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The Royal Liverpool  
and Broadgreen  
University Hospitals  
NHS Trust

## Patient information

# Ligation of Sphenopalatine Artery

## Ear Nose and Throat Speciality

Your Consultant / Doctor has advised you to have ligation of sphenopalatine artery.

### What is ligation of sphenopalatine artery?

This is an operation to seal the artery in your nose to prevent recurring nose bleeds. You will be admitted on the day of your operation and if you meet the Day Case criteria (you are fit enough, has someone who can collect you and stay with for the rest of the day and overnight) will be discharged the same day otherwise you will stay one night.

### What are the benefits of having a sphenopalatine artery ligation?

The operation aims to prevent you having further nose bleeds on the affected side.

### What are the risks of having a sphenopalatine artery ligation?

- **Bleeding** - Either while you are still in hospital after your operation in which case you may return to theatre and have a short anaesthetic to have the bleeding point sealed off, or during the healing process, if this happens you will need to attend the emergency department (A&E Depot) to be treated. In the worst case you may require a blood transfusion; this is very unusual. Dissolvable nasal packs may be put into the nose at the end of the operation and will slowly dissolve in your nose for approximately one week.
- **Infection**- It is advised that you try and minimise your risk of infection by staying away from smoky and crowded environments for two weeks.
- **Altered / Loss of sense of smell** - This is an uncommon complication.
- **Nerve damage** - This can cause excessive dryness of the nose
- **Intra-Nasal Adhesions** - Tissue inside the nose may develop scarring and stick together. This may require further surgery to divide it.

### Are there any alternative treatments available?

Radiological embolisation( what is this). This does not involve surgery but could lead to a risk of stroke in approx. 1% of people.

### What will happen if I decide not to have treatment?

You will continue to have recurrent nose bleeds

## **What sort of anaesthetic will be given to me?**

You will be given a general anaesthetic. General anaesthesia is drug-induced unconsciousness: it is always provided by an anaesthetist: a doctor with specialist training.

Unfortunately, general anaesthesia can cause side effects and complications. Side effects are common, but are usually short-lived: they include nausea, confusion and pain. Complications are very rare, but can cause lasting injury: they include awareness, paralysis and death.

There is a risk of damage to teeth, particularly caps or crowns and veneers. Your anaesthetist will take every care, but occasionally damage can occur.

The risks of anaesthesia and surgery are lower for those who are undergoing minor surgery, and who are young, fit, active and well.

For more information, please ask for a copy of the leaflet "You and Your Anaesthetic" (PIF 344).

You will be given an opportunity to discuss anaesthetic options and risks with your anaesthetist before your surgery.

**If you are worried about any of these risks, please speak to your Consultant or a member of their team.**

## **Getting ready for your operation**

- You will usually be seen in the pre-operative clinic before you are admitted to hospital. Here you may have blood tests, and sometimes a heart trace. You will be assessed to see if you are fit for the anaesthetic.
- The staff will ask routine questions about your health, the medicine you take at the moment and any allergies you may have. Please bring your prescription list with you to the clinic.
- You will be able to discuss the operation with the nurse practitioner. You will be asked to sign a consent form to say that you understand the procedure, and what the operation involves.

## **The day of your operation**

- You will come into hospital the day of your operation.
- Before your general anaesthetic, you must not eat for a minimum of six hours or drink for a minimum of three hours. You will be told when this is to start.
- Please leave all cash and valuables at home. If you need to bring valuables into hospital, these can be sent to General Office for safekeeping. General Office is open between 8.30 and 4.30 Monday to Friday. Therefore, if you are discharged outside these times we will not be able to return your property until General office is open. The Trust does not accept responsibility for items not handed in for safekeeping.
- You will be asked to remove jewellery - plain band rings can be worn but they will be taped.
- Please leave body piercing at home. False nails and nail varnish will also need to be removed if worn.
- Please do not wear makeup.

