



Open Nasal and Sinus Surgery

Procedure Information Sheet

Introduction

To remove disease in the nose and sinuses to obtain drainage of paranasal sinuses by open external approach with facial incision.

Indication

- Acute / chronic sinusitis
- Nasal Polyposis
- **Tumours**
- Mucocele
- Osteoma
- Provision of access to the following structures: ethmoidal artery, orbit content, skull base, pituitary gland.

The Operation / Procedure

- 1. The procedure is usually carried out under general anaesthesia
- 2. Incision is made in the face in the grove between the eye and the nose
- 3. Open the diseased sinuses
- 4. Remove diseased sinuses tissues
- Close the wound with a drain tube in place 5.

Before the Operation / Procedure

- Inform doctor of any medical condition e.g. diabetes medilitus, heart disease, hypertension and any regular medication, including herbs and dietary supplement
- 2. Fasting for 6 to 8 hours before operation as instructed by doctor or nurse
- Other special preparation or investigation before the procedure 3.
- 4. Intended benefits and expected outcome
 - 4.1 Improve nasal symptoms such as obstruction, post-nasal dripping, facial pain, headache etc.
 - 4.2 Prevent complications of sinusitis
 - 4.3 Remove tumour. Reduce bleeding and obstruction caused by the tumours
 - 4.4 There is chance of incomplete relief of symptoms and recurrence
- Conditions that Would Not be Benefited by the Procedure
 - 5.1 Nasal disease not attributed by the nasal sinus
 - 5.2 Extensive local disease that has involved the vital structures around the nasal sinus or could not be Removed completely
 - 5.3 Distant metastasis

After the Operation / Procedure

- 1. May need analgesic for pain or discomfort after the procedure
- 2. Sleep in slightly head up position may help reduce postoperative oedema
- 3. Do not blow nose
- 4. Usually resume normal activity about 1 to 2 weeks after the procedure

Patient's Label	
Patient Name:	
Hospital No:	
Episode No:	

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Risk and Complication

- There are always certain side effects and risks of complications of the procedure. Medical staff will take every preventive measure to reduce their likelihood.
- 2. Common risks and complications ($\geq 1\%$ risk)
 - Nasal bleeding
 - 2.2 Infection
 - 2.3 Synechia
 - 2.4 Webbing of incision
 - 2.5 Paresthesia
 - 2.6 Recurrence of the disease
- 3. Uncommon risks with serious consequences (<1% risk)
 - 3.1 Severe bleeding due to injury of internal carotid artery, anterior and posterior ethmoidal arteries.
 - 3.2 Eye injury including bruising, emphysema, orbital heamatoma / abscess, visual loss, diplopia.
 - 3.3 Nasolacrimal duct injury leading to epiphora
 - 3.4 Frontonasal stenosis
 - 3.5 Mucocele
 - 3.6 Fistula formation
 - 3.7 Intra-cranial injury including CSF leak, meningitis, brain abscess, pneumocephalocele.
 - 3.8 Transient or permanent loss of smell sensation
 - 3.9 Permanent facial numbness of operated site (especially if coupled with medial maxillectomy) due to injury to the nerve that innervate the cheek
 - 3.10 The wound may become depressed (especially with excessive underlying bone removal) and the tip of the nose deviate toward the incision
 - 3.11 Death due to serious surgical and anaesthetic complications
- 4. Consequences of no treatment
 - 4.1 Persistent or progression of nasal symptoms
 - 4.2 Complication of sinusitis

Alternative Treatment / Investigation

- 1. Endoscopic surgery may be used for less extensive disease
- 2. Alternative non-surgical treatment may be feasible for certain disease

Disclaimer

This leaflet only provides general information pertaining to this operation / procedure. While common risks and complications are described, the list is not exhaustive, and the degree of risk could also vary between patients. Please contact your doctor for detailed information and specific enquiry.

Reference

Smart patient website by Hospital Authority: Open Nasal and Sinus Surgery (2/2020)

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