

WebMD[®]

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FALL 2026



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SCAN ME

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activate the QR code.

Dear Reader,

WebMD's mission is to provide trusted, educational, and accurate health information. Our medical experts focus on topics that empower consumers to be active participants not only in their own healthcare, but also in the lifestyle and health decisions of their family and friends.

We create and distribute condition guides for doctors' offices to help you prepare for your visit, to have a productive dialogue with your physician, and as a take-home companion.

This guide's topic is **Nasal Polyps** with content including:

- An illustration detailing how nasal polyps disrupt your breathing
- What you should know when considering sinus surgery
- Healthy lifestyle habits for living well with this condition

This resource can be a powerful tool to help you be your own best health advocate.

We hope that you will find this condition guide to be informative and useful. Please share your thoughts in a short survey accessed through the QR code below.

Thank you.



Sincerely,

Laura J. Downey

Editorial Director

LDowney@webmd.net

To the Office Manager: For any additional copies or needs, email Vanessa Cognard, publisher, WebMD Point of Care, at vcognard@webmd.net.



SCAN ME



WE WANT TO HEAR FROM YOU!
TAKE OUR SURVEY

Your feedback matters! Tell us what you think about our condition guides and workbooks. Use your smartphone camera to activate the QR code.

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CARING FOR YOU

Tackle polyp stress



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.
- 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 right away 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 full Prescribing Information including 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.
- 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 right away 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

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THE LATEST ON NASAL POLYPS

IS SURGERY ENOUGH?

Many people with nasal polyps wonder if surgery alone can fix their problem. A U.S. study of nearly 18,000 patients with chronic rhinosinusitis with nasal polyps (CRSwNP) compared those who had sinus surgery with those who did not. Although surgery reduced steroid use by about 18%, about one-third in both groups still needed medication. Health care visits and long-term costs were also similar, despite higher up-front surgery costs. These findings suggest that while surgery can help, ongoing treatment is often still required. Talk to your doctor about what to expect after surgery.

SOURCE: *Journal of Comparative Effectiveness Research*

40 to 60

Age group in which CRSwNP most commonly appears among U.S. adults.

SOURCE: American College of Allergy, Asthma & Immunology

up to 13 million

Estimated number of U.S. adults affected by CRSwNP.

SOURCE: American College of Allergy, Asthma & Immunology

TREATMENT PERSISTENCE PAYS OFF

Living with CRSwNP can feel frustrating—especially when symptoms return after taking steroids or other preventive measures. But there is hope for people still searching for relief. In a U.S. study of over 3,300 patients, many who started a biologic treatment stayed the course long-term. About 85% remained on treatment at six months, and nearly 70% were still on treatment after a year. Most took their medication consistently—and many who stopped chose to restart soon after. This suggests many patients find biologic treatment helpful enough to continue over time.

SOURCE: *Journal of Allergy and Clinical Immunology*

POLLUTION AND POLYPS

Are your nasal polyp symptoms getting worse or hard to control? Where you live may be one reason. In a U.S. study of 181 adults with CRSwNP, people living closer to busy roads reported experiencing more severe symptoms, including nasal congestion and facial pressure. Increased traffic exposure may trigger inflammation and swelling in the nose, worsening symptoms. This study highlights that traffic-related air pollution should be considered when managing nasal polyps. If you live near traffic, discuss your surroundings with your doctor so they can tailor a more personalized care plan for you.

SOURCE: *American Journal of Otolaryngology*



This content was created using several editorial tools, including AI, as part of the process. Human editors reviewed this content before publication.

STATS & FACTS

Reviewed by Neha Pathak, MD,
WebMD Chief Physician Editor

MORE THAN

3

Months of ongoing symptoms such as a blocked nose, facial pressure, or loss of smell that may require evaluation by an allergist or ENT.



ABOUT
25% to 30%

Amount of people with chronic sinusitis who also have nasal polyps.

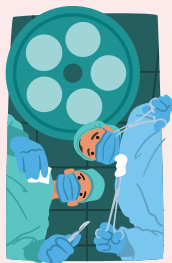


OVER
40%

Amount of people who may experience recurrence of nasal polyps within a few years of sinus surgery.

ABOUT
3 in 10

Number of people with nasal polyps in the U.S. who reported having more than one endoscopic surgery to remove them.



53%

Amount of people who said it took more than one year to be diagnosed with CRSwNP after symptoms began.



ABOUT
1 in 4

Number of people who said nasal polyps affected their emotional or mental health, based on a survey.

SOURCES: American College of Allergy, Asthma & Immunology, Allergy & Asthma Network, Asthma and Allergy Foundation of America

This content was created using several editorial tools, including AI, as part of the process. Human editors reviewed this content before publication.

MAKE YOUR NEXT DOCTOR VISIT COUNT

Know when to go, what to expect, and how to prepare for your upcoming ENT appointment

By Sonya Collins

Reviewed by Neha Pathak, MD,
WebMD Chief Physician Editor

If your nasal polyps treatment isn't working as you'd hoped, a follow-up visit with an ear, nose, and throat (ENT) specialist may be in order. Having a clear understanding of the process—and the steps you should take to get ready—can make the visit more productive.

