Nasal polypectomy and functional endoscopic sinus surgery (FESS)

What is a nasal polyp?
This is a swelling of the lining of the nose. Polyps are like bunches of grapes arising from the side wall of the nose. People prone to infection or asthma sufferers are also prone to polyps. Some people will have polyps which respond to medication; others will require surgical removal of polyps followed by the use of medication. It is possible for polyps to recur.

What is nasal polypectomy?
This is the surgical removal of polyps. The procedure is carried out through the nostrils, thereby avoiding any cut in the skin. There are various techniques, ranging from simple pulling out the polyps to FESS.

What is FESS?
FESS stands for Functional Endoscopic Sinus Surgery. The sinuses are opened up with the aid of a telescope (endoscope) which is inserted through the nose. This is sometimes necessary when the sinuses are inflamed, infected or blocked by nasal polyps.

Are there any risks?
- Bleeding is the commonest side effect of surgery and you may need nasal packs see below - What are nasal packs and why are they used?
- Bruising around the eye rarely occurs and very occasionally visual defects have been reported.
- Leakage of the fluid bathing the brain rarely occurs and if this persists as a clear watery discharge, repair of the leak is required.

What are the potential benefits of the treatment?
- Polyps usually cause nasal blockage and may cause sinusitis. Surgery should help these symptoms.

What might I need prior to surgery?
- CT Scan: some patients require a CT Scan of the Sinuses prior to surgery.
- Conquest patients: Once you have been given a date for your scan please telephone the waiting list office (01424 755255 Ext: 8513) so that a date for your surgery can be booked.
- Steroids: some patients require steroids tablets prior to surgery. These are usually taken for seven days prior to surgery.

How long will I need to stay in hospital?
Some patients stay in overnight, whereas others may be able to go home the same day as surgery. Please note that these are guidelines and some patients may stay longer.

How long should I take off work / school?
A minimum of one week is necessary, but usually two weeks is required. A certificate can be provided for work or sickness benefit.
Patient Information

**Will I be able to breathe through my nose after the operation?**
Initially your nose will feel blocked due to swelling on the inside of the nose and the possibility that nasal packs might need to be inserted inside your nose. Once the packs are removed, your nose will still feel blocked as it takes a few days for the swelling inside to go down.

**What are nasal packs and why are they used?**
Nasal packs are simply a dressing inside your nose used to stop bleeding after surgery. They are not usually left in place for more than 24 hours after surgery, most commonly being removed one to 12 hours post-operatively.

**Will my nose bleed when the packs come out?**
It is quite normal to expect some bleeding when the packs are removed. This is normally stopped easily with the aid of an ice pack and pinching the nose. If you have minimal bleeding and feel happy to go home you may be discharged the same day. However, some patients need to stay longer.

**Pain**
The nose is a very tender organ. Following your operation, your nose may feel uncomfortable, especially whilst the packs are in. Painkillers will be given whilst you are in hospital and you may need to take regular painkillers for a while when you get home. You will notice that you have to breathe through your mouth and a mouth wash will improve your comfort.

**Steam inhalers or salt water**
*Steam inhalers:* You may find regular steam inhalations useful in controlling the congested/crusted feeling inside your nose for the first few days after your operation. For this you will need a bowl containing steaming (not boiling) water, i.e. ¾ boiling water to ¼ cold water. Cover your head with a towel and breathe the vapours for five to ten minutes. This can be repeated up to four times a day. The addition of karvol or similar may help some patients OR **Salt water** can be helpful and Sterimar spray can be purchased from most pharmacists.

**Nasal spray**
You may be given a nasal spray to use. Nursing staff will show you how to use this.

**Consent**
Although you consent for this treatment, you may at any time after that withdraw such consent. Please discuss this with your medical team.

**Potential problems once at home**
Increasing pain, pus discharging or bleeding may indicate infection. If you are worried, contact the ENT Department where the operation was performed. It is normal to expect a mucous discharge from your nose for the first week or two following surgery. This will lessen, but it may be advisable to protect your pillow at night until this is resolved.
What to do if your nose bleeds

What to do if your nose bleeds:
1. Apply ice wrapped in a plastic bag (or a pack of frozen vegetables) to the back of your neck or the bridge of your nose.
2. Sit down with your head bent forward over a bowl.
3. Pinch the soft fleshy part of your nose between thumb and forefinger for 10 minutes.

If this is unsuccessful, you must go to your local Accident and Emergency Department for assessment. You should not drive yourself.

If the bleeding is significant, call an ambulance.

For the two weeks after your operation

AVOID
1. Swimming.
2. Contact with people who have coughs, colds or infections.
3. Dust, smoke or other irritants.
4. Long distance travelling.
5. Hot baths or showers.
6. Smoking
7. Alcohol (or keep to a minimum).
8. Discos, pubs etc.
9. Contact sports.
10. Blowing your nose for three to four days, after which you may blow your nose gently, one side at a time.
11. Picking or rubbing your nose. The blood vessel endings need time to heal and you may start a nose bleed. You may sniff gently and dab the end of your nose.

DO
1. Sneeze with your mouth open - do not suppress it.
2. Eat a healthy and varied diet.
3. Take painkillers if you need them.
4. Take gentle exercise.
5. Keep your nose clean by doing your saline sniffs as shown to you in hospital; OR
6. Use steam inhalations to keep your nose comfortable.

For female patients

If you are on the oral contraceptive pill, remember that some antibiotics alter the effect of the Pill. Extra precautions should therefore be taken until you have completed the first week or your next packet of pills after finishing the course of antibiotics.

Outpatient clinic

You will usually be followed up in the outpatient clinic six to twelve weeks later. The appointment will either be given to you on discharge or sent through the post.
Patient Information

Important information
Please remember that this leaflet is intended as general information only. It is not definitive. We aim to make the information as up to date and accurate as possible, but please be warned that it is always subject to change. Please, therefore, always check specific advice on the procedure or any concerns you may have with your doctor.

Hand hygiene
In the interests of our patients the trust is committed to maintaining a clean, safe environment. Hand hygiene is a very important factor in controlling infection. Alcohol gel is widely available throughout our hospitals at the patient bedside for staff to use and also at the entrance of each clinical area for visitors to clean their hands before and after entering.

Other formats
This information is available in alternative formats such as large print or electronically on request. Interpreters can also be booked. Please contact the Patient Advice and Liaison Service (PALS) offices, found in the main reception areas:

Conquest Hospital
Email: palsh@esht.nhs.uk - Telephone: 01424 758090

Eastbourne District General Hospital
Email: palse@esht.nhs.uk - Telephone: 01323 435886

After reading this information are there any questions you would like to ask? Please list below and ask your nurse or doctor.

Reference
The following clinicians have been consulted and agreed this patient information:
Mr Simon Baer, Consultant (ENT Surgeon),
Mr Paul Kirkland, Consultant (ENT Surgeon),
Mr George Manjaly, Consultant (ENT Surgeon),
Jee Chin Barton, ENT Matron/Nurse Practitioner,
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