

Sinus surgery

Functional endoscopic sinus surgery (FESS): Developed in the 1950s, the nasal endoscope has revolutionized sinusitis surgery. In the past, the surgical strategy was to remove all sinus mucosa from the major sinuses. The use of an endoscope is linked to the theory that the best way to obtain normal healthy sinuses is to open the natural pathways to the sinuses. Once an improved drainage system is achieved, the diseased sinus mucosa has an opportunity to return to normal.

FESS involves the insertion of the endoscope, a very thin fiber-optic tube, into the nose for a direct visual examination of the openings into the sinuses. With state of the art micro-telescopes and instruments, abnormal and obstructive tissues are then removed. In the majority of cases, the surgical procedure is performed entirely through the nostrils, leaving no external scars. There is little swelling and only mild discomfort.

The advantage of the procedure is that the surgery is less extensive, there is often less removal of normal tissues, and can frequently be performed on an outpatient basis. After the operation, the patient will sometimes have nasal packing. Ten days after the procedure, nasal irrigation may be recommended to prevent crusting.

Septoplasty and Turbinate Reduction

The nasal septum is the partition that divides one side of the nose from the other. It is rarely perfectly straight--it is slightly crooked in over 80% of people. When the septum is so crooked or *deviated* that it blocks the nasal passage, then a surgical operation called a *septoplasty* may restore clear breathing.

If your nose is congested on one side during part of the day and later congested on the other side, then it is not just the septum that is causing the nasal obstruction. In this instance, an abnormal *turbinate*--a structure that projects from the lateral wall of the nose into the nasal cavity--may be the cause. Usually medical treatment (such as a nasal steroid spray) is recommended before considering surgery. If the medical treatments fail to bring relief, then your doctor may also recommend a procedure known as a *turbinate reduction*. Turbinate reductions can be done in the office or in the operating room.

A septoplasty may be combined with a turbinate reduction so the a normal nasal airway can be restored.

It is important that the turbinate not be removed completely because its removal will result in a very dry, crusty nose that is unable to adequately humidify and warm the air. Occasionally, turbinate tissue will re-grow after turbinate surgery and the procedure may need to be repeated. This is preferable to the situation of totally removing the turbinate.

If your doctor recommends a septoplasty, then this must be done in an operating room. It may be done under general or local anesthesia with sedation. Whether you choose general or local anesthesia, the recuperative period is similar, and patients go home within 3-4 hours after the operation is completed. A variety of nasal dressings are applied in the nose along the septum. Some surgeons prefer to pack the nose with gauze or special sponge-like material. Other surgeons will use soft plastic splints for the same purpose. In addition, absorbable sutures may also be used.

Because the septal cartilage has 'memory'--it has an intrinsic tendency to assume its initial shape--the septal cartilage can sometimes bend after the surgery and cause nasal obstruction. In most cases there is no bruising or black eyes associated with just a septoplasty. If the outside of your nose is crooked, then occasionally this must be fixed along with the septum in order to get a good airway. This procedure is called a *septorhinoplasty*. In these situations you are much more likely to have bruising and swelling of the nose and possibly black eyes. This bruising usually resolves within two weeks.