
WHAT IS ENDOSCOPIC SINUS SURGERY?

Endoscopic sinus surgery is the name given to the operation that is used for sinus problems that are difficult to treat. Before any sinus operation is done, your child will be treated using drops, tablets or prays for a long period time first. Only if these treatments do not work, will an operation become necessary.

What does the operation involve?

The operation is done while your child is under general anesthetic. Special telescopes and instruments are used to clear your child's sinuses. Small parts of bone and any swollen lining blocking the sinuses are taken out.

How long is the operation?

The length of the operation depends on how much needs to be done. It may be as short as one hour or up to three hours, if more work is needed. Usually, the operation may be done as a day case. This means that your child will have the operation and go home the same day.

What are the risks of the operation?

All operations carry some risks. Normally complications are very rare for this type of procedure. Some of the complications include:

- Bleeding – it is very common for a small quantity of blood to come from the nose in the days following the operation. Problematic bleeding is extremely unusual, and it is very rare that blood needs to be given for that.
- Eye problems – the sinuses are very close to the boundary of the eye socket. Sometimes some bruising appears around an eye because some blood leaked in the eye socket. This is usually mild and gets better on its own, although it is important that the child does not blow the nose at all. Serious bleeding into the eye socket rarely occurs. This makes the eye swell quickly and can make the child see double or in very rare cases, loses the vision

altogether in this situation the child is treated right away and usually goes back to the operating room.

- Spinal fluid leak – the roof of the sinuses is the bone right beneath the brain. There is a small risk in breaking this thin bone, causing the fluid that surrounds the brain to leak into the nose. This complication is rare and if it occurs, your child will have to stay in hospital longer and may need another operation to stop this leak. On very rare occasions, your child may get an infection that can spread from the sinuses and cause meningitis.

Eye problems take place about one in every five hundred operations and spinal fluid leaks happen about one in every thousand operations. If you are particularly worried about this operation, talk to your child's doctor about his or her experience with these complications.

What happens after the operation?

Immediately after the operation your child's nose will sound and feel blocked. This may be due to temporary swelling of the lining of the nose or because of the absorbable dressing placed in the nasal cavity during the operation. These dressings are not used in every case, but your doctor will let you know if the dressings were necessary for your child.

It is common for the nose to be quite blocked and to feel a little uncomfortable for a few days after the operation. Simple over-the-counter painkillers usually help. It is important to **not** blow the nose for the first two days after the operation. You may need to use drops or sprays after the operation. Some mucus and blood stained liquid may drain from the nose for the first week or so following the operation and this is normal. It is important to stay away from dusty and smoky environments while the child is recovering.

Many children go home on the day of the operation, but some may stay overnight if your doctor prefers. Your child will need to rest at home for one week. You will be given instructions on when to return for a follow-up visit with your doctor. Some children need another operation, two to three weeks after the first one, to remove dried mucus, scabs and any packing placed in the sinuses during the first operation. Your child's doctor will speak with you about your child's needs.

Before leaving the hospital, your nurse will go over care instructions with you. Questions or concerns about this operation should be discussed with the doctor or nurse before the operation.