



## Operation Information

### Functional Endoscopic Sinus Surgery(FESS)

#### Introduction

FESS can remove diseased tissues in the nose and sinuses to obtain drainage of paranasal sinuses by an endoscopic approach. This operation is done through the nostril which avoids external cuts. Therefore, there will be no scars on the face.

#### Indications

1. Rhinosinusitis
2. Nasal Polyposis
3. Sinonasal Tumors

#### Outcomes

The expected outcome of this operation can improve nasal symptoms, such as obstruction, post-nasal dripping, facial pain, headache, prevent complications of rhinosinusitis and remove tumor.

#### Procedures

1. The operation is performed under general anaesthesia.
2. The operation is performed under endoscopic control.
3. Diseased tissue is excised with the preservation of normal structures.
4. Nasal packs are placed into the nose to stop bleeding and promote wound healing.

#### Possible Risks and Complications

1. Common risks and complications ( $\geq 1\%$ )
  - i) Nasal bleeding
  - ii) Synechia
  - iii) Infection
  - iv) Recurrence of the disease
  - v) There is still a chance of incomplete relief of symptoms
2. Uncommon risks and complications ( $< 1\%$ )
  - i) Severe bleeding due to injury of the internal carotid artery, anterior and posterior ethmoidal arteries and sphenopalatine artery
  - ii) Eye injury including bruising, emphysema, orbital haematoma/ abscess, diplopia and visual loss
  - iii) Nasolacrimal duct injury leading to epiphora
  - iv) Intra-cranial injury including CSF leak, meningitis, brain abscess and pneumocephalocele
  - v) Mucocele
  - vi) Voice change
  - vii) Transient or permanent loss of smell sensation



Source:  
<http://www.perthcosmeticsurgery.com.au/sinus-surgery-procedure.do>

viii) Death due to serious surgical complications

**\*\*** The risks listed above are in general terms and the possibility of complications is not exhaustive. Please understand that even though all operations are carried out with utmost professionalism and care, this does not rule out the possibility of complications arising. In the event of peripheral organ damage or post-operative haemorrhage or leakage, further operations may be required.

### **Pre-operative Preparations**

1. The procedure and possible complications will be explained by the doctor and a consent form must be signed prior to the operation.
2. Please inform the doctor and nurse all your past medical history, previous surgical operations, current medication and any complication with drug or anaesthesia.
3. Please inform the doctor if you have a recent upper respiratory tract infection. The operation date may need to be changed.
4. Routine tests such as blood tests, ECG, X-ray and CT scan may be performed.
5. No food or drink six hours before the operation.
6. Please change into a surgical gown after removing all belongings including undergarments, dentures, jewellery and contact lenses.
7. Please empty your bladder before the operation.

### **Post-operative Instructions**

#### **General**

1. After general anaesthesia, you may:
  - experience discomfort in the throat after tracheal intubation.
  - experience side effects of anaesthesia including feeling tired, drowsy, nausea or vomiting. Inform the nurse if symptoms persist or worsen.
2. Please inform the nurse of wound pain. Proper pain relief treatment by injection or oral medication may be prescribed by the doctor.
3. You are usually discharged on the next day or two after the operation.

#### **Wound Care**

1. After operation, nasal packs are inserted into the operated side or both sides. You have to breathe through the mouth. The nasal packs will be removed in one or two days.
2. There may be mild bleeding when the packs are removed, which usually stops naturally.
3. Small amount of blood-stained watery discharge is common for the first two weeks. You may also have nasal stuffiness.
4. Please avoid blowing your nose in the first two weeks after the operation.
5. If you are going to sneeze, sneeze with your mouth open to protect the wounds inside the nose.

#### **Diet**

A normal diet may be resumed as instructed after recovery from anaesthesia.

### **Advice on Discharge**

1. Please comply with the medication regime as prescribed by your doctor.
2. Please avoid contacting people with coughs or colds and stay away from dusty or smoky environments. Please wear a surgical mask when you are in crowded places.
3. Avoid heavy lifting, strenuous activities, contact sports and swimming for 2 weeks.
4. Immediately consult your doctor or return to hospital for professional attention in the event of encounter persistent bleeding, foul-smelling discharge, shivering, high fever over 38°C or 100.4°F, or any other unusual symptoms.
5. Any follow-up consultations should be attended as scheduled.

## **Alternative Treatments**

1. Nasal steroid spray or drops
2. Drugs to treat infection and inflammation

## **Consequences of No Treatment**

1. Persistence or progression of nasal symptoms
2. Complication of sinusitis

Should there be any enquiries or concerns, please consult the attending doctor.

Under the professional care of the doctor, you will gradually recover. We wish you all the best during your treatment and recovery.

If you have any questions after reading the entire leaflet, please write them down in the spaces provided in order for the doctor to further follow-up.

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Compiled by Union Hospital Operating Theatre (OT) Governance Committee

The above information is for reference only, please enquire your physician for details  
Our Hospital reserves the RIGHT to amend any information in this leaflet without prior notification