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FALL 2025



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DUPIXENT[®]
(dupilumab) Injection 300mg

GO BEYOND WITH LESS NASAL POLYPS

DUPIXENT IS AN ALTERNATIVE TO SURGERY THAT CAN:

- SHRINK NASAL POLYPS
- HELP YOU BREATHE BETTER
- REDUCE CONGESTION IN AS LITTLE AS 2 DAYS*
- IMPROVE SMELL IN AS LITTLE AS 3 DAYS*
- SIGNIFICANTLY REDUCE THE NEED FOR ORAL STEROIDS^{†,‡}

*Individual results may vary.

[†]Don't stop taking your corticosteroid medicine unless instructed by your doctor.

[‡]In clinical studies in adults evaluating DUPIXENT 300 mg + standard of care (SOC) vs placebo + SOC, 76% fewer patients taking DUPIXENT required oral/injected steroids or surgery.

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INDICATION

DUPIXENT is a prescription medicine used with other medicines for the maintenance treatment of chronic rhinosinusitis with nasal polyps (CRSwNP) in adults and children 12 years of age and older whose disease is not controlled. It is not known if DUPIXENT is safe and effective in children with CRSwNP under 12 years of age.

IMPORTANT SAFETY INFORMATION

Do not use if you are allergic to dupilumab or to any of the ingredients in DUPIXENT.

Before using DUPIXENT, tell your healthcare provider about all your medical conditions, including if you:

- have eye problems.
- have a parasitic (helminth) infection.
- are scheduled to receive any vaccinations. You should not receive a “live vaccine” right before and during treatment with DUPIXENT.
- are pregnant or plan to become pregnant. It is not known whether DUPIXENT will harm your unborn baby.
 - A pregnancy registry for women who take DUPIXENT during pregnancy collects information about the health of you and your baby. To enroll or get more information call 1-877-311-8972 or go to <https://mothertobaby.org/ongoing-study/dupixent/>.
- are breastfeeding or plan to breastfeed. It is not known whether DUPIXENT passes into your breast milk.

Tell your healthcare provider about all the medicines you take, including prescription and over-the-counter medicines, vitamins, and herbal supplements.

Especially tell your healthcare provider if you are taking oral, topical, or inhaled corticosteroid medicines or if you have CRSwNP and asthma and use an asthma medicine. **Do not** change or stop your other medicines, including corticosteroid medicine or other asthma medicine, without talking to your healthcare provider. This may cause other symptoms that were controlled by those medicines to come back.

DUPIXENT can cause serious side effects, including:

- **Allergic reactions. DUPIXENT can cause allergic reactions, including skin reactions, that can sometimes be severe.** Stop using DUPIXENT and tell your healthcare provider or get emergency help right away if you get any of the following signs or symptoms: breathing problems or wheezing, swelling of the face, lips, mouth, tongue, or throat, fainting, dizziness, feeling lightheaded, fast pulse, fever, hives, skin rash, including rash that looks like a bullseye or painful red or blue bumps under the skin, general ill feeling, itching, swollen lymph nodes, nausea or vomiting, joint pain, or cramps in your stomach area.
- **Eye problems.** Tell your healthcare provider if you have any new or worsening eye problems, including eye pain or changes in vision, such as blurred vision. Your healthcare provider may send you to an ophthalmologist for an eye exam if needed.
- **Inflammation of your blood vessels.** Rarely, this can happen in people with asthma who receive DUPIXENT. This may happen in people who also take a steroid medicine by mouth that is being stopped or the dose is being lowered. Tell your healthcare provider right away if you get: rash, chest pain, worsening shortness of breath, brown or dark colored urine, persistent fever, or a feeling of pins and needles or numbness of your arms or legs.
- **Joint aches and pain.** Some people who use DUPIXENT have had trouble walking or moving due to their joint symptoms, and in some cases needed to be hospitalized. Tell your healthcare provider about any new or worsening joint symptoms. Your healthcare provider may stop DUPIXENT if you develop joint symptoms.

The most common side effects in patients with CRSwNP include injection site reactions, eye problems, including eye and eyelid inflammation, redness, swelling, itching, eye infection, and blurred vision, high count of a certain white blood cell (eosinophilia), stomach problems (gastritis), joint pain (arthralgia), trouble sleeping (insomnia), and toothache.

Tell your healthcare provider if you have any side effect that bothers you or that does not go away. These are not all the possible side effects of DUPIXENT. Call your doctor for medical advice about side effects. You are encouraged to report negative side effects of prescription drugs to the FDA. Visit www.fda.gov/medwatch or call 1-800-FDA-1088.

Use DUPIXENT exactly as prescribed by your healthcare provider. It's an injection given under the skin (subcutaneous injection). Your healthcare provider will decide if you or your caregiver can inject DUPIXENT. **Do not** try to prepare and inject DUPIXENT until you or your caregiver have been trained by your healthcare provider. In children 12 years of age and older, it's recommended DUPIXENT be administered by or under supervision of an adult.

Please see accompanying Brief Summary of Important Patient Information.

Brief Summary of Important Patient Information
about DUPIXENT® (dupilumab) (DU-pix-ent)
injection, for subcutaneous use

Rx Only

What is DUPIXENT?

- DUPIXENT is a prescription medicine used:
 - with other medicines for the maintenance treatment of chronic rhinosinusitis with nasal polyps (CRSwNP) in adults and children 12 years of age and older whose disease is not controlled.
- DUPIXENT works by blocking two proteins that contribute to a type of inflammation that plays a major role in CRSwNP.
- It is not known if DUPIXENT is safe and effective in children with CRSwNP under 12 years of age.

Who should not use DUPIXENT?

Do not use DUPIXENT if you are allergic to dupilumab or to any of the ingredients in DUPIXENT. See the end of this summary of information for a complete list of ingredients in DUPIXENT.

