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ENDOSCOPIC SINUS SURGERY

If medical management of your nasal condition fails surgery may become necessary. This leaflet is intended to provide you with information about the risks and benefits of endoscopic sinus surgery to help you make an informed decision. If this document does not answer all your queries, please feel free to ask.

What is sinusitis?

The sinuses are air-filled, mucous-lined spaces at the front of the skull that are connected to the inside of your nose. Sinusitis is a term used to describe inflammation of the mucous membrane that lines the sinuses (whatever the cause) and is associated with pain, nasal blockage, discharge, a reduced sense of smell and the feeling mucus at the back of your nose or throat (post-nasal drip).

What causes sinusitis?

The mucous membrane that lines the sinuses produces mucus, which helps to keep the air you breathe clean warm and moist. If the opening between a sinus and the inside of your nose gets blocked, the mucus gets trapped and can become infected. Alternatively the mucous membrane can swell forming polyps.

What are the goals of surgery?

Endoscopic sinus surgery to prevent recurrent acute sinusitis or settle chronic infection relies on enlarging the natural drainage passageways which promotes "mucociliary clearance" ensuring that the secretions are gently wafted out of the nose, maintaining aeration of the sinuses. When polyps are present the goal of surgery is to remove them where they arise within the sinuses (not just to trim them off in the nose as in a "nasal polypectomy") preserving healthy mucosa. By maximising the surface area of mucous membrane available for treatment with nasal sprays, medication can be used to greater effect in preventing recurrence.

What does the operation involve?

Endoscopic sinus surgery is usually performed under a general anaesthetic and typically takes between one and two hours. The surgery is minimally invasive which means there will be no external scars and the goal is to remove obstructing polyps, allow free drainage of pus and achieve aeration of the sinuses. This differs from traditional approaches where polyps are only removed from the nose itself (not the sinuses where they arise) and abnormal drainage passageways are fashioned as in an "inferior meatal antrostomy". Because healthy mucous membrane is preserved and no bare bone is left exposed (with the intention of reducing scarring), bleeding and oozing is greatly reduced and generally no nasal packing is required. You can see a short video clip of the surgery being performed on my website at www.nose.org.uk

The exact extent of the surgery will be determined by your pathology.

Are there any risks?

The use of endoscopes in nasal surgery has dramatically improved our view of the operative field compared to that afforded by headlights. The use of pre-operative CT scans which outline anatomy and provide a "road map" for surgery has further enhanced safety. Nonetheless injury to adjacent structures such as the orbit and anterior cranial fossa are recorded in the literature. This could result in double vision or even blindness, a leak of the fluid surrounding the brain, meningitis or even catastrophic haemorrhage. Needless to say these

complications are fortunately vanishingly rare and generally only encountered in the most complex cases eg skull base tumour excision. Obviously considerable experience in this kind of surgery is the most important factor in avoiding complication and to my mind reinforces the need for choosing a surgeon who has subspecialised in rhinology.

What should I do about my medication?

You should continue your normal medication unless you are told otherwise. On the morning of surgery, even when you are fasting please take your usual medication with a small sip of water. The one exception to this is medication for diabetes – tablets or insulin – which should be omitted. A record of your medication will normally be taken when you are seen in my out-patient clinic but please let me know if you are on warfarin or clopidogrel which thin the blood. We will need to advise you whether or not to stop this medication before surgery. This may involve liaising the physician who first prescribed it.

After the operation

After your operation you will wake up in the recovery area. You might have an oxygen mask on your face; you might also wake up feeling sleepy, both of which are normal.

While you are in the recovery room, a nurse will check your pulse and blood pressure regularly. When you are well enough to be moved, you will be taken to your ward. Sometime, people feel sick after an operation and might actually vomit. If you feel sick, please tell a nurse and you will be given some medicine to stop the sickness and/or vomiting.

For at least the first few minutes you will have a small, plastic tube in one of the veins in your arm. This is often attached to a drip (bag of fluid) which feeds your body with fluid until you are well enough to eat and drink by yourself.

You will need to rest until the effects of the general anaesthetic have passed. When you feel ready, you can begin to drink and eat, starting with clear fluids.

Although nasal surgery is not painful, you may experience some discomfort and so painkillers can be prescribed. Suffering from pain could slow down your recovery, so please discuss any discomfort you have.

Going home

Unless there are medical reasons for keeping you in hospital overnight you will normally be discharged home after a period of observation on the ward. Because you will have had an anaesthetic you will not be insured to drive for up to 48 hours (please check with your insurance company) and so will need to make alternative arrangements. I will see you on the ward to explain how the surgery went and to ensure that you are fit for discharge. I will also reinforce advice on your post-operative care. Although you can expect a small amount of oozing from your nose the following advice will reduce the risk of any more serious bleeding:

- Refrain from vigorous exercise for 2 weeks
- Avoid straining or stooping
- Allow your food and drinks to cool a little
- Avoid excessively hot baths or showers
- Avoid blowing your nose
- If you feel you are going to sneeze do so through your open mouth

Once home

Even with the above advice you may experience light bleeding from your nose for a day or two. Anything more than this should be discussed with my secretary who will contact me, or the hospital ward if out of hours.

Using an extra pillow to support you when sleeping should help you feel less blocked. You can also use a Neil-Med nasal douche after a day or two to help clear crusts and debris.

You may feel a little “washed out” for a few days after surgery because of the anaesthetic but should be able to do paperwork after a few days. Heavy manual work should be avoided for two weeks.

I will review you in clinic two to three weeks after surgery.