

# Patient Information

## FESS

### What is FESS?

FESS stands for Functional Endoscopic Sinus Surgery. This operation is performed through the nose and is aimed at treating nasal polyps and diseases of the para-nasal sinuses. The specific procedure varies depending on the symptoms you have and the findings on your CT scan. Thus it is imperative you bring any external CT scans with you on the day of surgery. FESS is often combined with a septoplasty to straighten the nasal septum and allow better access to the sinuses deeper in the nose.

### What is the operation like?

You will be admitted on the day of your surgery and will stay overnight in hospital. Before the operation you will see a member of the surgical team and the anaesthetist. The operation is performed with you asleep under a general anaesthetic for approximately 1 - 2 hours.

You will wake up in the recovery room usually with some packing in the nose to prevent early post-operative bleeding. After an overnight stay and prior to discharge, you will be seen by the surgeon. If you have a nasal pack, this is removed (uncomfortable for a few seconds and often accompanied by bleeding for approx 30 minutes). Discharge medications can vary but will include pain relief tablets, antibiotic tablets in some instances, and usually a salt-water based nasal rinse to help ease the degree of crusting in the nose. Please follow the directions from the pharmacist.

### What is the recovery like?

For the first few weeks your nose will feel quite blocked and you will have crusted mucus and some blood clots in the nose which gradually work their way out – assisted by nasal sprays or rinses. We advise taking up to 2 weeks off work and can provide you with a medical certificate – please ask for one if required. By approximately 6 weeks after the surgery your nose should have healed.

### What can go wrong?

The surgery is usually safe and uncomplicated however it is important that you are aware of the risks of the procedure.

**General complications** such as nausea, vomiting, sore throat and drowsiness may occur as a result of the anaesthetic. Serious drug reactions related to the anaesthetic are very rare.

### Specific problems:

- **Bleeding** - is common postoperatively and soon settles. Occasionally a pack will need to be reinserted to stop bleeding.
- **Infection** - can occur in the skin or mucosa of the nose. If you have any pus-like discharge or are concerned about infection please report this to the surgical team.
- **Damage to the orbit (eyes) <1%** - A thin plate of bone separates the nose from the eye-socket. If this is damaged then bleeding or infection can occur in the eye socket leading to severe pain and double vision. If this occurs you must contact your surgical team urgently (see below).

# Patient Information

## FESS

• **Damage to the roof of the nose/floor of the brain <1%** - A thin plate of bone separates the nose from the front of the brain. Very rarely a crack can be made in this bone resulting in either a leak of CSF (thin watery fluid) from around the brain or bacteria travelling up and around the brain. If you develop any symptoms of severe headaches, fevers, neck stiffness or light sensitivity - then you must contact your surgical team urgently (see below).

### Discharge Instructions:

<b>DO</b>	<b>DO NOT</b>
<ul style="list-style-type: none"><li>- Keep well hydrated</li><li>- Take regular analgesia (paracetamol, oxynorm)</li><li>- Use nasal sprays and lubricants if prescribed</li><li>- Rest adequately &amp; avoid excessive exertion</li><li>- Attend your review appointment</li></ul>	<ul style="list-style-type: none"><li>- Aggressively blow the nose</li><li>- Pick your nose</li></ul>






### How to get help:

If you are concerned about your recovery, you can contact the ENT surgical team through the hospital switchboard on 9496 5000 or present to your GP or Emergency department for help. In an emergency call 000.