

# Procedure Information Sheet – Endoscopic Turbinoplasty

Hosp No. : HKID No.:

Case No. :

DOB : M/F

Adm Date : Contact No.:

#### 1. Introduction

1.1. Transnasal resection of Hypertrophic turbinates by endoscopic approach to reduce nasal obstruction.

# 2. Procedural Preparation

- 2.1. It is possible to undergo preoperative examinations including blood tests, Chest X-Ray and Electrocardiogram (ECG).
- 2.2. The indication of operation, procedure and possible complications will be explained by the surgeon and consent will be signed before operation.
- 2.3. Pre-operative anesthetic assessment will be performed. The anesthetic management and its possible risks will be explained by the anesthetist.
- 2.4. Inform doctor for any drug allergy, regular medications or other medical conditions.
- 2.5. Do not eat or drink for 8 hours before operation.

#### 3. Procedure

- 3.1. The operation will be performed under general anesthesia.
- 3.2. The enlarged turbinates will be partially excised to improve the nasal patency.

### 4. Recovery Phase

- 4.1. Nasal packs will be inserted into the operated side or both sides; you may have to breathe through the mouth. The nasal packs will be removed after one or two days.
- 4.2. There may be mild bleeding when the packs are removed, which usually stops naturally.
- 4.3. Small amount of blood-stained nasal discharge is common. If you encounter persistent bleeding, please attend the nearby emergency department.
- 4.4. After surgery, you may feel nasal stuffiness, but it will be subsided in 3 to 4 weeks.

# 5. Risks and Complications

- 5.1. Common Risks and Complications ( ≥ 1% risk )
  - 5.1.1. Bleeding
  - 5.1.2. Persistent nasal obstruction
  - 5.1.3. Infection
  - 5.1.4. Intranasal adhesion
  - 5.1.5. Crusting (transient)
- 5.2. Uncommon Risks with Serious Consequences(<1% risk)
  - 5.2.1. Atrophic rhinitis
  - 5.2.2. Injury to Eustachian tube
  - 5.2.3. Death due to serious surgical and anaesthetic complications

#### 6. Follow Up

- 6.1. Follow up as scheduled.
- 6.2. Resume normal activity after 1 to 2 weeks.
- 6.3. Nasal irrigation or salt water spray may be needed.
- 6.4. Doctor may clean the dried clot upon follow up.
- 6.5. Seek immediate medical attention if you have any excessive bleeding, collapse, severe pain, fever or signs of wound infection.

#### 7. Remark

7.1. The above-mentioned procedural information is not exhaustive, other unforeseen complications may occur in special patient groups or individual differently. Please contact your physician for further enquiry.



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8.			

Reference 8.1. Hospital Authority. Smart Patient Website.
acknowledged the above information concerning the operation or procedure. I have also been given the opportunity to ask questions and received adequate explanations concerning the condition and treatment plan.
Patient/ Relative Signature:
Patient/ Relative Name:
Date:



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