

# Pacific Eye and Ear Pacific Head and Neck

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Hearing, Balance, Facial Nerve

Ear and Skull Base Surgery

Adults and Children

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Cosmetic and Reconstructive Surgery

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Head and Neck Surgery

Nasal and Sinus Surgery

Cosmetic and Reconstructive Surgery

Adults and Children

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## Sinus Surgery: Functional Endoscopic Sinus Surgery

FESS, Functional Endoscopic Sinus Surgery, is a term that encompasses an approach for correction of sinus disease. Generally, surgery is indicated for:

1. Recurrent episodes of acute sinusitis which occur frequently enough to disrupt your lifestyle.
2. Chronic sinusitis unresponsive to antibiotics and/or irrigation of the sinuses.
3. Biopsy or removal of a mass or polyp within the sinuses.

These are the main reasons to perform FESS, but occasionally other problems arise which necessitate this surgery. Generally, a CT scan will be done before surgery to document which sinuses are affected and also to identify individual anatomy.

### Which Sinuses are affected?

**The maxillary sinuses** are located beneath the cheekbones, above the upper teeth. The maxillary sinus drains into what is called the osteomeatal complex, which is an opening on the outer wall of the nasal cavity. The surgery, a “maxillary antrotomy,” is designed to enlarge this natural opening and thereby prevent it from swelling shut when the lining of the nose is inflamed or infected. The procedure is done through the nose using special endoscopes and small instruments for removing the bone around the osteomeatal complex. Another area which may need correction is **the ethmoid sinuses**. These sinuses are located between your eyes and are a honeycomb of 13 to 20 individual sinuses, each with its own individual opening. The ethmoids are opened surgically to create one large cavity which drains directly down into the nose. This operation is called an “ethmoidectomy.” Infrequently **the frontal sinus**, which is located just behind the center portion of your forehead, also needs to be opened endoscopically. This sinus drains directly down into the nasal cavity, usually just in front of where the maxillary sinus drains. The surgical procedure (frontal sinusotomy) opens the drainage duct more widely into the nose. The last sinus which is occasionally opened endoscopically is **the sphenoid sinus**, which is located in the direct center of the skull. The sphenoid sinus is opened by removing the front wall of the sinus and allowing it to drain directly into the nasal passageway. This procedure is termed “sphenoidotomy.” Frequently a combination of the different sinuses is involved with the disease process, and often more than one is opened at a single surgical procedure. Occasionally, however, only one is involved and is treated individually at the time of the surgery.

### What are Turbinates?

The turbinates are structures which hang down from the side wall of your nose into the nasal passageway. Generally there are three to four of these on either side, and their function is to heat, humidify and filter the air as you breathe it in through your nose. The middle turbinate on either side overhangs the area where the ethmoid, maxillary, and

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frontal sinuses drain. Sometimes, in order to adequately access the areas for surgery, a portion of this turbinate must be removed. Removal of a portion of the turbinates will increase the potential rate of bleeding. The inferior turbinates are reduced to improve the airway passage to improve breathing. Various methods to remove/reduce the size of the turbinates exist:

1. Excision of the Turbinate
2. Laser Reduction of the Turbinates
3. Radiofrequency Reduction of the Turbinates (Preferred by Dr. Griffiths)

## What are the Risks of Sinus Surgery?

1. **Bleeding**
2. **Blindness**
3. **Eye Muscle Injury**
4. **Spinal Fluid Leak**
5. **Meningitis**

These risks are extremely rare and are related to the structures surrounding the sinuses, namely the Eye and the Brain. To date, Dr. Griffiths has not had any of the serious complications listed (2-5). The risk of bleeding severely enough to require further packing after surgery is somewhere between one percent (1%) and five percent (5%). Some bleeding is expected after sinus surgery, but rarely it may require a return to the operating room for control. Preoperatively your surgeon will do an examination to determine if this procedure is appropriate for you. Because bleeding is a risk, we ask that you **not take aspirin-containing products** for at least **ten days** prior to your surgical procedure. We would like you not to take **Advil, Nuprin, ibuprofen, Motrin**, or similar arthritis drugs for **3-5 days** before surgery.

## What should I expect after the Surgery?

Postoperatively you should not undergo any strenuous exertion, straining, vigorous nose blowing, or heavy lifting for two to three weeks after your surgery is performed. Generally, most people find that they have some discomfort for the first week or so after surgery after which it becomes markedly decreased. Dr. Griffiths will probably put you on antibiotics as well as postoperative pain medications and will also have you begin irrigating with salt water (saline) solution in order to minimize crusting in the nose. Normally, Dr. Griffiths DOES NOT place packing in the nose. If you do, this will be removed in 3-5 days postoperatively. You will also need to come back to the office postoperatively on a regular basis for cleanings in order to keep the openings which we create surgically open and patent.

### Medications After Surgery:

1. **Antibiotics:** Dr. Griffiths will prescribe a preliminary antibiotic for 7-10 days and then change it based on the results of the bacterial culture taken at the time of surgery.
2. **Oral Steroids:** Some patients will need Prednisone to prepare their lungs or to reduce the inflammation or polyps in the nose prior to and after the surgery. This is an individual requirement.
3. Pain Pills
4. **Afrin 12 hr or 4 way Decongestant spray:** To decrease the ooze after surgery and the congestion, this may be used for 5-7 days every 6 hours, 2 sprays as needed.
5. **Nasal Steroid Spray:** Indefinitely, after sinus surgery, nasal steroid sprays are necessary to help decrease the inflammation of the sinuses to prevent blockage. **Once a day, Indefinitely.**
6. **Saline Nasal Spray or Salt Water Douches in the nose:**  
This is an important daily routine to help keep your nose and sinuses healthy. After surgery, more aggressive washing is necessary to clean the crusts. Once healed, depending on your desire and acceptance, either commercially available saline sprays (Ocean, AYR), Netti Pots, Water pick irrigations, or bulb syringe irrigation is recommended. When creating your household saline, use baking soda or kosher salt (up to 1 tablespoon) with clean filtered water (No Tap Water) twice a day.

## **What are the Chances of Success?**

After the sinuses are completely healed, there is an 80 to 95% chance that your sinus problems will be significantly better. One exception to this is patients who have aspirin sensitivity, asthma, and nasal polyps, who tend to have a higher rate of recurrent nasal sinus problems.