

Nasal Polypectomy

Introduction

The following booklet aims to give you an idea of what will happen to you and how long you can expect to be in hospital.

What is a nasal polypectomy?

Nasal polyps are formed due to the lining inside the sinuses becoming irritated and swollen. This then forms bag-like structures known as polyps. The polyps push out through the sinus opening and into the nasal passages. This causes your nose to become blocked and makes breathing through your nose more difficult.

Often before surgery is considered, a nasal spray or drops may be tried to shrink the swollen nasal lining and relieve the symptoms without the need for an operation.

Why do I need an operation?

If medication has been tried and the symptoms still persist, then surgery is normally required to remove the polyps and relieve the symptoms.

What will happen?

Prior to your admission you will be asked to attend a pre-admission or pre-assessment clinic. You will see a nurse and/or a doctor. The nurse will check your details, any previous medical history and explain what will happen during your hospital stay. Any investigations such as blood tests, heart tracings and x-rays will be performed during this visit. A medical examination will be performed. If you do not have a pre-op assessment, this will take place on the day of admission. Sometimes a telephone pre-assessment will be performed instead of a face to face appointment.

BEFORE THE OPERATION

What happens before the operation?

It is important to have an empty stomach before we can proceed with general and some local anaesthetics. You will be asked to stop eating food (including sweets and chewing gum) six hours before your operation. Please drink non-fizzy water, plain squash, black tea or coffee (no milk) until two hours before your surgery.

If you have not signed a consent form prior to admission this will be done on the day you come into hospital. The surgeon or ward doctor will come and talk to you and ensure that you are happy to proceed with your operation.

The anaesthetist who will be putting you off to sleep will come and see you, ensure your fitness for the general anaesthetic and explain what he is going to do.

You should have a bath or shower before coming in to hospital. Before going for your operation you will need to remove any make-up, jewellery, (except wedding rings which will be taped) contact lenses and false teeth.

You will wear only a theatre gown for your operation. However you may keep your underpants on if they are made of cotton.

A check list will be completed by the nurse before you leave the ward. A nurse will accompany you to the anaesthetic room. Most people walk to theatre, if you are unable to do so, we will take you on a wheelchair or trolley. You may wear a dressing gown and slippers to the anaesthetic room, the nurse will return these to your bed for you.

If you wear glasses or a hearing aid, you may wear them to the anaesthetic room so that you can see or hear what is happening before you go to sleep.

NB. It should be noted that, apart from your bedside locker, the Hospital's facilities for storing personal belongings and valuables are very limited and we cannot accept any responsibility for anything lost or stolen whilst you are a patient.

What about the anaesthetic?

A general anaesthetic is medication given by injection into a vein in your hand or arm to put you to sleep for your operation.

The anaesthetic is one of the main concerns for all patients, stemming from the fact that many feel they are handing over control of their life to another person. This worry is understandable but modern anaesthetics are very safe and serious complications are uncommon.

The risks of a general anaesthetic

General anaesthetics have some risks, which may be increased if you have chronic medical conditions, but in general they are as follows:

- **Common temporary side effects** (risk of 1 in 10 to 1 in 100) include bruising or pain in the area of injections, blurred vision and sickness, these can usually be treated and pass off quickly.
- **Infequent complications** (risk of 1 in 100 to 1 in 10,000) include temporary breathing difficulties, muscle pains, headaches, damage to teeth, lip or tongue, sore throat and temporary problems with speaking.
- **Extremely rare and serious complications** (risk of less than 1 in 10,000). These include severe allergic reactions and death, brain damage, kidney and liver failure, lung damage, permanent nerve or blood vessel damage, eye injury, and damage to the voice box. These are very rare and may depend on whether you have other serious medical conditions.

What happens during the operation?

While you are asleep in theatre, the surgeon will remove the polyps from your nose. Addressing may or may not be placed in the nostrils. The dressing (conventional nasal pack), if required, may be dissolvable or non-dissolvable.

AFTER THE OPERATION

What happens after the operation?

