



Mr Glenn Watson

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Ear, Nose and Throat – Head and Neck Surgeon

FUNCTIONAL ENDOSCOPIC SINUS SURGERY **A guide for Mr Watson's patients**

During your consultation with Mr Watson, the contents of this pamphlet will be discussed. Reading this pamphlet in your own time will allow you to further understand your condition and the option of Functional Endoscopic Sinus Surgery, as well as the risks and benefits of this procedure. If, after reading this pamphlet (also obtainable from Mr Watson's website), you do not understand all of the risks of your impending operation, please make another appointment with Mr Watson so your questions may be further discussed and clarified prior to proceeding.

1	SEPTOPLASTY* Correction of a bent middle partition of the nose
2	TURBINECTOMY* Partial or complete removal of swollen turbinate bones (humidifying scrolls)
3	POLYPECTOMY Removal of nasal polyps
4	F.E.S.S (Functional Endoscopic Sinus Surgery) Opening of the diseased sinuses to allow them to become functional again

* **Please see separate handout on website for Septoplasty Turbinectomy**

Functional endoscopic sinus surgery is for the treatment of sinusitis or polyps.

Sinusitis means infection of the sinuses. The sinuses are caves, which occur within the bone of the face. They vary in their shape and size. There are four named sinuses:

- The maxillary sinuses behind the cheekbones.

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- The ethmoid sinuses between the eyes.
- The frontal sinuses behind the forehead.
- The sphenoid sinuses deep in the nose, in the centre of the skull.

The sinuses are like a network of caves within the skull. The walls of these bony sinuses are covered with a lining called mucosa. The mucosa produces mucous, naturally keeping the inside nose moist. This evaporates as we breathe through the nose. When blockage and infection occurs, a lot of mucous is produced. The most common example is that of the common cold. These sinuses (caves) have their own natural openings to allow the mucous to drain. For various reasons, these openings can become blocked and can become acutely infected producing symptoms of sinusitis, such as facial pain, headache, discoloured nasal mucus with often a postnasal dripping of mucous, i.e. mucous dripping down from the nose into the throat, a blocked nose and a loss of smell. Not all patients have all these symptoms at once.

In some patients, the lining of these sinuses undergo change and swell up to enormous extent and looks like a bunch of grapes. These are called polyps. Polyps are rarely cancerous. They are usually benign allergic swellings. They however block the nose and produce enormous amounts of mucous.

Functional endoscopic sinus surgery is the treatment of choice when people have failed medical treatment. Medical treatment means the use of medicines such as antibiotics, nasal sprays and steroids. Despite using such medications, symptoms may persist.

The aim of surgery is to unblock or widen the natural openings of these sinuses (caves) to restore the necessary drainage and ventilation of these sinuses.

The Surgery

For functional endoscopic sinus surgery (FESS), a thin telescope is used to view the nasal cavity and using fine instruments diseased tissue is removed. Often in conjunction with the sinus procedure, the septum, which is a midline wall dividing the two partitions of the nose, may be straightened. This is called a septoplasty. This is straightened to improve airflow through the nose and is also sometimes necessary to gain access to the sinuses. At the same time as this procedure, a turbinectomy is often done on each side of the nose. The turbinates are curtains that hang from the walls of the nose. They play a role in the humidification of air that we breathe through the nose. They too tend to swell and block the nose, and therefore are often trimmed during the same procedure. This is called a turbinectomy.

A CT scan of the sinuses is an essential investigation for this operation. If the scan was not specifically ordered by Mr Watson, then the films needs to be brought to the operation.

Possible Complications of this Surgery

All surgical procedures have possible complications. General problems of surgery include pain and discomfort, nausea and vomiting and possible reaction to the anaesthetic medications provided. Other potential problems are associated with healing and infection, particularly in patients with other problems such as diabetes.

Sinus surgery is curative in approximately 85% of patients. In 15% of patients there is a variable

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outcome. In such cases there may be severe initial disease present, polyps or other factors affecting healing such as allergy, poor immunity, cigarette smoking or diabetes. Scar tissue (adhesions) following operations can affect the healing process.

If a septoplasty is performed, there is less than a 2% chance of abscess formation with the possibility of a resulting permanent perforation (hole) of the septum. If present, there is a very low risk indeed of any cosmetic change to the nose. In some cases numbness of the upper front teeth may occur which will generally resolve within six months and is rarely permanent.

