Functional Endoscopic Sinus Surgery (FESS)

Sinusitis afflicts millions of people in the United States every year. It is a disease which causes thickening and swelling of the linings of the sinuses in the face and forehead region, causing symptoms of congestion, drainage, post-nasal drip, diminished sense of smell, and headaches or facial pain. Functional endoscopic sinus surgery (FESS) may help reduce these chronic symptoms. But since sinusitis is a chronic disease analogous to asthma or high blood pressure, surgery alone rarely brings cure; however, the symptoms of the disease can often be helped significantly with marked improvement in overall functioning and lifestyle.

Functional endoscopic sinus surgery was developed in Austria in the 1970's and brought to the United States in the mid-1980's. The procedure requires no incisions on the face but utilizes "telescopes" which are long thin rods of glass wrapped with stainless steel providing illumination and visualization in the nose and sinus pathways. Instruments that have been designed solely for the purpose of FESS are used alongside the telescopes to perform the operation through the nose. The purpose of the operation is to enlarge the drainage pathways of the sinuses thereby preventing the build-up of mucus and pus in the sinuses so common in chronic sinusitis. This can be understood as the sinuses being analogous to the rooms off of a hallway: surgery helps to remove the walls between the rooms and the hallway, resulting in one large hallway without partitions.

The operation may be performed under general anesthesia with you completely asleep and a machine supporting your breathing or sometimes under local anesthesia with sedation where you remain in a "twilight".

The operation is usually performed under general anesthesia and may take anywhere from 2 to 4 hours depending on the extent of surgery that is required. An overnight hospital stay is only rarely required. Sometimes FESS procedures can be performed in patients under local anesthesia with sedation. Select patients may also be candidates for similar procedures in the office setting under local anesthesia only. Pain tends to be of the dull achy variety and is well treated with pain medication. Traditional 'packing' is only very rarely needed, though commonly your nose will feel stuffy and congested for several days following the operation. Middle meatal ‘spacers’ may be placed to aid in healing and post-operative debridement. If a septoplasty is performed at the same time as your sinus operation, splints may be required which may remain in the nose about a week. They are simply removed at the first follow-up clinic visit. Follow-up visits are very important for post-operative debridement whereas clots and mucous are suctioned from the sinus cavities to promote proper healing. Appointments are usually scheduled 1, 3, and 6 weeks after surgery, although these may change on an individual basis.

The risks of functional endoscopic sinus surgery include, but are not limited to, bleeding, infection (as with any operation), as well as risks associated with the location of the sinuses next to the eyes and the brain. Specifically, things to be concerned with here include double vision (usually lasting only a few hours at most), blindness, and brain fluid leaking into the nose and sinus cavity, with the concomitant risk of meningitis or brain abscess. The risk of blindness is extremely low while the risk of brain fluid (CSF) leaking into the nose and sinus cavity is
greater. If your physician were to identify a CSF leak at the time of your operation, it would be repaired right there using similar FESS techniques.

Remember, while the techniques of FESS have been shown to provide long-lasting symptomatic relief for chronic sinusitis, it is surgery designed to address only areas that are involved with disease. If your disease should progress over time to involve additional sinus areas, additional sinus surgery may be required in the future, again utilizing FESS techniques.