



<b>Title</b>	<b>Systematic Review of Endoscopic Sinus Surgery for Nasal Polyps</b>
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<b>Reference</b>	Health Technol Assess 2003;7(17). Sept 2003. <a href="http://www.ncchta.org/execsumm/summ717.htm">www.ncchta.org/execsumm/summ717.htm</a>

## Aim

To systematically review the clinical effectiveness of endoscopic sinus surgery in removing nasal polyps.

## Conclusions and results

Of the 33 studies included, the randomized controlled trials and controlled trials reported symptomatic improvement ranging from 78% to 88% for FESS compared with 43% to 84% for similar techniques (including polypectomy, Caldwell–Luc, and intranasal ethmoidectomy). Disease recurrence was 8% for FESS compared with 14% for Caldwell–Luc, and polyp recurrence was 28% for endoscopic ethmoidectomy compared with 35% for polypectomy. Revision surgery was reported in one study and was the same for FESS and Caldwell–Luc procedures. Percentage of overall complications was reported in one comparative study and was 1.4% for FESS compared with 0.8% for conventional procedures. The case series studies reported symptomatic improvement for patients with nasal polyps ranging from 37% to 99% (median 89%). For the mixed patient groups (with and without polypoid disease) symptomatic improvement ranged from 40% to 98% (median 88%). Total complications in the case series studies ranged from 22.4% to 0.3% (median 6%).

## Recommendations

Most studies report that symptoms improve after FESS, with relatively few complications, but little of the evidence is comparative. Results from noncomparative studies do not inform the decisions by ear, nose, and throat (ENT) surgeons and commissioners. Health economics data are also lacking and therefore cannot inform these decisions. FESS may offer some advantages in effectiveness over comparative techniques, but the results vary enormously, and methodological limitations are severe.

## Methods

An extensive search aimed to identify all articles where FESS is used to excise nasal polyps. Two reviewers in-

dependently screened articles for inclusion according to predefined criteria. Comparative studies were included if they were primary research, focused on FESS to remove nasal polyps, reported patient-relevant outcomes, and were published in English. Case series studies were included if they met the above criteria and enrolled more than 50 patients with polyps. Data were then extracted by one reviewer and checked by a second. A structured form was used to assess internal and external validity of included studies. Comparative data were reported where available. Excluded case series and case reports were grouped and described. A group of 9 ENT experts used the literature and their own experience to list priority research questions. Economic evaluations were sought and described.

## Further research/reviews required

Outcomes should be measured to draw conclusions on the risk of relapse and revision after surgery. Cost effectiveness should be addressed in future research on FESS. Patient groups should include people with sinus disease, but be powered to demonstrate differences according to whether the predominant picture is polyps or chronic rhinosinusitis. Outcomes should include symptomatic improvement, complications, and quality of life.