- Immediately after your operation, you will wake up in the recovery room with a nurse looking after you. She will make sure that you are comfortable and not in pain. You may have a dressing known as a 'bolster' placed under your nose to prevent any blood or mucous from running into your mouth.
- When you are awake enough, a ward nurse will accompany you back to your bed. Usually you will feel like sleeping or resting quietly for a few hours after your operation.
- Once you are back in your bed you will be advised to try and rest sitting upright; this will help to prevent your nose from bleeding. We will only need to disturb you when we check your blood pressure, pulse and any other observations that may be necessary.
- If you are feeling sick, the nurse can administer an anti-sickness injection which may help. However, occasionally patients swallow a little blood after the surgery and often will feel better once they have actually been sick.
- If your nose starts to bleed (this is not uncommon), please stay in bed and ring the call bell. A nurse will assess the bleeding and, if required, will apply ice and pressure treatment to your nose.
- Later you may drink and eat a light diet as you feel able, unless otherwise advised.
- If you have any pain (commonly a headache), please inform the nurse looking after you and she will give you a painkiller.

NB. Following a general anaesthetic, it is advised that you refrain from smoking during the post-operative period.

When can I go home?

- If dissolvable nasal packs have been used or if there are no nasal packs, it may be possible for you to go home on the same day as your surgery. This would be when you have recovered from the anaesthetic and have no bleeding, generally after a four hour observation period
- If a conventional nasal pack has been inserted, it may be removed later the same day after which you may be able to go home, or the next morning. This procedure may cause some bleeding from the nose, this can usually be controlled quite easily by squeezing the soft part of the nose and the application of an ice pack.
- If you have no bleeding after the packs are removed the doctors will discharge you home.
- You may be given medication to take home with you. Please follow the instructions on the packet.
- A letter will be sent to your GP so that he is aware of your operation.
- On discharge from the ward, you will be advised to take things easy for a few days and try not to blow your nose for at least two or three days, and then only lightly. You will need to stay off work for a week or maybe two (depending on the nature of your work).
- It is not always necessary to be seen again after your surgery in the clinic. However, if required by the surgeon, an outpatients appointment will be sent to you for 6-12 weeks after your operation.
- If you experience any problems with regard to your surgery, you can telephone **Otter Ward** on **01392 402807** for advice, or contact your own GP.

We expect you to make a speedy recovery after your operation and to experience no serious problems. However, it is important you should know about minor problems which are common after this operation and also about more serious problems which can occasionally occur. The next section "*What problems can occur after surgery?*" describe these and we would particularly ask you to read this.

What problems can occur after surgery?

- Bleeding post-operatively can be a complication after nasal surgery. If severe, it may require re-admission to hospital and repacking of the nose. Further surgery, however, is rare.
- Recurrence of nasal polyps is common but can take several years to become problematic again.
- Damage to the eye (blackeye, visual loss or double vision) can occur but this is rare.
- Damage to the sac containing fluid (CSF) around the brain can also occur but this is very rare. Such damage might pose a risk of meningitis or fluid (CSF) leakage.

What are the alternatives to surgery?

Steroid nasal sprays or drops may reduce the size of polyps and improve the nasal airway.

However, medical treatment would normally have been tried and failed before surgery is suggested.

Benefits

- To improve nasal breathing by removing the obstructing nasal polyp(s).
- To confirm diagnosis of the polyp(s).
- Possible improvement in sense of smell.
- Better access for nasal drops and sprays.

Post-op home advice

- It is advisable to reduce strenuous activities for 2 weeks postoperatively.
- It is advised that you take only a short warm shower/bath in the first week as heat can cause your nose to bleed.
- Try and avoid nose blowing for 48 hours, then only blow gently. The doctor may advise using 'Sterimar' nasal spray which can be brought from a chemist to help clean the inside of your nose.

If your nose starts to bleed:

1. Try not to panic.
2. Sit upright.
3. Tilt your head forwards and open your mouth so you can spit out any blood instead of swallowing it.
4. Pinch the soft part of the nose above the nostrils between the thumb and index finger.
5. Hold the nose for at least 5 minutes, and repeat if the nose continues to bleed.
6. If you have ice available put it in a plastic bag and apply this to the soft part of the nose and again squeeze tightly over the ice.
7. If the nose continues to bleed freely you should attend your nearest casualty department.

This information can be offered in other formats on request, including a language other than English and Braille.

RD&E (Eastern Services) main switchboard: 01392 411611 NDDH (Northern Services) main switchboard: 01271 322577

For Royal Devon services log on to: <https://royaldevon.nhs.uk>

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