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MACARTHUR ENT

Chronic Sinusitis and Endoscopic Sinus Surgery

Chronic rhinosinusitis with and without nasal polyps – treatment options and what to expect

Please read first – this is general information, not advice about your own situation

- This sheet is a **summary of the published medical literature**. The figures quoted are averages from studies of groups of patients.
- It is **not specific to your condition**. The findings in your nose and sinuses, your hearing, your general health and your preferences all change which options suit you and what your individual risks are.
- Your ENT surgeon will discuss your own examination, tests and options with you. Please bring any questions to your appointment.

What is chronic rhinosinusitis?

Chronic rhinosinusitis (CRS) is long-standing inflammation of the lining of the nose and sinuses lasting **12 weeks or more**. There are two main types: CRS **without** nasal polyps, and CRS **with** nasal polyps – soft, non-cancerous swellings that grow from the sinus lining into the nose. Both can affect sleep, work and quality of life.

Symptoms and diagnosis

CRS is diagnosed when at least two of the following have been present for 12 weeks or more, one of which must be blockage or discharge:

- Nasal blockage or congestion
- Discharge from the front of the nose or down the back of the throat
- Facial pain or pressure
- Reduced or lost sense of smell

Symptoms alone are not enough – the inflammation also needs to be seen, using **nasal endoscopy** (a thin camera passed into the nose in clinic) and/or a **CT scan** of the sinuses.

Medical treatment comes first

Treatment	What the evidence shows
Saline rinses	High-volume rinses (for example a 240 mL squeeze bottle) are recommended first-line treatment. Safe, with occasional mild irritation.
Steroid nasal sprays	Reduce inflammation and polyp size. Modern sprays have very low absorption into the body and are safe for long-term use. The most common side effect is minor nosebleeds.
Steroid rinses or drops	Adding steroid to a saline rinse can improve control, particularly for polyps and after sinus surgery has opened the sinuses.
Short oral steroid courses	Sometimes used for flare-ups, especially with polyps, but avoided as a routine long-term treatment because of side effects.
Antibiotics	Short courses are not recommended for CRS itself. A longer, low-dose course of certain antibiotics is sometimes considered in selected patients.

Biologic injections for nasal polyps

For severe nasal polyps that keep returning despite medical treatment and surgery, antibody injections ("biologics") can shrink polyps and improve smell and quality of life. **Dupilumab** has the strongest evidence and performs best in comparisons; **omalizumab** and **mepolizumab** are other options. In Australia, subsidised access depends on PBS criteria, which change over time – your ENT surgeon can advise whether you may be eligible.

When is surgery recommended?

- Symptoms continue despite a proper trial of medical treatment (usually several weeks to months of rinses and steroid sprays)
- Polyps are large enough to block the nose
- Anatomy is preventing rinses and sprays from reaching the sinuses
- Complications of sinus infection – these need urgent assessment

What does endoscopic sinus surgery involve?

Functional endoscopic sinus surgery (FESS) is done **entirely through the nostrils** with a telescope and fine instruments, so there are no cuts on the face. Diseased tissue and polyps are removed and the natural drainage pathways of the affected sinuses are widened. This lets the sinuses ventilate and drain and – importantly – lets rinses and sprays reach the sinus lining. It is done under general anaesthetic, as day surgery or with one night in hospital.

What results can be expected?

- Most patients have a substantial improvement in symptoms and quality of life (measured with the SNOT-22 questionnaire), often sustained for years.
- Polyps can grow back, particularly in people with asthma, aspirin sensitivity or "eosinophilic" disease. Continuing medical treatment reduces this risk.
- Some patients eventually need revision surgery – more often those with polyps, asthma or aspirin sensitivity.

Possible complications

Complication	What the literature reports
Bleeding	Some ooze is expected. Bleeding needing packing or cautery is uncommon; transfusion is rare.
Scar bands (synechiae)	Can form inside the nose in a minority of patients and occasionally need a minor procedure.
Change in smell	Smell usually improves, but it can temporarily worsen and, rarely, stays reduced.
Spinal fluid (CSF) leak	Rare. A leak through the thin bone at the roof of the sinuses, usually repaired at the time.
Eye (orbital) injury	Rare. Bruising around the eye; very rarely injury affecting eye movement or vision.

Major complications are rare – in large series they occur in well under 1 in 100 operations.

Recovery

- Most people return to non-strenuous work within 1–2 weeks. Full healing inside the nose takes 6–8 weeks or longer.
- Saline rinses start soon after surgery to clear crusts and blood.
- Avoid strenuous exercise, swimming, flying and forceful nose-blowing for about 1–2 weeks, or as advised.
- Clinic visits in the first weeks allow the sinuses to be cleaned and checked for scarring or early polyp regrowth.

For detailed day-to-day advice, see the separate *Endoscopic Sinus Surgery Recovery Guide*.

Treatment continues after surgery

Surgery opens the sinuses but does not cure the underlying tendency to inflammation, especially with polyps. Saline rinses and steroid sprays or rinses are usually **continued long-term** to keep the benefit and reduce polyp regrowth. Some people with severe disease later add a biologic medicine.

Seek urgent medical attention for

- Swelling or redness around the eye, double vision or change in vision
- Severe headache, neck stiffness, confusion or high fever
- Heavy bleeding from the nose that does not settle, or clear watery drip after surgery

Remember

- The numbers on this sheet summarise the published literature and describe groups of patients, not you as an individual. Your own risks and the best option for you will be discussed at your consultation.
- Appointments: Macarthur ENT, Gregory Hills and Campbelltown – (02) 4625 1682 · macarthurent.com.au. A GP referral is needed for a Medicare rebate.