sinusitis?

Your sinuses are air-filled spaces behind your forehead, between your eyes and behind your cheeks, that are connected to the inside of your nose. Sinusitis is an infection of the mucous membrane that lines your sinuses. It causes symptoms of pain, a blocked nose, discharge, reduced sense of smell and the feeling of mucus at the back of your nose or throat (post-nasal drip).



The sinuses

Your surgeon has suggested endoscopic sinus surgery. However, it is your decision to go ahead with the operation or not. This document will give you information about the benefits and risks to help you to make an informed decision.

If you have any questions that this document does not answer, it is important that you ask your surgeon or the healthcare team. Once all your questions have been answered and you feel ready to go ahead with the procedure, you will be asked to sign the informed consent form. This is the final step in the decision-making process. However, you can still change your mind at any point.

How does sinusitis happen?

The mucous membrane that lines your sinuses produces mucus, which helps to keep the air you breathe clean, warm and moist. If the opening between a sinus and the inside of your nose gets

blocked, the mucus gets trapped and can become infected.

This can cause the mucous membrane to become inflamed, causing it to swell and form extra folds in your nose and sinuses. These are called polyps (small growths) and usually make the symptoms worse.

Sinusitis may be temporary, for example, after a cold, or it may continue, for example, if you have nasal allergies or polyps.

What are the benefits of surgery?

The aim is to widen the passage between the sinus and your nose so that mucus no longer becomes trapped. This should prevent the sinusitis from coming back but your sense of smell may not improve.

Are there any alternatives to surgery?

Antibiotics may help to clear the infection.

If your sinusitis is caused by an allergy, you may be able to prevent sinusitis by avoiding the 'triggers' of your allergy or by taking medication such as antihistamines or a nasal steroid spray. If you smoke, stopping smoking may help clear your sinuses.

If you use a nasal steroid spray for a long time, you can reduce the size of polyps, which may mean that you do not need surgery.

Your doctor will usually have tried these options before recommending surgery.

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

You will continue to have sinusitis. Sinusitis is not usually serious but it can be unpleasant. Symptoms can be worse at some times than others, particularly if you also have hay fever or other allergies.

Sometimes infection can spread either through the thin bone between your sinuses and eye socket, causing orbital cellulitis (infection of the tissues surrounding your eye), or between your sinuses and your brain, causing a brain abscess.

What does the operation involve?

The healthcare team will carry out a number of checks to make sure you have the operation you came in for and on the correct side. You can help by confirming to your surgeon and the healthcare team your name and the operation you are having.

The operation is usually performed under a general anaesthetic but a local anaesthetic can be used. Your anaesthetist will discuss the options with you. You may also have injections of local anaesthetic to help with the pain after the operation. The operation usually takes 1 to 2 hours.

Endoscopic sinus surgery is performed through your nostrils and does not result in any facial scars or change to the outside shape of your nose.

Your surgeon will use a small telescope (endoscope) to examine your nasal passages. They will use instruments to remove any polyps and to widen the passages from your sinuses into your nose.

The surgery may be limited to just your sinuses at the front of your nose or may involve all your sinuses. Your surgeon will discuss this with you.

Your surgeon may place some packing in your nose to prevent bleeding.

What should I do about my medication?

Make sure your healthcare team knows about all the medication you take and follow their advice. This includes all blood-thinning medication as well as herbal and complementary remedies, dietary supplements, and medication you can buy over the counter.

How can I prepare myself for the operation?

If you smoke, stopping smoking now may reduce your risk of developing complications and will improve your long-term health.

Smoking stops your nose clearing mucus properly and this can increase the feeling of a blocked nose. People who continue to smoke after sinus surgery are more likely to need another operation.

Try to maintain a healthy weight. You have a higher risk of developing complications if you are overweight.

Regular exercise should help to prepare you for the operation, help you to recover and improve your long-term health. Before you start exercising, ask the healthcare team or your GP for advice.

You can reduce your risk of infection in a surgical wound by keeping warm around the time of the operation. Let the healthcare team know if you feel cold.

If you have not had the coronavirus (Covid-19) vaccine, you may be at an increased risk of serious illness related to Covid-19 while you recover. Speak to your doctor or healthcare team if you would like to have the vaccine.

What complications can happen?

The healthcare team will try to reduce the risk of complications.

Any numbers which relate to risk are from studies of people who have had this operation. Your doctor may be able to tell you if the risk of a complication is higher or lower for you. Some risks are higher if you are older, obese, you are a smoker or have other health problems. These health problems include diabetes, heart disease or lung disease.

Some complications can be serious and can even cause death.

You should ask your doctor if there is anything you do not understand.

Your anaesthetist will be able to discuss with you the possible complications of having an anaesthetic.

General complications of any operation

- Bleeding during or after the operation (risk: 1 in 50). If it is heavy you may need a blood transfusion.
- Infection of the surgical site (wound) (risk: 1 in 100). Let your surgeon know if you have any bleeding or a discharge from your nose about a week to 10 days after the operation. An infection usually settles with antibiotics but you may need special dressings and your wound may take some time to heal. You may need to have your nose

repacked. Do not take antibiotics unless you are told you need them.

- Allergic reaction to the equipment, materials or medication. The healthcare team is trained to detect and treat any reactions that might happen. Let your doctor know if you have any allergies or if you have reacted to any medication or tests in the past.

