

A Brief Overview of Functional Endoscopic Sinus Surgery (FESS)

Collin County Ear Nose and Throat

1. Chronic sinusitis is the most common and overriding indication for functional endoscopic sinus surgery. However, certain anatomic variations may constitute indications to operate for relief of recurring sinus headache, headaches due to pressure changes while flying or scuba diving, and/or nasal airway obstruction.
2. The endpoint of non-invasive treatment for chronic sinusitis varies amongst patients and surgeons. Once that endpoint is reached, surgery may be a viable option.
3. As in other medical disciplines, the clinical history is the most important factor in the patient evaluation. Supportive findings on endoscopic nasal exam or CT review may or may not be present. In the final analysis, the patient's *perception* of symptoms determine the severity of the problem.
4. The signs and symptoms of sinus disease tend to be broad and at times complex. Having a single symptom presentation is not unusual.
5. All chronic sinus disease was once early, acute, and limited. The concept of surgical intervention for limited but persistent disease in a symptomatic patient is sound in some scenarios.
6. Functional surgery implies that the goal of the surgery is **to improve sinus function by relieving outflow tract obstruction**, which is recognized as the primary etiologic factor in chronic sinusitis.
7. Preservation of normal and/or reversibly diseased structures and/or mucous membrane is fundamental to FESS, In nearly all cases, the middle turbinate will be preserved and sinus mucous membrane left intact at the limits of the dissection.
8. Inherent in this concept is the expectation that diseased mucous membrane can and will begin to improve to *normal* or *near-normal* in both appearance and function once outflow tract obstruction has been corrected.
9. Although FESS has been the standard of care for nearly 25 years, it can neither be expected nor represented to effect a "cure". A limitation of the surgery is that it is not "excisional" surgery, like an appendectomy or mastectomy.
10. In the absence of the ability to "excise" the sinuses, healing must take place. Occasionally, healing may not occur as desired or expected, resulting in some post-operative sinus infections or the need for a revision procedure.
11. The extent of FESS is made by a combination of the patient's history as well as the endoscopic, CT and operative findings.

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