

ENDOSCOPIC SINUS SURGERY

Information for Patients, Parents and Carers



Main Hospital Number 01 878 4200

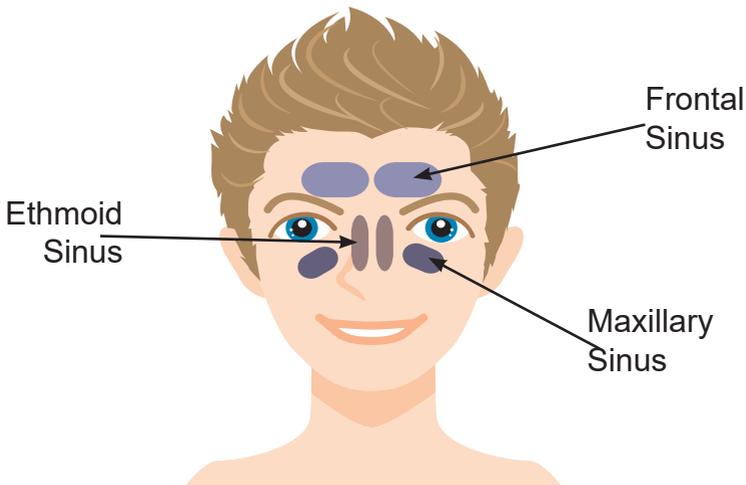


Children's Health Ireland
at Temple Street

What are sinuses?

Sinuses are hollow air-filled spaces in the skull bones. They are connected to the nose and lined with the same mucous membrane as the inside of the nose. This membrane produces mucus to keep the nasal passageway moist and trap dirt particles.

Location of sinuses



What is sinusitis?

Sinusitis is an inflammation/infection of the mucous membranes in the sinuses. Sinusitis can cause facial pain/pressure, blockage of the nose and an increase in nasal mucus.

Acute Sinusitis: Usually caused by either a viral or bacterial infection. Depending on symptoms, medical treatment such as antibiotics may be required.

Chronic Sinusitis: Caused by an infection with or without inflammation of the sinuses that is present for 6 weeks. Usually requires medical and possibly surgical treatment.

What treatments are available?

- Nasal sprays (steroid, antihistamine, saltwater) oral steroids and oral antibiotics. Your child may need to use these before or after surgery.
- Sinus surgery.



Why have sinus surgery?

If your child's sinus problems have not responded to medical treatment, sinus surgery may be considered by your doctor. After surgery, your child may need to continue to use nasal drops or sprays for some time.

What is Endoscopic Sinus Surgery or FESS?

At an outpatient appointment, a small soft, flexible telescope will be placed in your child's nose to allow the doctor to examine it. This examination is not painful but can be uncomfortable. If your doctor feels surgery may be necessary, your child will usually have their sinuses scanned (CT scan) first.

We perform functional endoscopic sinus surgery (FESS) to treat chronic sinus infections. The surgeon uses small telescopes and instruments to pass up the nose and into the sinuses to make the openings a little bigger, and this allows the sinuses to drain better. This type of surgery avoids external cuts.

Your child's surgery will take place in the theatre. They will be given a general anaesthetic and so will be asleep and unaware. After the surgery, they will be in the hospital for 1-2 nights.

Sometimes, if necessary, a nasal pack will be placed inside their nose. The pack will be removed the following day on the ward. The packs prevent bleeding immediately after the surgery. When removing the packs, your child may have a nose bleed, and this will stop quickly.



Nasal splints may also be present inside their nose; your surgeon will remove these a week later.

Risks of endoscopic sinus surgery

There are risks and potential complications with this procedure. They include but are not limited to the following.

Eye injury

The sinuses are closely related to the delicate bony eye cavity. There may be bruising or swelling around the eye. Rarely, permanent damage causing double vision or partial/complete loss of vision can occur.

Damage to the tear duct with tearing of the eye can occasionally occur and may be on-going.

Brain injury

The sinuses are also closely related to the floor of the skull. A leak of spinal fluid (CSF), meningitis or brain abscess may occur. Further surgery to manage these may be necessary

Bleeding

This may occur either at the time of surgery or in the first few weeks after surgery. Bleeding at the time of surgery may require termination of the procedure and nasal packing.

Bleeding after surgery may require packing of the nose under local anaesthesia or may need another operation to stop the bleeding. A blood transfusion may be necessary depending on the amount of blood lost.

Infection

A sinus or chest infection may occur. Antibiotics or further treatment may be required.

Other

Small areas of the lung can collapse, increasing the risk of chest infection. Chest infections may need antibiotics and physiotherapy.

Scar tissue may grow inside the nose, which may block sinus drainage requiring further surgery.

Rarely a hole (perforation) may form in the partition / septum inside the nose. Perforation is more likely if your surgeon needed to straighten the septum during the procedure.

Perforation does not usually cause any problems. Sometimes it may cause whistling, crusting or bleeding and may require further surgery to close the hole.

The disease may not be cured or may come back; this may need additional medical or surgical treatment.

If your child's sense of taste had been poor pre-operatively, it might not improve post-operatively.

Post-operative advice

- Give your child pain relief as instructed.
- Your child should avoid strenuous physical activity for 2-3 days after going home. Avoid all contact sports and vigorous physical exercise such as running/biking for six weeks.
- Avoid blowing the nose.
- Avoid sneezing. If your child feels the need to sneeze, they should avoid it by holding their nose. Otherwise, they may sneeze with their mouth open to protect their nose.
- Your child may have a blood-coloured watery discharge from their nose for 1-2 weeks; this is normal.
- It is typical for the delicate lining inside your child's nose to be swollen after their surgery; this causes blockage, which gradually subsides after 6-8 weeks.



- Your child may experience some discomfort using prescribed drops or sprays. This discomfort may be relieved by resting their head on 2 or 3 pillows for a short time. Cold packs to the nose and sinus areas may help to give extra comfort.
- If your doctor has prescribed Naseptin cream, it should be applied liberally inside both of your child's nostrils twice daily.
- If your child develops cold or flu-like symptoms in the two weeks after their operation, contact your GP as they may need an antibiotic.
- Your child may return to school when they feel up to it, this is often within a few days.

Contact Details

Direct number between 8am-4pm 01 8784318 or 01 878 4200
Bleep 785

Outside these hours contact the Emergency Department 01- 8784200

or

D-Doc Monday -Friday 5pm - 8am Saturday, Sunday and Bank Holidays
Open 24 hours 1850 22 44 77

The consultants in our department are

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The ENT Nurse Specialists in our department are

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