- Blood clot in your leg (deep-vein thrombosis – DVT). This can cause pain, swelling or redness in your leg, or the veins near the surface of your leg to appear larger than normal. The healthcare team will assess your risk. They will encourage you to get out of bed soon after the operation and may give you injections, medication, or special stockings to wear. Let the healthcare team know straight away if you think you might have a DVT.

- Blood clot in your lung (pulmonary embolus), if a blood clot moves through your bloodstream to your lungs. Let the healthcare team know straight away if you become short of breath, feel pain in your chest or upper back, or if you cough up blood. If you are at home, call an ambulance or go immediately to your nearest Emergency department.

- Chest infection. If you have the operation within 6 weeks of catching Covid-19, your risk of a chest infection is increased (see the 'Covid-19' section for more information).

Specific complications of this operation

- Adhesions, where scar tissue forms deep inside your nose and can obstruct airflow.

- Leak of fluid from your brain (risk: 1 in 1,500). The front of your brain is separated from your nose by a thin piece of bone. If this bone is damaged, fluid from around your brain (cerebral spinal fluid or CSF) may leak out. Your surgeon can usually repair any damage during the operation. If the damage is not repaired, you may get inflammation of the membrane that surrounds your brain and spinal cord (meningitis) (risk: 1 in 5).

- Damage to the orbit (the bone around your eye (risk: 1 in 500). The orbit is separated from your sinuses by a thin piece of bone. If this bone is damaged, you may be bruised around your eye. Rarely, the contents of the orbit may be damaged resulting in double vision or blindness.

- Double vision, if the muscles that move your eye are damaged. Double vision usually gets better.

- Blindness, if the optic nerve or your eye itself is damaged. This is rare.

- Toxic shock syndrome, which is an infection of your bloodstream (risk: 1 in 10,000).

- Damage to your tear duct causing your eye to become watery (risk: 1 in 200). You may need another operation.

- Reduced sense of smell (risk: less than 1 in 100).

- Recurrence of polyps (risk: 4 in 10). This is when they happen again, even if you use a nose spray. You may need another operation (risk: 1 in 10 in 3 years).

Covid-19

A recent Covid-19 infection increases your risk of lung complications or death if you have an operation under general anaesthetic. This risk reduces the longer it is since the infection. After 7 weeks the risk is no higher than someone who has not had Covid-19. However, if you still have symptoms the risk remains high. The risk also depends on your age, overall health and the type of surgery you are having.

You must follow instructions to self-isolate and take a Covid-19 test before your operation. If you have had Covid-19 up to 7 weeks before the operation you should discuss the risks and benefits of delaying it with your surgeon.

Consequences of this procedure

- Pain. The healthcare team will give you medication to control the pain and it is important that you take it as you are told to reduce discomfort.

How soon will I recover?

In hospital

After the operation you will be transferred to the recovery area and then to the ward. You should be able to go home the same day. However, your doctor may recommend that you stay a little longer.

If you had non-dissolvable packing in your nose, you will need to stay overnight and the packing will be removed the next morning. You will feel a

'dragging' sensation as this is removed and you may get a nosebleed for up to 15 minutes. Once this has settled you should be able to go home.

If you are worried about anything, in hospital or at home, contact the healthcare team. They should be able to reassure you or identify and treat any complications.

Returning to normal activities

If you had sedation or a general anaesthetic and you do go home the same day:

- a responsible adult should take you home in a car or taxi and stay with you for at least 24 hours;
- you should be near a telephone in case of an emergency;
- do not drive, operate machinery or do any potentially dangerous activities (this includes cooking) for at least 24 hours and not until you have fully recovered feeling, movement and co-ordination; and
- do not sign legal documents or drink alcohol for at least 24 hours.

To reduce the risk of a blood clot, make sure you carefully follow the instructions of the healthcare team if you have been given medication or need to wear special stockings.

Your surgeon will tell you when you can return to normal activities.

Do not blow your nose for at least a week. After this time you will blow out thick bloody mucus. Your nose will continue to feel blocked for a few weeks.

Your surgeon will give you a nasal spray or drops for you to use. You may also need to use a nasal cleansing kit (nasal douche) to keep your nose clean. You may be given a course of antibiotics to reduce the risk of infection.

Regular exercise should help you to return to normal activities as soon as possible. Before you start exercising, ask the healthcare team or your GP for advice.

Do not drive until you are confident about controlling your vehicle and always check your insurance policy and with your doctor.

Ask your healthcare team if you need to do a Covid-19 test when you get home.

The future

Most people make a good recovery. If your sinusitis is caused by an allergic reaction or polyps, you may need to continue with a nasal spray.

If you had polyps, they may come back again even if you use a nasal spray (risk: 4 in 10). You may need another operation (risk: 1 in 10 in 3 years).

Summary

Sinusitis is not usually serious but it can cause unpleasant symptoms. If medication does not help, endoscopic sinus surgery should help prevent the sinusitis from coming back. However, you may still need to take medication and the problem can happen again.

Surgery is usually safe and effective but complications can happen. You need to know about them to help you to make an informed decision about surgery. Knowing about them will also help to detect and treat any problems early.

Keep this information document. Use it to help you if you need to talk to the healthcare team.

Some information, such as risk and complication statistics, is taken from global studies and/or databases. Please ask your surgeon or doctor for more information about the risks that are specific to you, and they may be able to tell you about any other suitable treatments options.

This document is intended for information purposes only and should not replace advice that your relevant healthcare team would give you.

Acknowledgements

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