



Royal Berkshire
NHS Foundation Trust

Advice following nasal surgery

- Functional endoscopic sinus surgery
- Septoplasty / Submucous resection of the septum
- Middle meatal antrostomy
- Reduction of inferior turbinates
- Nasal polypectomy

Information for patients

This leaflet gives you advice and information following nasal surgery. If you have any questions or concerns, please ask one of the ward staff who will be pleased to help you.

Types of nasal surgery

What is functional endoscopic sinus surgery (FESS)?

This is an operation that opens up the sinuses to allow better ventilation and function of the lining of the nose. This should help stop the infections building up in the sinuses.

What is septoplasty / submucous resection of the septum (SMR)?

This is where the septum is straightened, allowing you to breathe more easily through your nose.

What is middle meatal antrostomy?

The natural drainage holes that serve the maxillary sinuses in the cheeks are made larger. Any obstruction is cleared to allow air to get into the sinus.

What is reduction of inferior turbinates?

This operation reduces the swelling of the lining of the nose, allowing more air to get through.

What is a nasal polypectomy?

This operation is to remove your nasal polyps. These are small swellings that arise from the lining of the sinuses. They hang down in bunches obstructing the nasal airway.

All of these operations are done from inside your nose so there is no cutting or scarring on the outside of your nose or face.

Risks and complications

Your surgeon will have already discussed both the benefits and risks of the operation prior to you signing the consent form. The main risks include pain, swelling and bruising, nosebleeds, difficulty breathing through the nose, altered sense of smell, change in the shape of the nose, and infection.

After surgery

Nasal packs: After surgery you will probably have a pack in both nostrils that will prevent you from breathing through your nose. This will leave your mouth dry until it is removed, usually the morning following surgery. Dissolvable nasal packs may be used instead. The nasal packs can be uncomfortable but are necessary to prevent nasal bleeding.

Removing nasal packs: When the packs are removed there may be a small bleed but this usually settles down without any further treatment. Very rarely, the nose may have to be repacked.

Swollen nose: You will find that your nose will feel quite swollen and your symptoms may be worse than when you came in. This is normal.

It can take 2-3 weeks for the swelling to go down and for you to notice an improvement.

Nasal discharge: For the next 2-4 weeks you may experience slight nasal discharge and congestion – this is normal too. You will not feel the full benefits of your treatment until about 1-2 months after surgery.

Pain: Your nose may feel tender and you may have a headache. This is a normal part of the healing process as your nose will be congested for the next 2-3 weeks until the internal swelling has settled down. If you are not given painkillers to take home, use Paracetamol or Ibuprofen which you can acquire in the chemist, following the dosage recommended on the pack.

Nosebleeds: For the first week following surgery you may experience sudden nosebleeds. These happen when the scabs or crusts are dislodged.

Reducing the risk of a nosebleed

- For the first week following surgery, do not blow your nose or pick off any crusts which are formed as part of the healing process. If you need to wipe your nose, use a tissue rather than a cotton handkerchief as this reduces the risk of infection.
- Take care not to knock or bang your nose and avoid contact sports or strenuous activity for 2-3 weeks or until your nose has healed completely.
- Avoid very hot baths and very hot drinks for the first 48 hours after surgery as these increase the risk of bleeding.

- Avoid alcohol for 2 weeks following surgery.
- If you smoke, please try to stop for 2 weeks after surgery as smoking will increase the risk of you having a nosebleed. It also slows down healing.
- Avoid aspirin as it can affect your blood clotting and can increase the risk of bleeding. If in doubt, please seek advice from your GP.

What to do if you have a nosebleed

- Use a cloth or tissue to apply firm pressure to the fleshy part of your nose and apply steady pressure for 5-10 minutes or until the bleeding stops. Try not to panic and use a clock to keep a check on the time.
- Suck an ice cube and apply an ice pack or a packet of frozen peas to the bridge of your nose.
- Spit out the blood and try not to swallow as it could make you sick.
- If you cannot control the bleeding after 15 minutes, please go to the nearest Emergency Department (A&E).

Advice to aid recovery and to reduce the risk of infection

- Avoid smoky/dusty atmospheres, as this irritates the inside of your nose.
- Avoid people with colds and chest infections until your nose heals, as you will be at risk of catching an infection from others.
- Try to sleep with your head on two or three pillows. This will prevent your nose from swelling and will improve the drainage.
- Your nose may feel blocked for several weeks due to the crusting or clots inside your nose. Nasal douching with slightly salted warm

water will help clear this and is an important step to help prevent infection and aid recovery. Your nurse can show you how to douche your nose if this is necessary. Alternatively, you can buy Sterimar spray or Neilmed Sinus Rinse from most chemists. These help to remove clots and debris following surgery. Use two or three times a day starting the day after surgery.

Signs of infection

- A persistent excessive and smelly discharge.
- You feel feverish and unwell.
- You find that your nose becomes increasingly painful and the pain is not controlled by taking regular painkillers.

If you experience any of the above symptoms we advise you to contact the ENT Outpatient Department on 0118 322 7139 (Mon-Fri 9am-4pm) or Dorrell Ward on 0118 322 7172 (out of hours)

Stitches

You may have some stitches inside your nose. These will dissolve within a few days and won't need to be removed.

Returning to work

You will need approximately two weeks off work. If you need a medical certificate for your employer, please ask your doctor or nurse before you leave hospital.

Follow up appointment

Following the surgery you will be sent an appointment for the ENT outpatient department. This appointment is usually a few weeks or a few months following surgery (depending on the type of surgery you have had). If you are unable to keep this appointment, please telephone 0118 322 7139 to let us know and to arrange another appointment.

Contact us

- Dorrell Ward 0118 322 7172
- ENT outpatient department 0118 322 7139
- Appointments (CAT 1) 0118 322 7139

Visit the Trust website at www.royalberkshire.nhs.uk

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For further information about the Trust, visit

www.royalberkshire.nhs.uk

This document can be made available in other languages and formats upon request.

Dorrell Ward, September 2018

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