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Appendix 1. Construct empowering processes (%).

Setting: ENT clinic treatment or procedure room.
Surgeon: ENT surgeons with experience in FESS.
Assistant: Trained ENT nurse or medical assistant who is familiar with the operating procedures and equipment.

Instruments

1. Camera system.
2. ENT chair (adjustable to at least 30° to the horizontal plane).
3. Microdebrider.
4. Endoscope 4 mm 0° and 30°
5. Suction machine (1 to 2).
6. Sterile drape.
7. Byonet Bipolar 19–20 cm.
8. FESS set.
9. Septoplasty set.
10. Turbinate surgery set.
11. Blood pressure and pulse monitoring set.
12. Emergency trolley.

Medications and consumable items

1. Lignocaine gel (5–10 mL).
2. Dental local anaethesia
3. IV Pethidine 50 mg.
4. Drip set and branula.
5. Surgicell.
6. Merocel.
7. Nasopore.
8. Adrenaline (for nasal packing if needed).
9. Cotton swab.
10. FESS gauze.
11. Intranasal splint for septoplasty.
12. Vicryl suture (2/0 and 3/0).

Procedure

1. Pre-clerk and assess the patient a day before in the ENT clinic and to make sure no contraindication to performing the procedure under local anaesthesia. Patient will be informed regarding any potential complications especially bleeding and infection.
2. Admit patient at 6 a.m. on the day of surgery.
3. Patient change to OT gown and branula inserted.
4. Lignocaine gel and nasal packing inserted 30 minutes before surgery. Lignocaine gel applied at the osteo meatal complex region, inferior and middle turbinates for FESS or to the septum for septoplasty. Nasal cavity packed with cottonoid soaked with a mixture of adrenaline, cocaine and normal saline (1 mL of adrenaline 1 : 1000, 2 mL of cocaine 10% and 4 mL of normal saline).

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5. Face cleaned with normal saline and head drape applied.

6. Instrument set up done.

7. Remove the cottonoid and the remaining lignocaine gel via suction to prevent excess lignocaine gel from dripping down to the nasopharynx and oropharynx.

8. Dental local anaesthesia given at the axillary of the middle turbinate for FESS or septum for septoplasty.

9. Remind patient to swallow any blood or fluid that is trickling down from the nasopharynx to prevent coughing or choking.

10. FESS (uncinate process, anterior ethmoid, posterior ethmoid and middle antrostomy) and septoplasty performed. This technique can be extended to include performing maxillary washout or dilatation of the paranasal sinuses when necessary with proper instruments and office-based imaging guided system.

11. Hemostasis secured with bipolar diathermy, adrenaline packing, gentle and minimum normal saline flushing with suction tube in the nasopharynx to reduce flushing fluid down to the oropharynx.

12. Pack with surgicell/nasopore/merocel.

13. Admit patient to the ward for observation for a night in cases where the patient is staying far from the hospital. Otherwise, patients who stays near to the hospital can be allowed home 4–6 h after observation in the ward.

14. Postoperatively, patient will be given a course of antibiotics, usually from the penicillin group, local decongestant, antihistamine, oral painkiller if needed and nasal lavage. Nasal lavage is very important in the postoperative management of FESS, hence the need to educate the patients regarding the importance of the correct technique of nasal lavage. Intranasal steroid spray is usually started 1 week after surgery.

15. Patient will be reviewed a week after the surgery for nasal toileting in the ENT clinic, then 2 weeks or a month later.