What should I tell my healthcare provider before using DUPIXENT?
Before using DUPIXENT, tell your healthcare provider about all your medical conditions, including if you:

- have eye problems.
- have a parasitic (helminth) infection
- are scheduled to receive any vaccinations. You should not receive a “live vaccine” right before and during treatment with DUPIXENT.
- are pregnant or plan to become pregnant. It is not known whether DUPIXENT will harm your unborn baby.
 - **Pregnancy Exposure Registry.** There is a pregnancy exposure registry for women who take DUPIXENT during pregnancy. The purpose of this registry is to collect information about the health of you and your baby. Your healthcare provider can enroll you in this registry. You may also enroll yourself or get more information about the registry by calling 1-877-311-8972 or going to <https://mothertobaby.org/ongoing-study/dupixent/>.
- are breastfeeding or plan to breastfeed. It is not known whether DUPIXENT passes into your breast milk.

Tell your healthcare provider about all of the medicines you take including prescription and over-the-counter medicines, vitamins, and herbal supplements.

Especially tell your healthcare provider if you:

- are taking oral, topical, or inhaled corticosteroid medicines
- have asthma and use an asthma medicine
- have CRSwNP and also have asthma

Do not change or stop your other medicines, including corticosteroid medicine or other asthma medicine, without talking to your healthcare provider. This may cause other symptoms that were controlled by those medicines to come back.

How should I use DUPIXENT?

- **See the detailed “Instructions for Use” that comes with DUPIXENT for information on how to prepare and inject DUPIXENT and how to properly store and throw away (dispose of) used DUPIXENT pre-filled syringes and pre-filled pens.**
- Use DUPIXENT exactly as prescribed by your healthcare provider.
- Your healthcare provider will tell you how much DUPIXENT to inject and how often to inject it.
- DUPIXENT comes as a single-dose pre-filled syringe with needle shield or as a pre-filled pen.
- DUPIXENT is given as an injection under the skin (subcutaneous injection).
- If your healthcare provider decides that you or a caregiver can give the injections of DUPIXENT, you or your caregiver should receive training on the right way to prepare and inject DUPIXENT. **Do not** try to inject DUPIXENT until you have been shown the right way by your healthcare provider. In children 12 years of age and older, it is recommended that DUPIXENT be given by or under supervision of an adult.
- **If you miss a dose of DUPIXENT**, give the injection within 7 days from the missed dose, then continue with your original schedule. If the missed dose is not given within 7 days, start a new every 2 week dose schedule from the time you remember to take your DUPIXENT injection.
- If you inject too much DUPIXENT, call your healthcare provider or Poison Help line at 1-800-222-1222 or go to the nearest hospital emergency room right away.
- Your healthcare provider may prescribe other medicines to use with DUPIXENT. Use the other prescribed medicines exactly as your healthcare provider tells you to.

What are the possible side effects of DUPIXENT?

DUPIXENT can cause serious side effects, including:

- **Allergic reactions. DUPIXENT can cause allergic reactions, including skin reactions, that can sometimes be severe.** Stop using DUPIXENT and tell your healthcare provider or get emergency help right away if you get any of the following signs or symptoms: breathing problems or wheezing, swelling of the face, lips, mouth, tongue, or throat, fainting, dizziness, feeling lightheaded, fast pulse, fever, hives, skin rash, including rash that looks like a bullseye or painful red or blue bumps under the skin, general ill feeling, itching, swollen lymph nodes, nausea or vomiting, joint pain, or cramps in your stomach area.
- **Eye problems.** Tell your healthcare provider if you have any new or worsening eye problems, including eye pain or changes in vision, such as blurred vision. Your healthcare provider may send you to an ophthalmologist for an eye exam if needed.
- **Inflammation of your blood vessels.** Rarely, this can happen in people with asthma who receive DUPIXENT. This may happen in people who also take a steroid medicine by mouth that is being stopped or the dose is being lowered. Tell your healthcare provider right away if you get: rash, chest pain, worsening shortness of breath, brown or dark colored urine, persistent fever, or a feeling of pins and needles or numbness of your arms or legs.
- **Joint aches and pain.** Joint aches and pain can happen in people who use DUPIXENT. Some people have had trouble walking or moving due to their joint symptoms, and in some cases needed to be hospitalized. Tell your healthcare provider about any new or worsening joint symptoms. Your healthcare provider may stop DUPIXENT if you develop joint symptoms.

The most common side effects of DUPIXENT in patients with CRSwNP

include: injection site reactions, eye problems, including eye and eyelid inflammation, redness, swelling, itching, eye infection, and blurred vision, high count of a certain white blood cell (eosinophilia), stomach problems (gastritis), joint pain (arthralgia), trouble sleeping (insomnia), and toothache. Tell your healthcare provider if you have any side effect that bothers you or that does not go away.

These are not all of the possible side effects of DUPIXENT. Call your doctor for medical advice about side effects. You may report side effects to FDA. Visit www.fda.gov/medwatch, or call 1-800-FDA-1088.

How should I store DUPIXENT?

- Store DUPIXENT in the refrigerator between 36°F to 46°F (2°C to 8°C).
- Store DUPIXENT in the original carton to protect from light.
- DUPIXENT can be stored at room temperature up to 77°F (25°C) up to 14 days. Throw away (dispose of) any DUPIXENT that has been left at room temperature for longer than 14 days.
- **Do not** heat or put DUPIXENT into direct sunlight.
- **Do not** freeze. **Do not** shake.
- **Keep DUPIXENT and all medicines out of the reach of children.**

General information about the safe and effective use of DUPIXENT.

Medicines are sometimes prescribed for purposes other than those listed in a Patient Information leaflet. Do not use DUPIXENT for a condition for which it was not prescribed. Do not give DUPIXENT to other people, even if they have the same symptoms that you have. It may harm them.

This is a brief summary of the most important information about DUPIXENT for this use. If you would like more information, talk with your healthcare provider. You can ask your pharmacist or healthcare provider for more information about DUPIXENT that is written for healthcare professionals.

For more information about DUPIXENT, go to www.DUPIXENT.com or call 1-844-DUPIXENT (1-844-387-4936)

What are the ingredients in DUPIXENT?

