

Nasal Polypectomy

Ear, Nose and Throat Department

What are nasal polyps?

Nasal polyps are grape-sized swellings of the lining of the nose. There are various types of polyps and they most commonly cause nasal obstruction (blocked nose). They may also cause a reduced sense of smell and sinus infections.

Nasal polyps come from the lining of the nose and often originate from the ethmoid sinuses, which drain into the side wall of the nasal cavity. Nasal polyps contain inflammatory fluid and, while they can be associated with allergy and infection, the exact reason why some people get them and not others, is not known.

What are the symptoms?

Nasal polyps are more common in men (up to 4:1) yet in those who have late onset asthma, it can also occur in women. The chance of developing nasal polyps is between 1 and 20 for every 1,000 people and after the age of 60 the chance of developing polyps declines.

Of the 15% of the population suffering from hay fever and the 3% who suffer from symptoms all year round, only a proportion of these would develop nasal polyps.

One sided nasal polyps are rare and associated with a range of conditions which may need further investigations both in adults and children.

Polyps look like small grapes and can appear singly or in clusters in the nasal cavity. They can cause:

- Blocked nose
- Runny nose and/ or sneezing are seen in about half of patients
- A poor sense of smell and taste which may not always return after treating polyps
- Catarrh

(ENTUK.org)

What is a Nasal Polypectomy?

A nasal polypectomy is an operation to remove polyps from within the nose. It is done through the nose, so you won't have any incisions on the outside. There are 2 main techniques for nasal polypectomies. The technique chosen depends mostly on where the polyps are located in your

nose. If they are easily seen and reached from the front of your nose, then we do an “intranasal polypectomy” using small graspers. Sometimes, however, we use small telescopes to get a better view in the nose if the polyps are smaller and located in the roof of the nose or in the sinuses. This is called an “endoscopic nasal polypectomy”. If your surgeon has booked you for an endoscopic nasal polypectomy, then you should also read the fact sheet for “Endoscopic Sinus Surgery” as the procedure is similar.

Are there alternatives?

Yes, although usually these will have been tried before suggesting surgery. These include:

- steroid sprays,
- drops
- steroid tablets.

Not all of these are suitable for everybody.

What improvements can I expect from Nasal Polypectomy Surgery?

This surgery is best at relieving a blocked nose due to nasal polyps. It may also improve sinus infections caused by polyps. Some of the symptoms of sinusitis which may improve with endoscopic sinus surgery include blocked nose, nasal discharge, post-nasal drip, fullness in the cheeks, frontal headache and reduced sense of smell.

What are the risks?

Overall, nasal polypectomy surgery is safe in most people. Your risk depends on where your polyps are within your nose, whether you have had polyp surgery before, and also on any other medical problems you may have. Some of these risks are very rare, but serious. Some are more common but less troublesome.

This is a brief outline of the risks that would be most likely to influence your decision about having surgery.

Common:

- **Nasal Obstruction:** You will probably have lots of dry blood and crusting causing a blocked nose for the first few weeks.
- **Bleeding:** A small amount of bleeding immediately after polypectomy surgery is quite common. You may notice blood when you blow your nose for about a month after the operation, but occasionally people may need to come back to hospital. If you take aspirin or Warfarin, or if you have a history of bleeding problems, then you must tell your surgeon before your operation.

Occasional:

- **Infection:** sometimes swelling in the sinuses immediately after the operation can cause infection.



- **Return of symptoms:** polypectomy surgery may not cure your symptoms permanently. In fact nasal polyps often recur, but how fast is often unpredictable.

Rare risks:

Because some of your sinuses (where the polyps often arise) are separated from your eyes by only a very thin layer of bone, **there is a very small risk of causing injury to your eye.** In the worst case, this could cause blindness or double vision. Similarly, some of your sinuses are very close to your brain. There is a small risk of causing infections in or around your brain, or of a brain fluid leak through your nose.

- **Loss of sense of smell:** Often, polypectomy surgery will improve a loss of smell, but rarely it can cause a loss of sense of smell.

Preparation for surgery

A few weeks before the operation, you will be contacted by the hospital with a date and time for the operation. You will be sent information about when to stop eating and what to bring to bring to hospital.

You may be asked to attend a pre-admission clinic before your operation so that your doctor can decide if you need any other preparation for the operation. You will have a chance to further discuss the risks, and then will be asked to sign a consent form.

If you smoke, you should aim to stop at least 24 hours before your operation. If you decide you don't want the operation, you should contact us and your GP.

The day of the operation

Prepare for a long day. Your operation may not occur as soon as you arrive, as there is lots of preparation that we need to do. You will have some forms to read and fill out, you will be checked by the nurse, and you will see the anaesthetist before your operation.

Unfortunately, due to other emergencies or unforeseen circumstances, operations are sometimes delayed or occasionally cancelled and rescheduled at late notice. Obviously this only occurs if absolutely unavoidable.

After the After the Operation:

Sometimes we are happy for you to go home the same day as your operation, but be prepared to stay one night in hospital. You should not drive after your operation, so you will need to arrange someone to collect you from hospital. You will require at least 2 days off work, although most people take 1 week off work to recover.

For the first month after the operation, you should use a nasal saline douche (salt water) to rinse your nose. We will tell you if you need antibiotics or other nose sprays. Usually, we will make an appointment to see you again in the outpatient clinic, to check how you are going and to look in the nose.

Contact us: Ear, Nose & Throat Department (C37)

Reception telephone number – 01225 824550

ENT Secretary Telephone number – 01225 825523

ENT email address – ruh-tr.ent@nhs.net

Royal United Hospitals Bath NHS Foundation Trust
Combe Park, Bath, BA1 3NG

01225 428331 | www.ruh.nhs.uk

If you would like this leaflet in email form, large print, braille or another language, please contact the Patient Support and Complaints team on 01225 825656.

Date of publication: December 2023 | Ref: RUH ENT/023
© Royal United Hospitals Bath NHS Foundation Trust