- If you are on regular medication, you will be told to take this if necessary.
- You will be asked to put on a gown and disposable underwear. You may bring in with you a dressing gown and slippers.
- A bracelet with your personal details will be attached to your wrist.
- A porter will take you to the operating theatre.
- If you have dentures, glasses or a hearing aid they can stay with you on your journey to the operating theatre.
- When you arrive in the theatre waiting area, a nurse will check your details with you. You will then be asked to put on a disposable hat.
- You will then be taken to the anaesthetic room.

### **What should I expect after my operation?**

After your operation you will be kept in the theatre recovery room before being transferred to the ward.

A nurse will check your pulse, blood pressure, breathing and nose regularly. Please inform the nursing staff if you have any pain they will be able to administer painkillers.

The nursing staff will also advise you when you can start taking sips of water.

Anaesthetics can make some people sick. If you feel sick we advise you not to drink until this feeling has passed. The nursing staff may offer an injection to help this sick feeling go away.

The first time you get out of bed, please make sure you ask a nurse to be with you. This is in case you feel dizzy.

### **Going Home**

Your doctor will normally discharge you on the day of your operation.

### **Because you have had a general anaesthetic, for the next 24 hours you must not**

- Travel alone.
- Drive any vehicle e.g. car or ride a bicycle.
- Operate machinery (including domestic appliances such as a kettle).
- Climb ladders.
- Make important decisions; sign any business or legal documents.
- Drink alcohol.

### **Discharge Information**

#### **Pain relief and medication**

The nursing staff will advise you about painkillers before you leave the hospital. Your nose may feel a little sore for a couple of weeks and also may be swollen inside, this should soon resolve.

## **Your nose**

Your doctor will inform you if any packs have been left in the nose, and whether these dissolve by themselves, or if they have to be removed. (\*)

Your nose may feel swollen and “bunged up” for the next eight weeks. It usually takes this time for the swelling to go down.

It is important that you do not blow your nose for the first 48 hours following your operation. Your surgeon will advise you on when you can start to gently blow your nose. (\*)

You may have some watery blood-stained discharge for one to two weeks, but this should then stop.

Sneezing may occur as the nose is irritated; try to keep your mouth open, as it will prevent some pressure and any further bleeding.

Heavy bleeding should be reviewed by a doctor. (\*)

## **Getting back to normal**

- Do not smoke for at least two weeks after your operation.
- You must avoid smoky and crowded areas for at least two weeks after your operation.

**Your nose may become “crusty”: The Saline Nasal Douching procedure is recommended twice a day for one month after the operation:**

**Please see Patient Information Leaflet 1452 Saline Nasal Douching for full instructions.**

- One teaspoon of sodium bicarbonate (baking powder) / sea salt and a few drops of baby shampoo (non-perfumed) dissolved in one pint of warm previously boiled water.
- Draw this up into a syringe or NeilMed nasal rinse bottle and gently squirt into one nostril at a time, allowing the solution to then run from the nose into the sink.

This procedure should be explained to you before you leave hospital by the ward staff who will supply you with a syringe.

Remember that you have just had an operation, and you will take some days to recover. It is normal to feel more tired than usual for a few days after having this operation. If you are a parent or a carer you will need some support during this time.

## **Returning to work**

You can self-certify for the first seven days of sickness. Before you are discharged, a medical certificate (fit note) may be issued on your request from the ward to cover the expected time off you will need. For further fit notes you will need to see your GP.

## **Further Appointments**

You will usually be seen a few months after the operation to make sure everything has resolved.

## **Feedback**

Your feedback is important to us and helps us influence care in the future.

Following your discharge from hospital or attendance at your outpatient appointment you will receive a text asking if you would recommend our service to others. Please take the time to text back, you will not be charged for the text and can opt out at any point. Your co-operation is greatly appreciated.

**Patient Notes:**

**Further information**

**If you have any queries or concerns, please contact the Nurse Practitioners during office hours or the ward where you had your surgery.**

**ENT Nurse Practitioners**

**Helene Bryant / Sue Bragan/Christine Burton**

**Tel: 0151 706 2290**

**Text phone number: 18001 0151 706 2290**

**(\*) Referenced from ENTUK Patient Information Leaflets**

**[www.ent.org](http://www.ent.org)**

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All Trust approved information is available on request in alternative formats, including other languages, easy read, large print, audio, Braille, moon and electronically.

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