Active ingredient: dupilumab

Inactive ingredients: L-arginine hydrochloride, L-histidine, polysorbate 80, sodium acetate, sucrose, and water for injection

Manufactured by: Regeneron Pharmaceuticals, Inc., Tarrytown, NY 10591 U.S. License # 1760; Marketed by sanofi-aventis U.S. LLC, (Morristown, NJ 07960)

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Issue Date: June 2025

US.DUP.25.07.0004

THE LATEST ON NASAL POLYPS

STAY AWAY FROM SMOKE

You didn't do anything to cause your nasal polyps, but you may be able to help keep the symptoms at bay. For starters, steer clear of cigarette smoke. In a lab, researchers studied cells from the lining of the nasal passages of people with nasal polyps. They then watched what happened when the cells were exposed to cigarette smoke. Nasal cells exposed to smoke became more inflamed and died, triggering a process that would lead to more severe nasal polyps and symptoms. If you smoke, here's another reason to quit. If people close to you smoke, ask them not to do it around you.

SOURCE: *Journal of Allergy and Clinical Immunology*

3 in 10 Number of people with chronic sinusitis who have nasal polyps.

SOURCE: Asthma and Allergy Foundation of America

1 in 2 Number of people with nasal polyps who also have asthma.

SOURCE: Asthma and Allergy Foundation of America

SURGERY ... FOR A SECOND TIME?

If you're having surgery for your nasal polyps, you'd probably like some assurances that you won't need it again. A recent study identified two key factors that raise your risk of needing a second surgery: asthma and use of antibiotics. In a review of the medical records of 3,506 adults who'd had nasal polyps surgery, about 1 in 6 needed a do-over within the next three years. Those who had asthma and those who were taking antibiotics at the time of the surgery were more likely than others to need the procedure again later. Before your surgery, ask your doctor about your chances of a successful outcome.

SOURCE: *Clinical and Translational Allergy*

WEIGHT A LITTLE LONGER

Considering taking biologics for your nasal polyps and wondering how long it will take to get relief? That might depend on your weight. Researchers analyzed the medical records of 106 people taking a biologic for their severe nasal polyps. At both six and 12 months after starting the biologic, everyone had seen improvements in all their symptoms. But those who had a BMI over 30, which is considered obesity, took the longest to get results from the medication.

SOURCE: *ACTA Otorhinolaryngologica Italica*



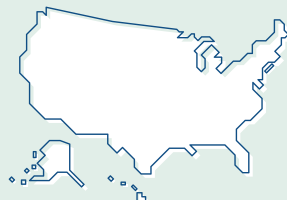
STATS & FACTS

By Sonya Collins

Reviewed by Brunilda Nazario, MD,
WebMD Chief Physician Editor, Medical Affairs

1 in 25

Number of
people in the
U.S. who have
nasal polyps.



1 in 4

People with chronic sinusitis
who have nasal polyps.

3 in 10

Number of people with
nasal polyps who have
more than one surgery
for the condition.



1 in 2

Number of people
with nasal polyps who
also have asthma.

2:1



Number of men that have nasal polyps
compared to women.

1 in 2

Number of people
who say it took more
than a year after
symptoms started
to get a diagnosis of
chronic sinusitis with
nasal polyps.



1 in 10

Number of people with
nasal polyps who also
have aspirin-exacerbated
respiratory disease.

SOURCE: Asthma and Allergy Foundation of America

BE PREPARED

Top tips to get you ready for your doctor's appointment

By Sonya Collins

Reviewed by Brunilda Nazario, MD,
WebMD Chief Physician Editor, Medical Affairs

Nasal polyps can cause a lot of bothersome symptoms—runny nose, difficulty breathing, loss of sense of smell, and pain and pressure in your face. These symptoms can keep you from working during the day and sleeping well at night.

“If you’ve tried initial medications and you’re still having symptoms, that probably warrants reevaluation by a doctor,” says Daniel M. Beswick, MD, associate professor-in-residence of head and neck surgery at UCLA’s David Geffen School of Medicine.

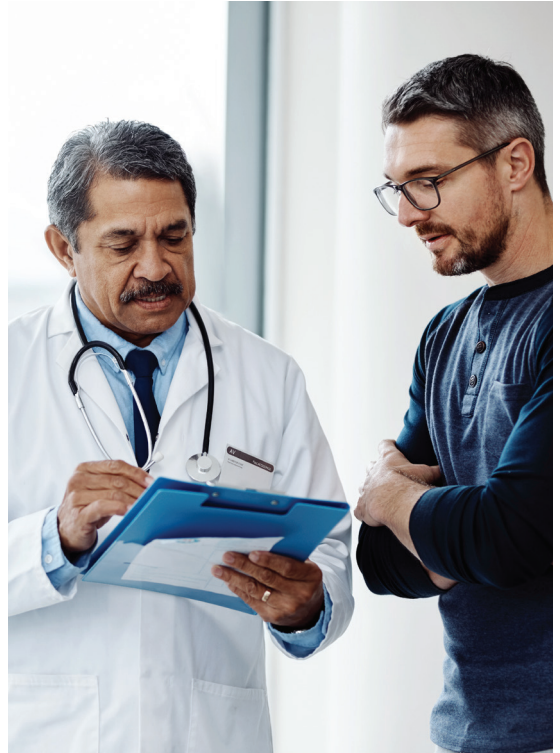
Before your doctor visit, take some time to prepare so you get the most of your appointment.

BEFORE YOUR APPOINTMENT

Make sure that your doctor has a copy of any CT scans you’ve had. If your doctor doesn’t see these images before the appointment, it could waste your and the doctor’s time.

“The written report may be easier to provide, but we want to see the actual images,” Beswick says.

Next, take some time before your ap-



pointment to ensure you’ll be able to answer your doctor’s questions and to prepare your own questions for the doctor.

WHAT THE DOCTOR MAY ASK YOU

- What are your symptoms? How long have you had them?
- What medications and surgeries have you tried so far?
- Did anything help? For how long?
- Did something cause your symptoms to come back or did they never go away?

ASK YOUR DOCTOR

- What’s the likelihood this treatment will work?
- How long till I feel better?
- How long will the treatment last? Will the polyps come back?
- What are my options after that?

