

FESS AND ITS COMPLICATIONS

Episode 29.1

FUNCTIONAL ENDOSCOPIC SINUS SURGERY

- For patients with mucociliary or ventilatory obstruction
- Goal: restore parasympathetic nervous system by reestablishing proper aeration and mucociliary clearance
- Achieved by removing diseased bone and mucosa, preserving as much normal tissue, and widening natural ostia

ABSOLUTE INDICATIONS

Orbital complications of CRS
Intracranial complications
CSF leak
Acute fungal rhinosinusitis

RELATIVE INDICATIONS

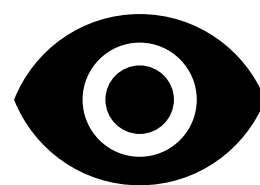
Failed medical therapy of CRS
Foreign body
Orbital decompression (Grave's)
Epistaxis

COMPLICATIONS

VASCULAR Bleeding from carotid, SPA, posterior septal arteries
NERVOUS/BRAIN CSF leak, frontal lobe injury, infection
ORBITAL Blindness, hematoma, subcutaneous emphysema
PACKING RELATED Aspiration, toxic shock syndrome, sinusitis



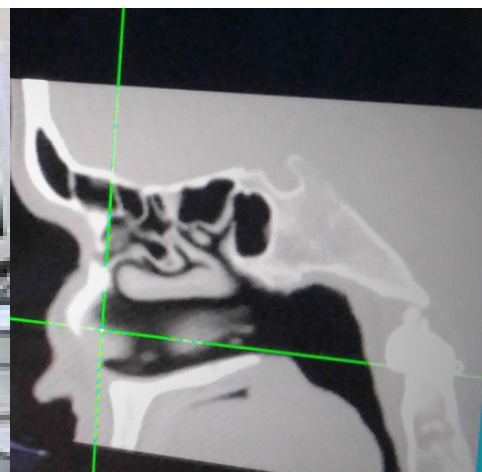
Orbital hematoma is a surgical emergency! Requires decompression with lateral canthotomy, IV steroids, ophthalmology consult and timolol drops



If CSF is appreciated intraoperatively, perform immediate repair. If it presents postoperatively, consider repair after 1 week of unsuccessful conservative management or neurological complications (meningitis, brain herniation)
Conservative management: HOB > 45 degrees, stool softeners, +/- lumbar drain with neurosurgical consultation

POSTOPERATIVE CARE

- Pack / stent the middle meatus eg. nasopore
- Debride nasal cavity 1 wk postoperatively
- Restart typical nasal care (irrigations, steroids)



CT SINUS NAVIGATION