Gleneagles Hospital
HONG KONG
港怡醫院

Hosp No.	:	HKID No.:	
Case No.	:		
Name	:		
DOB	:	M / F	
Adm Date	:		
Contact No.	:		

Procedure Information Sheet – Functional Endoscopic Sinus Surgery (FESS)

1. Introduction

1.1. Remove disease in the nose and sinuses to obtain drainage of paranasal sinuses by endoscopic approach.

1.2. Indications:

1.2.1. Rhinosinusitis

1.2.2. Nasal polyposis

1.2.3. Sinonasal tumors

1.2.4. For accesssurgery

2. Procedural Preparation

2.1. It is possible to undergo preoperative examinations including CT scan, 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 and endoscopic control.

3.2. Diseased tissue will be excised with preservation of normal structures.

3.3. Image guidance will be used if indicated.

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. You can go home after the removal of nasal packing. Small amount of blood stained nasal discharge is common. You may also have nasal stuffiness. If you encounter persistent bleeding, please attend the emergency department.

5. Risks and Complications

5.1. Common Risks and Complications (≧1%risk)

5.1.1. Nasal bleeding.

5.1.2. Infection.

5.1.3. Synechia.

5.1.4. Recurrence of the disease.

5.2. Uncommon Risks with Serious Consequences (<1% risk)

5.2.1. Severe bleeding due to injury of internal carotid artery, anterior and posterior ethmoidal arteries, sphenopalatine artery.

5.2.2. Eye injury including bruising, emphysema, orbital haematoma / abscess, diplopia, visual loss.

5.2.3. Nasolacrimal duct injury leading to epiphora.

5.2.4. Intra-cranial injury including CSF leak, meningitis, brain abscess, pneumocephalocele.

5.2.5. Mucocele.

5.2.6. Voice change.

5.2.7. Transient or permanent loss of smell sensation.

5.2.8. Death due to serious surgical and anaesthetic complications.

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6. Follow Up

6.1. Follow up as scheduled.

6.2. 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.

6.3. There may be mild bleeding when the packs are removed, which usually stops naturally.

6.4. You can go home after the removal of nasal packing. Small amount of blood stained nasal discharge is common. You may also have nasal stuffiness. If you encounter persistent bleeding, please attend the nearby emergency department.

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.

8. Reference

8.1. Hospital Authority. Smart Patient Website.

I 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: _____