WHAT TO KNOW ABOUT NASAL POLYP SURGERY

Advice from two otolaryngologists
on the key questions to ask



MATTHEW W. RYAN, MD

By Kendall K. Morgan

Reviewed by Neha Pathak, MD,
WebMD Lead Medical Editor

Matthew W. Ryan, MD, an otolaryngologist and head and neck surgeon at UT Southwestern Medical Center in Dallas, and Alfred M.C. Iloreta Jr., MD, an ear, nose, and throat specialist at Mount Sinai Hospital in New York City, answer some common questions about nasal polyp surgery and what to ask your doctor.

Q: When should I consider surgery?

MATTHEW W. RYAN, MD: Surgery may be worth considering when other treatments don't shrink the polyps enough or make them go away. Surgery may also help if you improve with intensive medical treatment but find you're having to take steroids or other medicines over and over to keep the problem under control.

ALFRED M.C. ILORETA JR., MD: If nasal polyps are impacting your quality of life, that's when you should discuss different treatments or surgery with your doctor. Nasal polyps can lead to poor quality sleep, inability to exercise to a normal capacity, cognitive issues, loss of smell—all of these are significant quality-of-life factors. Ask your doctor about your quality-of-life concerns, any structural issues in your sinuses,

DR. MATTHEW RYAN, PHOTO COURTESY OF UT SOUTHWESTERN MEDICAL CENTER; DR. ALFRED ILORETA, PHOTO COURTESY OF MOUNT SINAI HEALTH SYSTEM

and other factors that may influence your decision about surgery.

Q: What downsides to surgery should I know about?

RYAN: Ask your doctor about the risks of surgery to you and the recovery. You should expect to have bleeding from your nose. Pain can be an issue for some people. There are some limitations on activity afterward. Bench pressing or doing squats or even weeding your garden right after surgery may trigger a nosebleed. There are more rare risks of sinus surgery. It is serious surgery that's close to your eye sockets and brain. Careful surgery is required.

Q: Is surgery all I need to do?

ILORETA JR.: We talk about endoscopic sinus surgery for nasal polyps when you're really suffering. Your inflammation cup is overflowing. The function of surgery is that we reset that to zero. We remove the polyps and, in doing so, we open the sinuses. It's like taking a four-bedroom layout and creating an open floor plan. It allows us to treat the sinuses directly with topical irrigation and medicines that may help the natural housekeeping system in your nose work more efficiently.

Q: Will my polyps come back after surgery?

RYAN: The risk of polyps coming back depends on what subtype of polyp disease you have. Another factor is adherence to treatment. It's important to realize surgery is not a cure for most cases of nasal polyps. Surgery is part of an overall treatment approach that combines medical treatments you'll likely continue long-term to manage this problem, similar to other chronic diseases. Discuss with your doctor what other medical treatments you'll require along with



surgery and how often you'll need an exam to look for polyps.

Q: What else should I know about surgery?

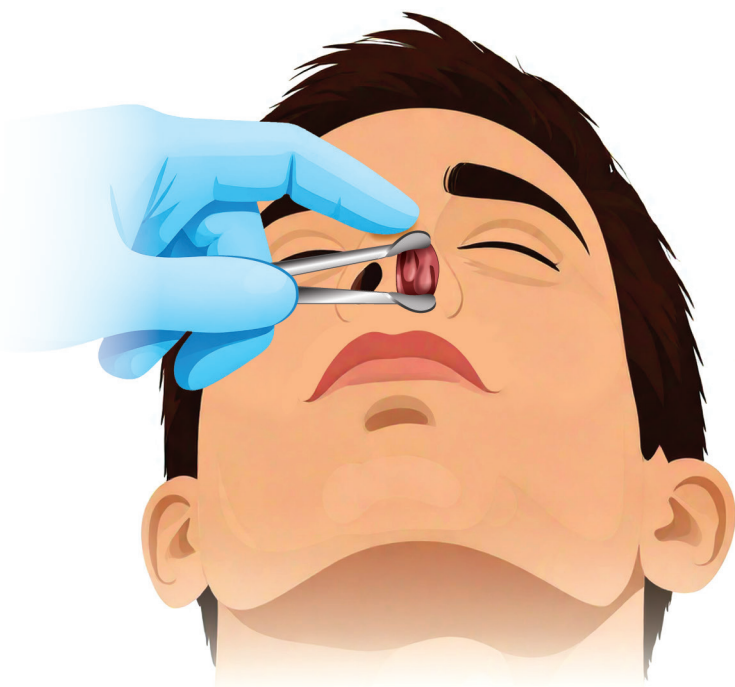
ILORETA JR.: There is no "cookie-cutter" approach. Nasal polyp treatment including surgery should be tailored to your anatomy, immune system, and expectations. There are so many different levers we can push or pull to optimize quality of life in different ways. The best answer for improving quality of life is usually a combination of approaches.

NASAL POLYP STAGES

Your symptoms depend on how much of your airway is blocked

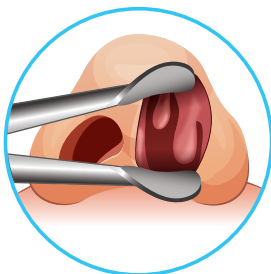
By Rachel Reiff Ellis

Reviewed by Brunilda Nazario, MD,
WebMD Chief Physician Editor,
Medical Affairs



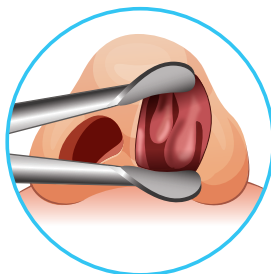
NORMAL

Also called Grade 1, normal polyps take up less than 25% of your nostril.



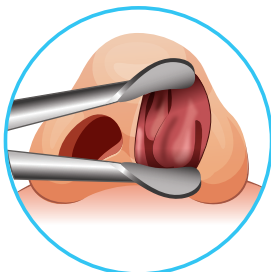
MODERATE

Grade 2 is when your airway is up to 50% filled with polyps.



