

# Functional Endoscopic Sinus Surgery/ Ethmoidectomy

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## Indications

- To remove infected swollen tissue/polyps in patients with recurring sinus infections;
- To remove a source of infection in the nasal sinuses which maybe contributing to infections of the lower respiratory tract.

## Options

The option to surgical removal of infected tissue in the nose and sinuses is to treat the condition medically with antibiotics and topical steroid nasal sprays.

## Contraindications of Surgery

- A recent severe upper respiratory tract infection within two weeks of the operation
- Any bleeding disorder or drugs which can cause bleeding i.e. aspirin or warfarin

## Procedure

The patient is usually admitted the day of surgery. The procedure is usually done under general anaesthetic. The purpose of the operation is to remove the infected tissue and/or polyps which are blocking the draining and ventilation of the nasal sinuses. The procedure is done through the nose using a telescope. There are no external scars. The duration of the operation varies from 40 minutes to 1 hour 30 minutes.

On waking from the procedure, the patient may have a pack in the nose to control bleeding. This pack maybe removed any time from 4 to 12 hours after the operation. In selected cases, the procedure maybe performed as a daycase procedure. There is always some slight bleeding on removal of the nasal pack which subsides within 40 minutes to 1 hour. The patient stays sitting upright in bed after removal of the pack and have a cold ice pack applied to the neck. For 2 weeks following the operation the patient will feel the nose to be congested and there will be a thick sticky nasal discharge which will occasionally be blood stained.

The pain associated with the procedure is mild to moderate and can usually be controlled by simple analgesics such as paracetamol or solpadol. The patient can usually return to work a week following surgery although on occasions it can take up to two weeks to recover. It is no advisable for a patient to fly for 2 weeks following the operative procedure.

## Complications

### Haemorrhage

There is always some slight bleeding following the operation. Severe bleeding requiring further nasal packing is quite rare but a possible complication.

- There is always some sticky mucus production which always subsides after two weeks. Rarely an active bacterial infection occurs which may require an antibiotics.
- There is slight tenderness and discomfort; very rarely patients might experience severe persistent pain. This is known as a neuralgia type pain and can occur after any operative procedure.

### **Swelling of the eyes**

The orbits of the eyes are close to the sinuses. On rare occasions bleeding into the orbit can occur which can threaten vision. An urgent operation maybe required to remove a blood clot from the orbit. This occurs in less than 1% of operative procedure on the sinuses.

### **Meningitis**

The lining of the brain is very close to the roof of the sinuses and on extremely rare occasions (less than 1%) of procedures in drainage of the fluid surrounding the brain (CFS) can occur. This may resolve spontaneously but may require a second operation to patch this leaking fluid. When this leaking occurs there is a risk of meningitis.

### **Revision Surgeries**

On occasions, it may be required to carry out a revision procedure as the first attempt may not achieve complete clearance of the infected tissue.

### **Medications on Discharge**

*As per the Anaesthetist's Script*