



Dr. Pargot

Dr. Sanders

FUNCTIONAL ENDOSCOPIC SINUS SURGERY (FESS) is a procedure designed to open and provide improved ventilation and drainage to the nose /sinuses. It is often a part of a comprehensive treatment which may or may not include allergy testing, septoplasty and continued medical therapy. You will not be “instantly cured” as it takes 4-8 weeks for complete healing, but it is an essential procedure in relieving refractory sinusitis symptoms. Sometimes revision procedures are necessary depending on post-op healing and how much scar tissue forms. All in all, this procedure provides good improvement of symptoms and is well tolerated.

FESS is a fairly recent innovation in sinus surgery and has proven to be more effective and less painful than previous sinus surgery techniques. It is done entirely through the nose with telescopes and headlights, with no external incisions. The procedure is performed under general anesthesia in the operating room, usually on an outpatient surgery basis.

Before Surgery:

- Nothing to eat or drink, including water, after midnight the night before surgery.
- All forms of aspirin should be stopped two weeks before surgery. This includes Bufferin, Anacin, Excedrin, and Alka-Seltzer.
- All Ibuprofen (Motrin, Advil) and Naproxen (Alieve) products should be stopped one week prior to the surgery.
- Anticoagulants (blood thinners) usually need to be stopped several days before surgery. Oral medications may need to be replaced with injected or intravenous (IV) medications. It is extremely important that both your surgeon and your physician (who has ordered the anticoagulants) discuss the optimum timing for stopping these medicines. Please be aware that many drugs and herbal products may be anticoagulants (blood thinners) although they are not used for that purpose.
- Tylenol (acetaminophen) can be used.
- The Hospital or Ambulatory Surgery Center will contact you about any prescription medication you might be taking. They will also inform you of what time they would like you to arrive for your surgery.

POST OPERATIVE INSTRUCTIONS

After surgery, time is spent in the recovery room (usually 45 minutes to 1 hour) followed by several hours in the outpatient surgery area. Family members are allowed in the waiting area but not in the recovery room. Only occasionally it is necessary for you to remain overnight for observation.



PAIN/CONGESTION: Typically after sinus surgery, there will be significant nasal congestion, stuffy nose, facial pressure or headaches, blood stained mucus (usually dark colored) with crusting and clotting. The blood clots and crusting create congestion and facial pressure. In addition to the prescription pain medication or Tylenol decongestants (not antihistamines), warm packs, cold packs, and a warm shower may be used to relieve post-operative symptoms, to expedite one's recovery, relieve the congestion and pressure, and maximize the healing process. Healing may be significantly delayed or permanently compromised if you smoke.

DIET: After surgery, essentially a normal diet may be resumed. You may still have some GI upset from the anesthesia so advance the diet wisely.

ACTIVITY: After surgery, do not do any bending, lifting over 20#'s, or straining. Also, if you have to sneeze, sneeze with your mouth open. **DO NOT** blow your nose! You may very gently blow your nose to remove a large clot (think of it as very gently sniffing in reverse).

BLEEDING: It is normal to have bloody-mucus drainage after surgery, expected up to 2-3 days. It will appear as dark red drainage with some clots. If it is bright red blood, then gently blow your nose and apply a firm pinching pressure to your nose. If it does not stop promptly after 10-15 minutes, call the office or the physician on call. Occasionally there is bleeding one to two weeks after surgery requiring cauterization; therefore, it is important to keep the nose moist and to irrigate frequently.



RISKS /COMPLICATIONS OF SURGERY: ENDOSCOPIC SINUS SURGERY

The following are possible complications and risks associated with this procedure. As with any operative procedure, there is a possibility of unforeseen complications and general anesthesia risks in addition to those listed.

- **Postoperative Bleeding:** There is a small risk of bleeding, usually within the first 24 hours. It is normal to have a dark red to brown colored mucus drainage and a small amount of bright red drainage, but a large amount of bright red blood is abnormal. There is small possibility of delayed bleeding up to approximately two weeks after surgery.
- **Blindness:** When operating in the sinuses, there is a thin wall of bone between the sinus cavity and the eye. There is a slight possibility of entering the orbit with resultant bleeding, with the worst result being blindness in that eye.
- **CSF Leak:** The roof of the sinus cavity is also the floor of the brain. When operating there is a slight risk of entering through this bone as some people have thinner bone than others. Cerebrospinal fluid (CSF) bathes the brain, and there can be a resultant leak of clear watery fluid from the nose. This is usually repaired at the time of surgery but may require bedrest and additional treatment. If a leak does occur, there is a possibility of meningitis, with the worst possibility being death.
- **Infection:** The sinus cavity may become infected during the healing process which would require antibiotics.
- **Scarring:** Small areas of the sinus cavity may narrow with scar tissue. If this results in drainage problems, the sinus cavity may need revisions which can often be done in the office.
- **Loss of Taste and Smell:** Permanent loss of taste and smell is rare, but it is normal to have a temporary loss of taste and smell for several weeks to months after the surgery.

If you have read this completely and agree to proceed with surgery, please place your signature below.

Patient or Legal Guardian _____

Date _____



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