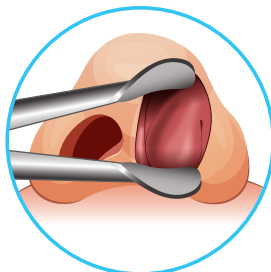
SEVERE

When 50% to 75% of your airway is blocked by polyps, that's Grade 3, or severe polyps.



OBSTRUCTIVE

At this stage (Grade 4), polyps block 75% to 100% of your breathing passage.



NORMAL ANATOMY

Frontal sinus

These sinuses in your forehead area are the highest nasal sinuses in your head.

Mucocilliary flow

Your sinuses are lined with cells that make mucus that drains into your nasal cavity and nose, flushing out germs.

Ethmoid sinus

Located between your eyes, these sinuses are made up of tiny pockets of air instead of larger ones.

Maxillary sinus

These are the largest nasal sinuses and the most likely place for a sinus infection to start.

ANATOMY WITH NASAL POLYPS

Pain and pressure sensation

Blocked sinuses cause a "full" feeling in your sinuses, which can be painful at times.

Impaired airway access to olfactory tissue

Olfactory tissue is what allows you to smell, so when it's blocked, your sense of smell (and also taste!) is dulled or can go away completely.

Nasal polyp

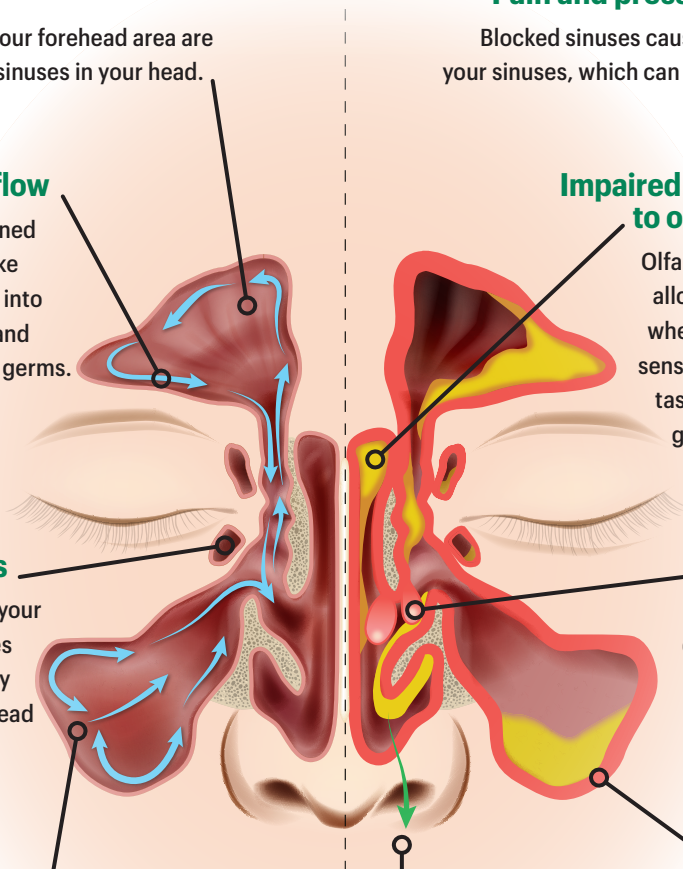
The inflammation of the lining of your nasal passages is what causes polyps to form.

Inflamed mucosa filled with mucus

Your nose feels constantly stuffy.

Postnasal drip

When mucus backs up because it can't exit your nose, it drips down your throat, causing a sore throat, cough, a hoarse voice, or the urge to clear your throat often.



SOURCES: *Plastic Surgery International*: "Predictors of Nasal Obstruction: Quantification and Assessment Using Multiple Grading Scales"; Cleveland Clinic: "Paranasal Sinuses," "Postnasal Drip"; Allergy and Asthma Network: "What is Chronic Rhinosinusitis with Nasal Polyps (CRSwNP)?"; University of Michigan Health: "Chronic Sinusitis and Nasal Polyps"; Cedars Sinai: "Nasal Polyps"

KEEP TRACK OF YOUR TRIGGERS

Here's why it's important to practice proactive prevention

By Rachel Reiff Ellis

Reviewed by Brunilda Nazario, MD,
WebMD Chief Physician Editor, Medical Affairs

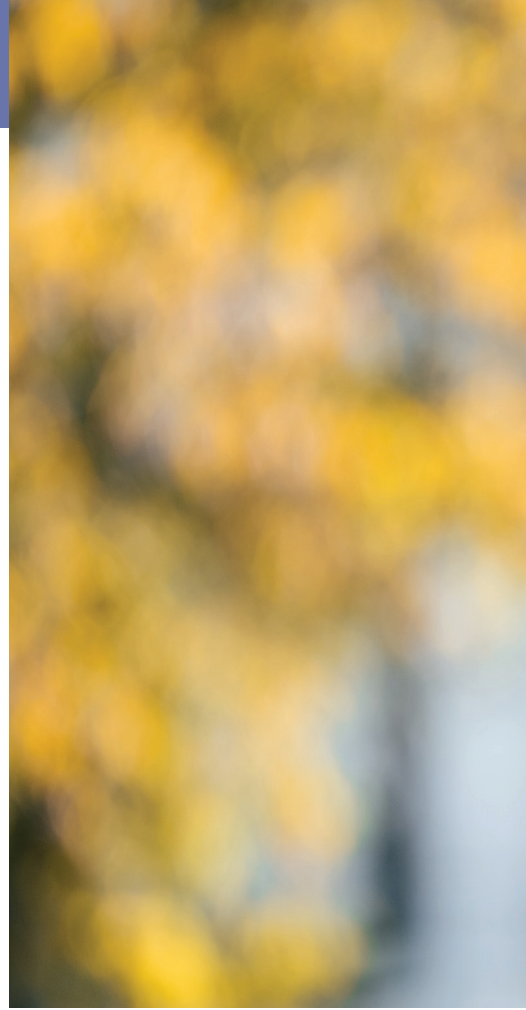
While it's not always possible to completely prevent nasal polyps from forming, there are ways you can reduce your risk of nasal inflammation. One of the most critical ways is identifying what makes your nasal inflammation worse so you can reduce your exposure to it.

