Functional endoscopic sinus surgery (FESS)
Ear, Nose and Throat Surgery
If you need a large print, audio or translated copy of the document, please contact us on 020 3456 5305. We will try our best to meet your needs.

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PALS - If you have any concerns
PALS is a patient-friendly, easy to access service designed to provide a personal contact point to assist patients, relatives and carers. If you have a problem that you have not been able to sort out we can help you to resolve it. PALS are open 10:00 till 16:00 Monday to Friday.

Telephone: 020 3447 3042
Email: pals@uclh.nhs.uk
What are the sinuses and what is sinusitis?

The sinuses are air pockets or cavities in the face. They are connected to the inside of the nose through small openings called ostia. There are four groups of sinuses:

1. Frontal sinuses (in the forehead)
2. Ethmoid sinuses (between the eyes)
3. Maxillary sinuses (in the cheekbone area)
4. Sphenoid sinuses (in the middle of the head, behind the eyes)

They assist the control of the temperature and humidity of the air reaching the lungs, regardless of how cold, hot or dry the weather is. They naturally produce mucus and if this is unable to drain from the sinuses it can becomes infected causing sinusitis.

What is endoscopic sinus surgery or FESS?

Endoscopic sinus surgery and functional endoscopic sinus surgery (FESS) are names given to operations for people with chronic or severe sinus infections. Endoscopic sinus surgery is done from inside the nose and avoids external cuts. Before surgery, the specialist will examine your nose with a small telescope and arrange for a CT scan of your sinuses.

Why have sinus surgery?

Sinus surgery is required to unblock the ostia of the sinuses to drain your sinuses, relieving your discomfort and preventing infection. This will give the inside lining of your nose a chance to heal. Your specialist may give you a course of nasal spray, drops or nasal douches to use after the surgery.

Following your outpatient appointment we may ask you to attend the pre-assessment clinic, either on the day of your outpatient clinic appointment or following a telephone health questionnaire. This is to ensure that you are fit for your surgery.
How is the operation done?

You will usually be asleep although some surgeons do the operation with only your nose anaesthetised. The operation is all done inside your nose, there will be no scars or bruises on your face. An endoscope ‘telescope’ is inserted into the nose.

The diseased sinuses are identified and are opened up using special instruments. If there are any polyps in the nose they are removed. The natural pathways of mucus drainage are enlarged to prevent blockage and the diseased lining (mucosa) is removed. The operation takes about two hours depending on the extent of the disease that must be treated. Sometimes the doctor may need to straighten the partition wall inside the nose to get access to your sinuses (see leaflet ‘Septal surgery’).

Asking for your consent

We want to involve you in all the decisions about your care and treatment. If you decide to go ahead with treatment, by law we must ask for your consent and will ask you to sign a consent form. This confirms that you agree to have the procedure and understand what it involves. Staff will explain all the risks, benefits and alternatives before they ask you to sign a consent form. If you are unsure about any aspect of your proposed treatment, please don’t hesitate to speak with a senior member of staff again.

After your operation

Packs and splints

We may need to put a dressing in each side of your nose to prevent bleeding. The dressings are called ‘packs’ and they will block your nose up so that you have to breathe through your mouth. They will be removed before you are discharged. This may be a little uncomfortable and you may get a little bit of bleeding which will usually settle quickly.
Does it hurt?
It is common for your nose to be quite blocked and to have some discomfort for a few weeks after the operation. You may also get some blood-coloured watery fluid from your nose for the first two weeks - this is normal.

Will I have to stay in hospital?
You should expect to stay in hospital for a day or overnight and will need to rest at home for two weeks afterwards. Ask your nurse on admission if you need a sick note.

Will I have to come back?
Your doctors’ will usually see you in the outpatient department two to four weeks after your surgery to assess the affect of your surgery.

After you leave hospital?
1. Blow your nose gently for the first week or it might start bleeding.
2. You may be given nasal drops, spray or douches to help clear your nose.
3. If you are going to sneeze, sneeze with your mouth open to protect your nose.
4. You may get some blood coloured watery fluid from your nose for the first two weeks or so, this is normal.
5. Your nose will be blocked both sides like a heavy cold for 10 to 14 days after the operation and you may get a dry mouth, take sips of water regularly to help with this.
6. Try to stay away from dusty or smoky places.
7. You should not play sports for about one month after the operation.
8. Avoid all moderate and heavy lifting for about ten days after the operation.
Are there any complications or risks to this surgery?

There are some risks that you must be aware of before giving consent to this treatment. These potential complications are rare. You should discuss with your surgeon about the likelihood of problems in your case.

Some spotting of blood is normal but a severe nosebleed may occur within 12 days of the operation. This only occurs in 1 in 100 patients.

About 1 in 100 patients may develop an infection of the sinuses and may require antibiotic treatment.

The sinuses are very close to the wall of the eye. Sometimes damage to the eye can be caused by bleeding around the eye. Very rarely another operation may be needed to stop the bleeding. The chances of this happening are very low, about 1 in 1000.

The muscles that turn the eye can sometimes be damaged but again very rarely. An eye doctor may be needed, if you have double vision.

The sinuses are very close to the thin bone at the base of the brain. All sinus operations carry a small risk of leakage of fluid from the space around the brain. If this rare complication happens, you will have to stay in hospital until the leak stops. Sometimes another operation is needed to stop the leak. There is about a 1 in 200 risk of this.

Contact details
B Ward   020 3456 5029        C Ward   020 3456 5027

Where can I get more information?
NHS Choices                    Website:  www.nhs.uk

University College London Hospitals
235 Euston Road, London. NW1 2BU Switchboard: 0845 155 5000
Website: www.uclh.nhs.uk

UCLH cannot accept responsibility for information provided by external organisations.