Intracranial complications can occur where there is a leak of CSF (cerebrospinal fluid) into the nasal cavity. CSF is clear fluid which surrounds the brain. The bone, which separates the nose from the brain cavity in some areas, is 0.8mm thick and therefore can be breached. This complication is estimated to occur in less than 1:1000 patients. Should CSF leaks occur, there is the potential for Meningitis. Treatment is antibiotics and repairing the defect. Meningitis is a potentially life-threatening condition.

Damage to the eye or the eye socket can occur. The damage can be minor, such as a black eye or damage to the tear duct causing a watery eye. Other complications of which may be permanent, include visual disturbance such as double vision, and, in severe rare cases, blindness. For example, severe bleeding into an eye socket from a bleeding artery within the nose can cause pressure upon the optic nerve. This complication is treated by an urgent operation, cutting the skin on the side of the eye to reduce the pressure within the eye socket. The risk of any eye damage is less than 1:1000 cases.

Bleeding from the nose after the operation, severe enough to return to hospital is less than 1:1000.

Patients who smoke should cease two weeks before the procedure and after the procedure. No medications such as Aspirin or medications containing Aspirin should be used for three weeks prior to the operation or excessive amounts of Vitamin E.

Post Operative Information

- Discharge from hospital is usually on the day or day following after surgery.
- Please arrange for someone to take you home if you are discharged on the same day of your operation. You will not be able to drive.
- Please arrange a follow up appointment with Mr Watson. This appointment is generally 4 to 6 weeks following surgery.
- The nose may drip blood and blood stained mucous after the operation.
- Do not blow your nose strongly for 2 weeks after operation.
- If you sneeze, do so with you mouth open.
- Some bruising and swelling rarely occurs around the eyes and nose.
- Your nose may drip or feel blocked for up to a month after the operation.
- Avoid air travel for approximately four weeks. It is important to talk to Mr Watson about your travel plans and the timing of your operation.
- Complete internal healing may take several months and your nose may be 'tender' over this period.

Nasal Cleaning

One of the best ways of cleaning the nose after nasal surgery and allowing it to unblock and to heal well is to irrigate the nose. There are numerous irrigation kits available but most of them rely on irrigating the nasal cavity with a saline solution. These are best done with a bottle rather than a nasal spray.

Mr Watson suggests that when you irrigate your nose with salt water to put a dessert spoon of Johnson's baby shampoo into the solution as this acts as a degreaser and it breaks up the clots inside the nose. The analogy is that if you try to wash dirty dish plates in the sink without any soap, then it does not break up the grease on the plate. By adding soap, it dissolves the grease into the water. In the same way by adding Johnson's baby shampoo to your salt water irrigation of the nose, it will help to break up the nasal clots and mucous which forms within the nasal cavity.

Johnson's baby shampoo has been designed for babies so it is safe in the eyes, nose and throat.

Activity

- Avoid strenuous activities and sport for at least 2 weeks.
- It is advisable to rest at home for at one to two weeks, but this may depend on the type of operation you have had and advice from your surgeon. Please remember to ask for a work certificate if you need one

Diet

- Maintain a light diet for the first few days.
- Drink plenty of fluids.

Pain Management

- You may experience some discomfort. If so, take Panadol or Panadeine. **NOT ASPIRIN.**
- If you normally take aspirin or anticoagulant therapy, please check with Mr Watson about continuing this therapy.
- Use salt water nasal spray to wash out your nose of clots that occur during the 4 weeks following the operation. Saline irrigation or Fess spray will be prescribed, alternatively 1 litre of boiled water with 1 teaspoon of salt and 1 teaspoon of Bicarbonate Soda can be squirted into the nose as much as possible.

Please contact your Surgeon, Local Doctor or the Emergency Department if:

- You experience double vision or loss of vision.
- Bright, persistent bleeding occurs from the nose.
- You are experiencing persistent pain not relieved by pain medication.
- You experience signs of fever that persist eg. elevated temperature, flushing, sweating, chills or shivering.
- You have an offensive discharge from the nose.

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Please read this entire document carefully and if there is anything which is not understood, then Mr Watson would like you to reschedule another appointment with him to discuss your concerns or questions.

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