"Avoiding specific triggers for inflammatory nasal polyps is important because it can lead to fewer symptoms, less pressure and discomfort, and potentially reduce your need for medical and surgical interventions," says Mark A. Zacharek, MD, director of the Michigan Sinus Center at University of Michigan Health in Ann Arbor.

These triggers may take some time to pinpoint, but once you know what they are, you can more effectively work to avoid them.

A MULTIPRONGED APPROACH

Aria Jafari, MD, a rhinologist in the Department of Otolaryngology—Head and Neck Surgery at the University of Washington School of Medicine in Seattle, says one benefit of knowing what makes your inflammation worse is expanding the team of doctors who can help you.



"Understanding your triggers could prompt a conversation about who can be helpful in your care in addition to your ear, nose, and throat doctor, like an immunologist or an allergist," he says.

By addressing your condition on multiple sides—polyp treatment plus inflammation prevention—you can help lower your risk of inflammation and worsening polyps.

PROACTIVE PREVENTION

The steps you take to prevent your polyps will depend on your triggers. For example, use resources to know what's going to be in your environment so you can stay inside, wear a mask, or take other precautions.



COMMON CULPRITS

Aria Jafari, MD, shares some of the nasal polyp symptom triggers he sees most.

- + Allergens: pollen, dust mites, mold, pet dander
- + Medications
- + Sinus infections
- + Pregnancy
- + Hormonal changes
- + Certain foods
- + Asthma
- + Stress

“Paying attention to weather forecasts, pollen counts, and other environmental triggers can be helpful,” Zacharek says. “This information is widely available on the internet and online weather stations.”

For environmental triggers, learn how to read information like the AQI (Air Quality Index), which measures pollutants in the atmosphere like ground-level ozone, particle pollution, carbon monoxide, sulfur dioxide, and nitrogen dioxide. Zacharek says PM 2.5 is another reading to watch—it measures particles in the atmosphere that are 2.5 micrometers or less in diameter, that include dust, metals, smoke, carbonaceous material, soot, and biological matter.

If you smoke, talk to your doctor about how to quit as soon as possible. Wash your sinuses regularly with a nasal wash to flush out allergens you may come into contact with. Take stock of the medications you take and the foods you eat, and work on reducing stress in your life, which can contribute to inflammation.

TO TREAT OR NOT TO TREAT?

Work with a specialist to help you make the right treatment decisions for you

By Kendall K. Morgan

Reviewed by Brunilda Nazario, MD,
WebMD Chief Physician Editor, Medical Affairs

When your nasal polyps aren't controlled or they've come back, you may wonder about treatment options or whether it's worth treating them at all. The first step in making informed decisions is to work with an experienced doctor, says Marilene B. Wang, MD, a head and neck surgeon at UCLA Health in Los Angeles.



“Nasal polyps are pretty common, but it's important for patients to look for someone with a lot of experience taking care of nasal polyps and other sinus diseases,” Wang says. “When they're experts in sinus anatomy and surgery, you will have a better outcome.”

She recommends looking for a specialist with extra training as an ear, nose, and throat specialist, otolaryngologist, or rhinologist, who can guide you in decisions about whether it's time to begin treatment or try something new.

CONSIDER QUALITY OF LIFE, RISKS

Nasal polyps aren't painful or life-threatening, but they can affect you in lots of ways depending on their severity, Wang says.

“If your polyps don't bother you that much, you may just feel a little stuffy,” she says. “But if you lose your sense of smell, it affects taste. You may no longer enjoy food and it can be a safety issue if you can't detect dangerous odors or spoiled food. If that's the case, you want to get that treated.”

ACT EARLY

Wang recommends seeing your doctor often to get answers to your questions and catch emerging issues early.

“If your polyps are coming back, you can step up treatment to nip your polyps in the bud,” Wang says. “Treat them before they get really big and complex.”

STEFANAMER/VIA GETTY IMAGES

ADVOCATE FOR YOURSELF WITH NASAL POLYPS

When you're managing an ongoing condition, you're the one who has to make sure you're getting the most from your health care

By Sonya Collins Reviewed by Neha Pathak, MD, WebMD Lead Medical Editor

If your current treatment plan isn't controlling your nasal polyps and helping you breathe easier, you'll need to advocate for yourself to ensure you get the best possible care and outcomes. Here are a few steps you can take.

EDUCATE YOURSELF

When you understand your condition, you'll better understand your doctor's recommendations and be ready to discuss them. "You can find some information on the internet, but the best information will come from your physician," says Troy Woodard, MD, an otolaryngologist at Cleveland Clinic in Ohio and president of the American Academy of Otolaryngology-Head and Neck Surgery. Make a list of the questions you have about nasal polyps and bring it to your next appointment.

PREPARE FOR YOUR APPOINTMENT

Take some time to gather records for your doctor before the appointment. "When you bring in all the information," Woodard says, "you get more out of the visit because the doctor can spend more time with you and less time requesting all the pertinent information."

Woodard recommends that you write down all your symptoms before the appointment. You should also make a list of the treatments you've had so far and how they worked. Finally, make sure the doctor's

office has access to any CT scans or MRIs you've had.

SPEAK UP

Chronic sinusitis with nasal polyps is an ongoing condition. There is no cure. But treatments are meant to reduce your symptoms, make you more comfortable, and improve your quality of life. You should notice an improved ability to breathe and smell. If your treatment doesn't bring you that kind of relief, say something.

"Your otolaryngologist is there to help improve your quality of life," Woodard says. "If you've done everything your doctor has told you to and it hasn't worked, speak up. Ask if there are other treatment options."

ASK THE DOC

Here are some questions you can ask your doctor to help educate yourself about nasal polyps.

- + What is chronic sinusitis with nasal polyps?
- + How did I get it?
- + Are we doing everything we can to control it?
- + Is there anything else that I can do on my own to improve my symptoms?

