

Patient Information Leaflet

Functional Endoscopic Sinus Surgery
(+/- Polypectomy)

Postoperative Discharge Advice and Instructions

**THE
MEDICAL
SPECIALIST
GROUP
LLP**

Mr David Beaumont

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Mr Beaumont's Patients

Discharge Advice following FESS (Functional Endoscopic Sinus Surgery) (+/- polypectomy)

The major potential problem in the first days or weeks post-operatively is bleeding. This usually occurs in the first 24 hours but can occur up to 10 to 14 days after the operation. The incidence of bleeding is about 1% only and the following advice is given to minimise the risk of this happening and to help you manage generally after the operation.

1. Return to work

Ideally you should take two full weeks off after the operation. You will probably not feel like working and it helps minimise the risk of bleeding and infection. If however you feel quite well after 7 days then it is acceptable to return to work at this time.

2. Exercise

Walking is fine but avoid strenuous activities eg. lifting and straining, as these tend to increase your blood pressure and chance of bleeding.

3. Socialising

Avoid crowded places and contact with people who may potentially be carrying infections for 7 days.

4. Nasal congestion and drainage

The lining of your nose will swell a little following the operation and your sinuses may become blocked by blood clot/crusts making you feel like you have a "head cold" for up to 2 weeks. You should sit as upright as possible in the first few days to minimise swelling and, if possible, sleep with your head slightly elevated. Wash each nostril out thoroughly every 2-3 hours (during the day) with Sterimar Saline Nasal Spray and gently blow any clots or debris out after doing so. Use the spray for 2 weeks. Avoid vigorous nose blowing as this simply tends to blow clots back into the open sinuses.

If you have had a Septoplasty or Turbinate Surgery at the same time your nasal lining will swell even more and your post-operative course will be slightly different. (Please refer to the Discharge Advice Booklet entitled "Discharge Advice following Septoplasty +/- Turbinate Surgery").

A blood stained discharge from the nose is quite normal, as are occasional small nose bleeds and clots. You may wish to wear a “nasal bolster” for a while and the nurses will give you some of these when you go home.

If you have had FESS alone you should be able to breathe through your nose from the outset and it is safe to sniff or very gently blow your nose to clear any old clots and crusts after 24 hours. Any attempts to blow the nose forcefully will only encourage bleeding and further clots.

5. Diet

You should avoid very hot food/drinks in the first few days as local heat near the nose causes blood vessels to dilate and occasionally bleed. The same applies to very hot showers or baths.

If your nose is blocked you must drink plenty of fluids to avoid getting dry, especially at night. You will sleep better overall if you drink well before you go to bed and get up in the night to go to the toilet (and drink some more!) than if you try and make it through the night ‘dry’. Avoid alcohol as it not only causes dehydration but also causes the nasal lining to swell more!

6. Pain relief and Postoperative Medication

Immediately after the operation you will be pain free from the Local Anaesthetic used during the procedure but as this wears off the area at the bridge of your nose will feel uncomfortable and may throb a little like a heavy cold. Some people get frontal headaches as the sinuses may become blocked as well. This discomfort should respond well to Co-Codamol (or similar combination pain killers) and you should take these regularly during the day for pain.

If the lining of your sinuses is very swollen or infected you may be given some steroids (Prednisolone) and antibiotics for two weeks after the operation.

Mr Beaumont will usually discuss this with you before the operation and remind you again before discharge as you need to watch out for rare side-effects from these medications (especially gastritis/heartburn, disturbed mood/sleep, altered bowel habit).

7. Oral Hygiene

Continue your usual, regular oral hygiene ie. brushing teeth.

8. Post-op Infection and Bleeding

Increasing pain in the nose at about day 7 to 10, usually with a low grade temperature and discoloured nasal discharge, is a sign of infection and usually requires oral antibiotics from your General Practitioner (if you are not already on some). Rarely—but importantly—this may result in bleeding.

You should sit forward over a bowl or sink and pinch both your nostrils closed for a full (timed) ten minutes to control any bleeding and then release and check to see if the bleeding has stopped. Repeat if bleeding continues. If steady bleeding persists after 20 minutes, you should immediately go to the Accident and Emergency Department at the Hospital for treatment and possible readmission.

9. Nasal Packing

Sometimes nasal packing is used in the nose after the operation to prevent bleeding. The Nurse on the Ward will remove this the next morning and it is normal to have a brief “bleed” after this.

10. Discharge Home

Most patients can go home the following day around lunchtime or early afternoon.

11. Follow-up

You will be given a follow up appointment on discharge from the Hospital to be seen in 1 to 2 weeks time.

If you have any other problems or questions in the week after the operation the please phone the **Hospital (725241)** and speak to a nurse from the ward you were on who will advise you over the phone or contact Mr Beaumont for you (**Specialist Group number 238565**).

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