Patient information

Endoscopic Nasal Polypectomy

Ear, Nose and Throat Directorate

PIF 228 V6
Your Consultant / Doctor has advised you to have a Nasal Polypectomy.

**What is an Endoscopic nasal polypectomy?**

It is an operation to remove polyps from your nose. This operation is mostly performed as a day case but occasionally patients will need to be in hospital for one night. Admission for a day case procedure requires you to have an escort home, access to a telephone and some one with you overnight.

**Your admission letter will advise you when to stop eating and drinking.**

**What are the benefits of having an endoscopic nasal polypectomy?**

An endoscopic nasal polypectomy will increase the space in your nostrils to improve breathing.

**What are the risks of having an endoscopic nasal polypectomy?**

**Bleeding:** Nasal packs may be put into the nose at the end of the operation if necessary; they will be removed before discharge. On removal of the packs it is usual for some bleeding to occur which usually stops quickly.

**Infection:** this may present as thick discharge, and discomfort. You should contact your family doctor (GP)

**Re-occurrence:** Polyps are rarely cured and do re-occur. Surgery is only part of the treatment to help control symptoms.
Orbital Injury: The roots of the polyps are near to the eye and brain lining: it is possible, but rare for injury to occur to these structures, which could result in a leak of fluid (CSF) from around the brain. Every precaution is taken by the surgeon to prevent this. If this happens you would be treated with antibiotics.

Altered sense of smell: You may experience an improvement in your sense of smell but this is not guaranteed. You may also lose any sense of smell you had prior to your surgery, which may be permanent.

Intra-nasal adhesions: Scar tissue may develop which may require further surgery to remove.

Are there any alternatives to surgery?

The alternative to surgery is possible long-term use of steroid nasal spray/drops.

This however is not guaranteed to prevent your nasal polyps continuing to develop.

What will happen if I decide not to have surgery?

Nasal polyps usually continue to grow causing worsening symptoms.

What sort of anaesthetic will be given to me?

This procedure is often done with local anaesthetic, or you may be offered a general anaesthetic. General anaesthesia is drug-induced unconsciousness. An anaesthetist always provides this: a doctor with specialist training. Local anaesthesia is drug-induced numbness: it may be provided by an anaesthetist or surgeon, depending on the technique used.
Unfortunately, both local and general anaesthesia can cause side effects and complications. Side effects are common, but are usually short-lived: they include nausea, confusion and pain.

Complications are very rare, but can cause lasting injury: they include awareness, paralysis and death.

There is a risk of damage to teeth, particularly caps or crowns and veneers. Your anaesthetist will take every care, but occasionally damage can occur.

The risks of anaesthesia and surgery are lower for those who are undergoing minor surgery, and who are young, fit, active and well.

For more information, please ask for a copy of the leaflet “You and Your Anaesthetic” (PIF 344).

You will be given an opportunity to discuss anaesthetic options and risks with the anaesthetist before your surgery.

If you are worried about any of these risks, please speak to your Consultant or a member of their team.

Getting ready for your operation

- You will usually be seen in the pre-operative clinic before you are admitted to hospital. Here you will have blood tests, and a heart trace if necessary. You will be assessed to see if you are fit for the anaesthetic.

- The staff will ask routine questions about your general health, the medicines you take at the moment and any allergies you may have.

- Before your general anaesthetic, you must not eat or drink for a minimum of six hours. You will be told when this is to start.
• You will be able to discuss the operation with a nurse practitioner. You will be asked to sign a consent form to say that you understand the procedure, and what the operation involves.

The day of your operation

• Please leave all cash and valuables at home. If you need to bring valuables into hospital, these can be sent to General Office for safekeeping. General Office is open between 8.30 and 4.30 Monday to Friday. Therefore, if you are discharged outside these times we will not be able to return your property until General Office is open. The Trust does not accept responsibility for items not handed in for safekeeping.

• You will be asked to remove jewellery - plain band rings can be worn but they will be taped.

• Please leave body piercings at home. False nails and nail polish will also need to be removed if worn.

• If you are on regular medication, you will be told to take this if necessary.

• You will be asked to put on a gown and disposable underwear.

• A bracelet with your personal details will be attached to your wrist.

• You may be prescribed some medication to take before your operation by the anaesthetist. A member of the nursing staff will give this to you.

• A porter will take you to the operating theatre.

• Your dentures, glasses or hearing aid can stay with you on your journey to the operating theatre.
When you arrive in the theatre waiting area, a nurse will check your details with you. You will then be asked to put on a disposable hat.

You will then be taken to the anaesthetic room.

**What should I expect after my operation?**

After your operation you will be kept in the theatre recovery room before being transferred to the ward.

A nurse will check your pulse, blood pressure, and breathing and wound regularly.

It is important that if you feel any pain you must tell the nursing staff: who can give you painkillers to help.

The nursing staff will also advise you when you can start taking sips of water. Anaesthetic drugs can make some people sick. If you feel sick we advise you not to drink until this feeling has passed. The nursing staff may offer an injection to help this sick feeling go away.

You may experience a headache while you have packs in, **please inform the nursing staff** should you need any tablets for this.

The first time you get out of bed, please make sure you ask a nurse to be with you. This is in case you feel dizzy.

**Going Home**

Your doctor will normally discharge you on the day after your operation. If you have a venflon (plastic tube) in your arm or hand, this will be removed before you go home.
Discharge Information

Pain relief and medication

The nursing staff will advise you about painkillers before you leave the hospital. Please tell the nurses what painkilling tablets you have at home.

Your nose

• Your nose may feel swollen and “bunged up” for the next two to three weeks. It usually takes this time for the swelling to settle.

• You may have some watery blood stained discharge, this should stop after a few days.

• Sneezing may occur as your nose is irritated. Try to keep your mouth open, as it will prevent excess pressure in the nose.

Your nose may become “crusty”. The following procedure is recommended:

• One teaspoon of sodium bicarbonate (baking powder) / sea salt dissolved in one pint of warm previously boiled water.

• Suck this up into a syringe and gently squirt into one nostril at a time, allowing the solution to then run from the nose into the sink.

This procedure will be explained to you before leaving the hospital.

You may be prescribed a nasal spray to start two weeks after your operation; you will need to carry this on long term to prevent reoccurrence of your polyps. Your doctor will advise you about this.
Getting back to normal

Remember that you have just had an operation, and you will take some days to recover. It is normal to feel more tired than usual for a few days after having an operation. If you are a parent or a carer you will need some support during this time.

Do not smoke for at least two weeks after your operation.

You must avoid smoky and crowded areas for at least two weeks after your operation.

Returning to work

You can self-certify for the first seven days of sickness. Before you are discharged, a medical certificate (sick note) may be issued by your hospital doctor to cover the expected time off you will need.

Further Appointments

A follow up appointment will be arranged for you. An appointment card will be sent to you with the date and time on.

Further information

If you have any queries or concerns please contact the ward staff or the Nurse Practitioners.
ENT Nurse Practitioners:
Helene Bryant / Sue Bragan
Tel: 0151 706 2290
Textphone Number: 18001 0151 706 2290
Fax: 0151 282 6177
All Trust approved information is available on request in alternative formats, including other languages, easy read, large print, audio, Braille, moon and electronically.

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