MY EVERYDAY LIFE

I've had polyps for as long as I can remember.
Surgery was a game changer.

By Mike Burns Reviewed by Brunilda Nazario, MD, WebMD Chief Physician Editor, Medical Affairs

Growing up, I was the mouth-breathing, stuffy kid with a nasally voice. But it wasn't annoying to me; that's just how life was. Nasal polyps were affecting me then, but I didn't know it.

As I got older, I became more aware of the impact these nasal issues had on my everyday life. I often didn't speak up in classrooms or social settings because I was hard to hear. I felt embarrassed about my voice.

I constantly had a low-grade infection because the mucus in my head had nowhere to go. My polyps trapped it and kept it from flowing, so infection set in. I also frequently had a sulfur taste in my mouth and throat and a terrible sense of smell.

A FAMILY AFFAIR

Both my mom and my brother are prone to nasal polyp growth like I am. My mom was the first of us to try surgery to treat them.

She had always just put up with her polyps—surgery seemed too expensive. Then after my dad died, she realized that it made sense to schedule the procedure before she lost his insurance coverage.

I remember her saying how amazing it felt to finally be able to breathe through her nose. Her voice also sounded different afterward. She and other people who had gone through nasal polyp

surgery told me I had to do it. They said it would change my life.

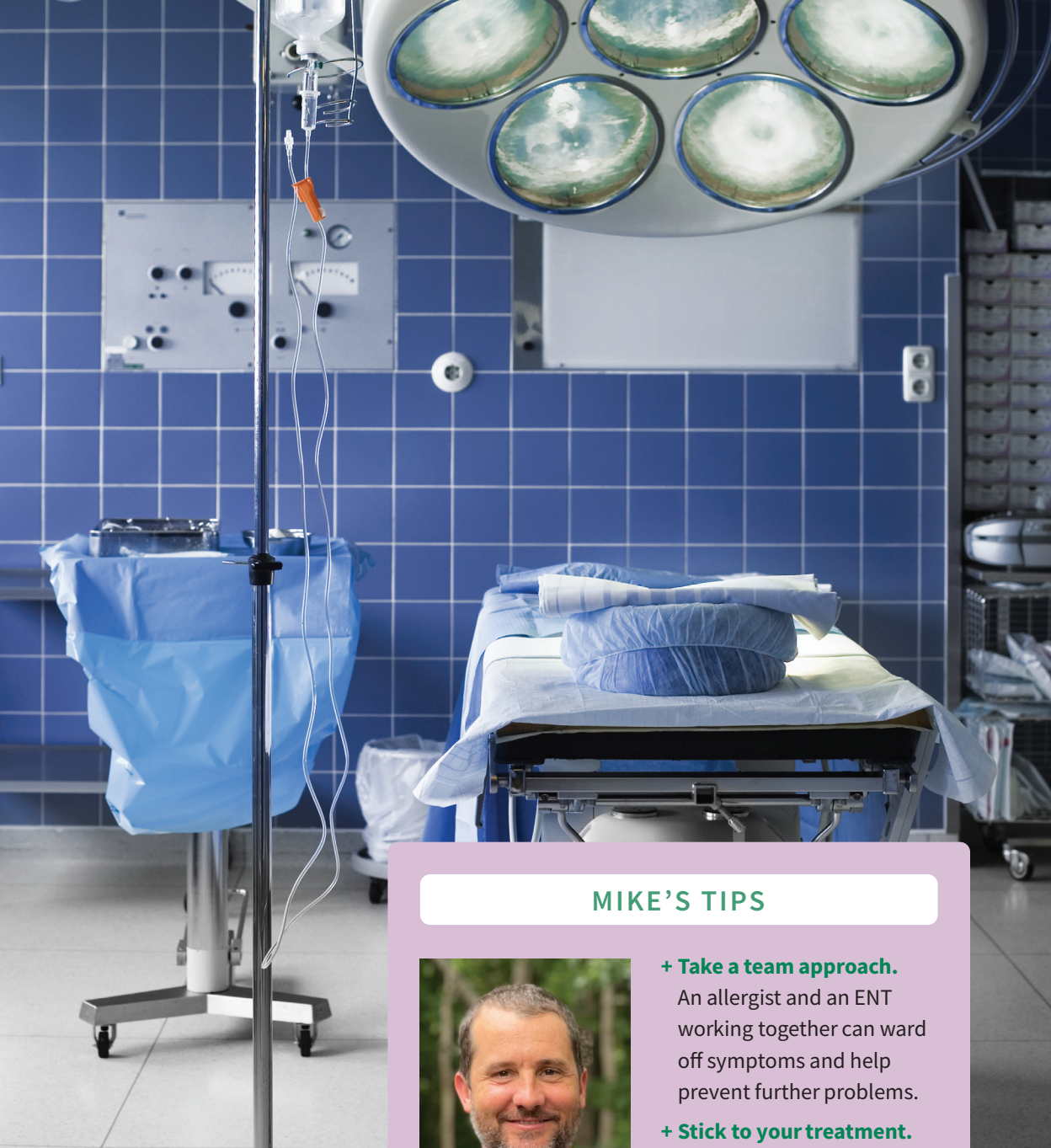
A BREATH OF FRESH AIR

I had been treating my polyps medically for a while before I opted for surgery. My primary care doctor referred me to an allergist, who started me on allergy shot treatments (immunotherapy). I also had several medications I took at night. If I didn't take them, I would snore. (My wife confirms this.) But essentially these measures were a stopgap. My allergist finally sent me to an ear, nose, and throat (ENT) doctor.

Both doctors agreed surgery was the answer for me. It wasn't a walk in the park—it was supposed to be a two-hour outpatient surgery and ended up being six. Recovery was also tough because the procedure had also repaired a deviated septum. But the minute the gauze and stents came out of my sinus cavities several days after surgery, it was like a cool breeze blew through my head. I'd never felt anything like it before. It was amazing.

