

F.E.S.S. Complications

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Nasal Endoscopic Surgery still supports endonasal surgery expansion and this expansion can cause a real increase in complications due very often to superficial knowledge of endoscopic and radiologic anatomy, surgical inexperience and inadequate surgical instruments. The surgeons' practical experience in the progressive use of the endoscope is fundamental such as practical training in surgical therapeutic procedures on the cadaver. Be reminded that the learning curve can have a decrease in the year when surgeons think being sufficiently expert and going through surgery without adequate thinking. Nose and paranasal sinuses anatomic complexity can be involved in sequaelae arising such as previous surgery, nature and extension of the illness. From a didactic point of view, we classify the complications of ESS as: intranasal complications; periorbital/orbital complications; intracranial complications; Systemic complications; other complications (bronchospasmus, asthmatic crisis, cephalalgia, otalgia, atrophic rhinitis, dry rhinitis, anosmia, mucocoeles). Even if we believe that endoscopic rhinosinus surgery is a safe technique and the results are superior in relation to conventional techniques, and the rate of complications inferior, successful results in endoscopic rhinosinus surgery require good knowledge of endoscopic anatomy, good knowledge of TC scan anatomy and an adequate training in surgical procedures.

Key words: FESS, intranasal complications, periorbital/orbital complications; intracranial complications, systemic complications.