

Practical aspects of nasal endoscopy

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Examination

- Anterior rhinoscopy
- Posterior rhinoscopy
 - Mucosa, Septum, Turbinates, Pathology
- Diagnostic Nasal Endoscopy
- Ears
- Throat & Larynx

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Examination



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DNE - Tips

- z Attach light and camera securely
- z Make sure scope and lens is clean
- z Use antifog or demisting solution
- z Focus camera, white balance
- z Correct orientation
- z Decongest and use local anesthesia
- z Use top of nostril for entry and stability
- z Never force the endoscope

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Diagnostic Nasal Endoscopy



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Diagnostic Nasal Endoscopy

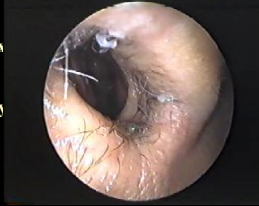
- z Routine
- z Anatomy
- z Early Pathology
- z Extent of Pathology
- z Swab



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Diagnostic Nasal Endoscopy

- Complete view of the nasal passages
- Examination of the nasopharynx
- Inspection of the middle meatus
- Detect & Differentiate Pathology
 - tumours, polyps, discharge, turbinates
- Painless, short office procedure
- Preoperative assessment



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Diagnostic Nasal Endoscopy

- | | |
|---------------------|-------------------|
| z Nasal obstruction | z Nasal discharge |
| z Headache | z Sinusitis |
| z Epistaxis | z Nasal mass |
| z Anosmia | z Polyposis |
| z Allergic rhinitis | z Post-operative |
| z Suspected FB | z CSF rhinorrhoea |
| z Documentation | z Nasopharynx, ET |

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Allergic Rhinitis

- Sneezing
- Rhinorrhoea (bilateral)
- Nasal obstruction
- Itching of nose, eyes & palate
- Paranasal pain, headache
- Anosmia, hyposmia
- Pharyngitis, hoarseness

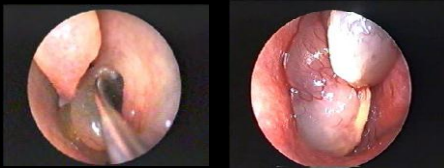
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Nasal Obstruction – Polypoid IT



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Polyps



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Polyps & FESS



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Encephalocele



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Precautions

- z Consent
- z Equipment
- z Decongestants
- z Local anesthesia
- z Be gentle!! No Bleeding !!!!
- z See what is easy
- z Start with 0 scope, only then 30
- z Ct Scan

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Thank you

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