Seven years later, my polyps did come back (which is very common), but the second surgery was much easier. The polyps were less severe, and the septum wasn't involved this time. I have a plan with my ENT and allergist to home in on my allergy management and help slow polyp

HEIDE BENISER/VIA GETTY IMAGES; INSET PHOTO COURTESY OF MIKE BURNS



growth for the future.

If you've ever considered surgery for your polyps, talk to your doctors and seriously explore if it's right for you. Nearly everyone I've talked to has described it as life-altering, and I agree.

MIKE'S TIPS



+ Take a team approach.

An allergist and an ENT working together can ward off symptoms and help prevent further problems.

+ Stick to your treatment.

Stay on top of daily medications, allergy shots, etc.—diligence will improve your quality of life.

+ Find support. A friend or loved one can help you stay accountable and help you remember details about your symptoms and progression.

HOW TO KEEP NASAL POLYPS AWAY AFTER TREATMENT

What to know to continue breathing easier

By Kendall K. Morgan Reviewed by Brunilda Nazario, MD, WebMD Chief Physician Editor, Medical Affairs

Medicine or surgery can shrink or remove your nasal polyps and their symptoms. Your doctor may suggest you try intranasal or oral steroid sprays first to see if it eases your symptoms. But steroid treatments generally won't make your polyps go away for good. Chances are they'll get worse again after treatment stops.

"Steroids can help you feel better for a while," says W. Derek Leight, MD, an ear, nose, and throat specialist at Boys Town National Research Hospital in Boys Town, NE. However, he added, "Once you come off steroids, the polyps seem to regrow."

REGROWTH AFTER SURGERY

When steroids aren't enough or your polyps are large, your doctor may recommend sinus surgery to remove them as completely as possible. But surgery generally isn't a cure for nasal polyps either.

"Return of polyps is common after surgery, particularly without medical treatment to address the underlying inflammatory disease that causes the lining to balloon out and block off the

sinuses," says Christie Barnes, MD, a rhinology specialist at University of Nebraska Medical Center in Omaha, NE.

ONGOING TREATMENT

Surgery to open your nose and sinuses will make it easier to get topical steroids in contact with the lining of your sinuses, Barnes explains. Topical steroids are a mainstay of treatment after surgery, she says, but they aren't the only option.

To keep polyps away after treatment, Barnes recommends "ongoing medical management, beginning with topical steroids and potentially also involving more aggressive management with biological therapy designed to target the underlying causes of inflammation." Biologics for chronic rhinosinusitis with nasal polyps are monoclonal antibodies that target a specific protein to calm the underlying inflammatory process.

TACKLE OTHER HEALTH CONDITIONS

Leight recommends exploring the reasons you have polyps. For example, about half of people with nasal polyps can trace their inflammation



to allergies. He notes, however, that a person's genetics and metabolism also can play a role. It also helps to step up measures to avoid getting sick with colds or other upper respiratory infections (URI) and to control inflammation when you inevitably do get sick.

“Aggressive treatment of viral URI is crucial because often this inflammation can cause more robust return of polyps,” Barnes says. “Sometimes patients need short bursts of oral steroids

to improve the swelling.”

Many people with nasal polyps also have other chronic conditions, including asthma, allergic rhinitis or hay fever, chronic sinus infections, cystic fibrosis, or hypersensitivity to certain over-the-counter medicines including aspirin. To help keep your nasal polyps away after medical treatments or surgery, Barnes says, “It is crucial to control any comorbid conditions that also contribute to sinus problems.”

YOUR MENTAL HEALTH

Uncontrolled polyps can get you down, but a holistic approach to treatment can help

By Kendall K. Morgan

Reviewed by Brunilda Nazario, MD,
WebMD Chief Physician Editor, Medical Affairs

Nasal polyps may be found only in your nose and sinuses, but they can affect your whole life including your overall health and ability to enjoy life. When making choices about treating this condition, consider how your nasal polyps are affecting your mental health, including your emotional state, quality of life, and even your ability to think. About 1 in 4 people with nasal polyps say they have a major impact on their mental or emotional health.

“Patients with nasal polyps can experience significant disruption to their daily functioning and activities,” says Sindhura Bandi, MD, an allergist-immunologist at Rush University Medical Center in Chicago. “Poor sleep and chronic fatigue, loss of smell, and worsening of other comorbid conditions such as asthma due to nasal polyps can significantly impact quality of life and a patient’s physical and mental well-being.”

TALK TO YOUR TEAM

Share with your medical team all the ways your nasal polyps are affecting you, both physically and mentally. Having an open dialogue with your doctor may prompt them to ask more detailed questions to assess “the burden of nasal polyps on well-being,” Bandi says.



You may find your nasal polyps are affecting you in more ways than even you realized. Your nasal polyp specialist can then direct you to resources and refer you to mental health professionals or others who can help you identify appropriate treatment and management strategies to improve your mental health, she says.

TREATMENT ADVICE

To address mental health concerns, John M. James, MD, an allergist-immunologist at UCHealth Poudre



SIGNS YOU HAVE DEPRESSION OR ARE DEPRESSED:

- + Low energy
- + Feeling sad or hopeless
- + Sleep changes
- + Isolating yourself
- + Disinterest in eating
- + Suicidal thoughts

If you or a loved one needs support, text or call the Suicide & Crisis Lifeline at 988 or chat at 988Lifeline.org.

Valley Hospital in Fort Collins, CO, and spokesperson for the Asthma and Allergy Foundation of America, recommends treating the nasal polyps first to ensure they're being managed as effectively as possible. With your polyps under control, you can then focus on ways to cope with your chronic condition and its impact on your mental health.

“Treating nasal polyps is important not only for alleviating physical symptoms such as nasal congestion, obstruction, and anosmia (inability to smell), but effective treatment strategies can also improve mental health concerns,” he says.

He also recommends finding a patient education and support group for emotional support and practical advice. “Support groups can help affected individuals feel less isolated and more empowered in managing their overall health,” James says.

looking to
STAY WELL
every day



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LEMONGRASS

Tasty herb commonly thought to be a supportive hand to your overall health



ROSE HIPS

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ELDERFLOWERS

Light colored flower traditionally considered to help support a healthy lifestyle



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