

Post-operative care after functional endoscopic sinus surgery

Thesis
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otorhinolaryngology.

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Summary

Most rhinologists are no longer doubt the value and results of FESS. However, postoperative care is not yet standardized. Various authors recommend differing routines dictated by personal experiences and conveniences.

Stammberger recommends cleaning the cavity 2-4 days after surgery and thereafter every 305 days for the next 10 days. Kennedy begins on the first and third or fourth day following surgery. Cleaning is then performed weekly until normal epithelization of the cavity occurs.

The protocol recommended by Smith includes endoscopic cleaning 2-4 days after surgery and weekly for 4-6 weeks. The patients are then followed closely with frequent endoscopies. Wigand commences cavity toilet daily for one week after surgery. Lund & McKay begin between 5-10 days after surgery and later at 1-2 weeks' intervals. Ryan performs cavity toilet at 3 weeks postoperatively and in most cases a second and final visit at 3 months is scheduled.

Our study showed that, in spite-of the fact that more intensive care gave better control over headache and facial pain. More intensive care was also considered to be discomfort able by the patient and lead to more crustation, congestion and to a less extent edema.

Intensive care also carries the potential hazard of disturbing attempts of healing and leaving raw areas. Studies addressing synechia formation after meticulous postoperative care report an incidence of 1-11% by Gross, Ramdan, Allen, Risavi and Kinsella.

Fernands in a series with 55 patients using the previously described non-intervention after FESS reported an incidence of 11% synechia between the middle turbinates and lateral wall. In our study each groups showed

an incidence of synechia development 3 out of 21 (14.3%) with no difference between the groups.