

Endoscopic Sinus Surgery

Functional Endoscopic sinus surgery (FESS) represents a major advance in the treatment of chronic sinusitis and nasal polyposis. The surgery is performed by entering the sinus cavities with a rigid telescope called an endoscope through the nostrils. It affords superior visualization and access to otherwise difficult-to-reach areas. The intent of surgery is to remove infected tissue or polyps, open previously blocked spaces and enlarge the drainage pathways to the sinuses.

PREOPERATIVE EVALUATION:

Before FESS is recommended a patient will undergo a CT scan of the sinuses. A CT helps identify which sinuses are involved and defines patterns to the recurrent infections. The CT also services as a “road map” for the surgery. Often times a patient will undergo a trial of prolonged antibiotic therapy to attempt to avert surgery. Also, since there is a strong association between sinusitis and allergy, a formal allergy evaluation may be recommended before surgery. Based on the number and severity of infections, the degree of discomfort from ongoing symptoms and the response to previous treatments, FESS may be recommended.

SURGERY:

The outpatient operation is performed under general anesthesia. Endoscopic sinus surgery is frequently performed with a correction of a deviated septum. The operation can take from one to three hours to perform. Since the sinus cavities have been opened and cleaned, during the healing period crusting of blood and mucus occurs. Patients are seen weekly to clean the crusts from the inside of the nose. Often times an endoscopic exam is performed several times in the postoperative period. This will allow the physician to check on the healing, to disrupt any scar bands that may form and to check for residual infection. Generally healing is complete after about six weeks.

RESULTS:

Sinusitis is still incompletely understood. Surgery is directed toward improving the anatomy and the drainage. Other associated factors, such as allergy and the patient’s own immune system, may contribute to the infections and may need to be addressed. As a generalization, the success of the surgery is related to the number of sinuses involved. In other words, patients with diffuse abnormalities of the sinuses can be improved but are likely not going to be “cured”. Obviously, goals and expectations need to be thoroughly discussed with your physician before undertaking any surgery.

RISKS:

Bleeding: Any operation involving the nose has the potential for bleeding. Postoperative bleeding is rare; although, if it occurs, may require repacking or cautery.

Base of skull or orbital injury: The sinuses lie below the skull base and brain cavity and in between both eyes. Care is taken to preserve the barriers to the brain and the eyes. There is 1% reported complication rate with an injury to either of the structures. The most common problem is a leak of spinal fluid or bleeding within the eye socket. Both are highly serious complications that require immediate attention.

Scarring: Some patients will heal unfavorably, with scar tissue blocking the previously opened sinuses. In some cases, this can result in recurrent infections and a failure of the surgery. There is a small percentage of patients who will require a repeat operation to clear the scar tissue and reopen the sinuses.