

Functional Endoscopic Sinus Surgery

± Septoplasty, Inferior Turbinoplasty, Septorhinoplasty & Cartilage Grafting

Procedure-Specific Information & Consent

This document explains functional sinus surgery and supports your discussion with your surgeon.

Patient Name: _____ PHN: _____ Date of Birth: _____

1. Why sinus surgery is recommended

FESS may be recommended after your surgeon reviews your symptoms, examination or endoscopy, imaging, quality of life, and treatments already tried. There is no single medication course required for every patient. Reasons for surgery may include:

- Chronic sinusitis with congestion, pressure, drainage, or infections
- Recurrent acute sinus infections
- Nasal polyps or inflammatory tissue blocking sinus drainage
- Symptoms affecting quality of life with confirmed sinus disease; facial pressure alone does not prove sinus disease

Other nasal procedures are added only when needed for access or a separate blockage and are discussed before surgery. If nasal reconstruction or cartilage grafting is planned, the Functional Nasal Surgery information sheet explains those procedures and donor-site risks.

The goal of this surgery is **functional improvement**, not cosmetic change.

2. Components of surgery (what may be performed)

The procedures checked below are planned or may be needed based on findings during surgery. Your surgeon may adjust the extent or combination of these closely related procedures to improve breathing and complete the operation safely.

☐ **Functional Endoscopic Sinus Surgery (FESS)**

Opening blocked sinus pathways using small cameras and instruments.

☐ **Septoplasty**

Straightening a deviated nasal septum to improve access and airflow.

☐ **Inferior Turbinoplasty**

Reduction of enlarged turbinates to improve nasal breathing.

☐ **Septorhinoplasty / Nasal Valve Reconstruction**

Structural nasal support when valve collapse contributes to obstruction.

☐ **Cartilage Grafting**

Use of cartilage to strengthen nasal structures and support airflow.

3. What the surgery involves

- Performed under general anesthesia. You are fully asleep while an anesthesia specialist monitors you.
- FESS is usually done through the nostrils using an endoscope. Separate nasal reconstruction or cartilage grafting may require an external incision or donor site.
- Small amounts of tissue and bone may be removed to open the affected sinuses.
- Image guidance may be used to improve accuracy and safety
- Internal supports or packing **may or may not** be used
- Surgery typically lasts **1–3 hours**, depending on extent
- Most patients go home the **same day**

4. Expected benefits and limitations

Potential benefits:

- Improved sinus drainage and ventilation
- Fewer or less severe sinus infections
- Reduced facial pressure or congestion
- Improved nasal breathing
- Improved effectiveness of nasal medications

Important:

Sinus surgery opens the affected sinus pathways and can help medication reach them. It does not cure the tendency toward sinus inflammation. Nasal sprays or rinses may still be needed long-term.

Saskatoon ENT Clinic — Procedure Information v1.4 — Updated Sep 18, 2026

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5. Risks and side effects

Common or expected:

- Nasal congestion during healing and blood-tinged nasal drainage
- Nasal crusting or dryness
- Reduced sense of smell (hyposmia) is usually temporary; permanent loss is rare.
- Facial pressure or discomfort

Less common but important:

- Bleeding or infection, which may require packing or a return to the operating room
- Scarring inside the nose or sinuses, which may require additional treatment.
- Injury to the tear duct (nasolacrimal duct), which may cause persistent tearing
- Persistent or recurrent sinus symptoms
- Persistent nasal obstruction despite surgery or need for revision sinus surgery
- Septal perforation (a hole in the septum), which can cause crusting, whistling, or bleeding
- Temporary numbness of the upper teeth, lip, or cheek, rarely permanent.
- Changes in nasal shape may occur due to structural correction
- Risks from general anesthesia

6. Unique risks specific to sinus surgery

Because the sinuses are located near the eyes and brain, rare but serious risks include:

- Orbital injury, which may cause bruising, swelling, double vision, or very rarely permanent vision loss
- Cerebrospinal fluid (CSF, or brain-fluid) leak or skull-base injury, which may need repair and can lead to meningitis or another serious infection around the brain
- Injury to nearby nerves or blood vessels

These complications are rare, but must be disclosed due to their seriousness.

7. Recovery and postoperative care

- Initial recovery: 1–2 weeks
- Nasal congestion and drainage are expected
- Use saline rinses only as directed. Use distilled, sterile, or previously boiled and cooled water, and clean the rinse bottle.
- Ongoing medical therapy is often required after surgery
- Follow-up visits may include endoscopic cleaning and monitoring. Follow your written medication plan; add budesonide to rinses only if prescribed.

Get emergency care for vision changes, eye swelling, severe headache, confusion, a stiff neck, trouble breathing, fainting, or heavy bleeding. Contact the surgical team urgently for persistent one-sided clear watery drainage. Seek same-day care for fever or worsening pain.

8. Alternatives

- Continue medical treatment, such as sprays, rinses, or antibiotics when indicated. For some patients with nasal polyps, biologic medicines may be an option after other treatment has failed or when surgery is not suitable.
- Observation and monitoring, or no treatment

9. Acknowledgement

I understand that functional endoscopic sinus surgery may include septoplasty, inferior turbinoplasty, septorhinoplasty, nasal valve reconstruction, or cartilage grafting. The expected benefits, limits, risks, alternatives, and recovery were explained to me. My questions were answered. This document does not replace the hospital consent form.

Patient Name: _____

Signature: _____

Date: _____