WHEN TO SEE YOUR DOCTOR

If your symptoms worsen or start to interfere with your daily life despite treatment, check back in with your doctor. "If any of these are getting progressively worse—sense of smell, blockage of the nose, discolored nasal drainage, or facial pain or pressure—it's time to see your ENT," says Thomas S. Edwards, MD, assistant professor in the Department of Otolaryngology – Head and Neck Surgery at Emory University School of Medicine in Decatur, GA.

WHAT TO EXPECT

Your ENT will review your symptoms, medical history, and prior treatments. They'll likely



examine your nose with a small camera inserted painlessly into your nostrils to gauge inflammation and polyp size. This helps them know how well your current plan is working.

BE READY TO ANSWER THESE QUESTIONS

Expect your doctor to ask detailed questions about your symptoms and treatment history, such as:

- What symptoms are you having and for how long?
- What makes them better or worse?
- What treatments have you tried?

One of the most helpful things you can do, Edwards says, is bring your sinus medications and remedies with you. "Anything you put up your nose and any pill you take for a nose or sinus problem, just bring it with you to the visit."

BE READY TO ASK YOUR QUESTIONS

To get the most out of your visit, come prepared with your own questions. You might ask:

- What are my next treatment options?
- What does good control of nasal polyps look like?
- Am I a candidate for surgery or more advanced therapies like biologics?

A little preparation can make a big difference. Show up informed and ready to talk through your symptoms and options so you can find a plan that brings relief.

THE STRUGGLE IS REAL

For many, living with nasal polyps comes with ongoing symptoms that disrupt daily life. Here, two experts share the complications of this condition.



JENNIFER K. MULLIGAN, PhD

By Sonya Collins

Reviewed by Neha Pathak, MD,
WebMD Chief Physician Editor

Jennifer K. Mulligan, PhD, co-director of the University of Florida Health Smell Disorders Program in Gainesville, and Mas Takashima, MD, chief of otolaryngology at Houston Methodist in Texas, describe the real-life challenges of living with nasal polyps.

Q: How do nasal polyps affect your ability to breathe?

JENNIFER K. MULLIGAN, PhD: Both the thick mucus that's occurring when you have chronic sinusitis with nasal polyps and the obstruction of the airflow due to the polyps themselves make it hard to breathe through your nose. On top of that, many people with nasal polyps also have asthma, which compounds the difficulty breathing.

Q: What are the consequences of breathing primarily through your mouth?

MAS TAKASHIMA, MD: It can make it harder to exercise. Mouth-breathing also leads to dry mouth, which can cause cavities. Saliva has protective effects on our teeth. You don't get that protection when your mouth is dry. Your nose filters

JENNIFER K. MULLIGAN, PhD, PHOTO COURTESY OF JENNIFER K. MULLIGAN; MAS TAKASHIMA, MD, PHOTO COURTESY OF MAS TAKASHIMA

air before you pull it into your lungs. When you breathe through your mouth, you bypass that filter. Mouth-breathing interrupts sleep, too, which can have all kinds of other health consequences.

Q: Since nasal polyps interfere with exercise and sleep, do people with nasal polyps often have other health problems?

JKM: Obesity is common, but it's sort of a chicken and egg question. Nasal polyps can interfere with sleep and exercise, which can raise the risk for obesity, and obesity causes chronic inflammation, which could lead to sinusitis and nasal polyps.

Q: Do nasal polyps hurt?

MT: The polyps themselves are painless growths, but they can cause facial pain and pressure, which is just another way they negatively affect your quality of life.

Q: How do nasal polyps affect your sense of smell and taste?

JKM: Because nasal polyps block airflow to the olfactory cleft, it impacts the person's ability to smell. Often, when you can't smell, you can't taste. A lot of people who can't taste no longer want to go out to restaurants or share a meal with friends, so it impacts their social life and overall emotional well-being.

Q: How is the mental health and well-being of people with nasal polyps?

JKM: Depression and even impaired cognition are both common side effects of sinusitis. The loss of smell and taste can actually lead to isolation and depression. The cognitive impairment is not as well studied. Part of it is that poor sleep can affect your focus. But there's also some thought that the inflammation in the nose can cross the blood-brain barrier and impair cognitive function.



MAS TAKASHIMA, MD

Q: Can nasal polyps make you more prone to infections?

MT: Yes, polyps block off the sinuses, and when the sinuses aren't aerating well or draining properly, you can't get medicines into your sinuses, then the sinuses get angrier, more irritated, and produce more mucus. The mucus can't get out of the sinuses because the polyps block the opening, and then the mucus then gets infected. Any stagnant mucus inside the nose is more prone to getting a bacterial infection.

AIRFLOW ROADBLOCKS

How nasal polyps disrupt your breathing

By Rachel Reiff Ellis

Reviewed by Neha Pathak, MD, WebMD Chief Physician Editor

YOUR NASAL PASSAGES WITH POLYPS

Picture air moving through your nose like a steady stream of tiny pickup trucks on a highway. When your nasal passages are clear, traffic flows smoothly. But nasal polyps act like roadblocks that narrow the space. This forces airflow to slow down, squeeze through tight spots, or reroute entirely.

Normal flow.

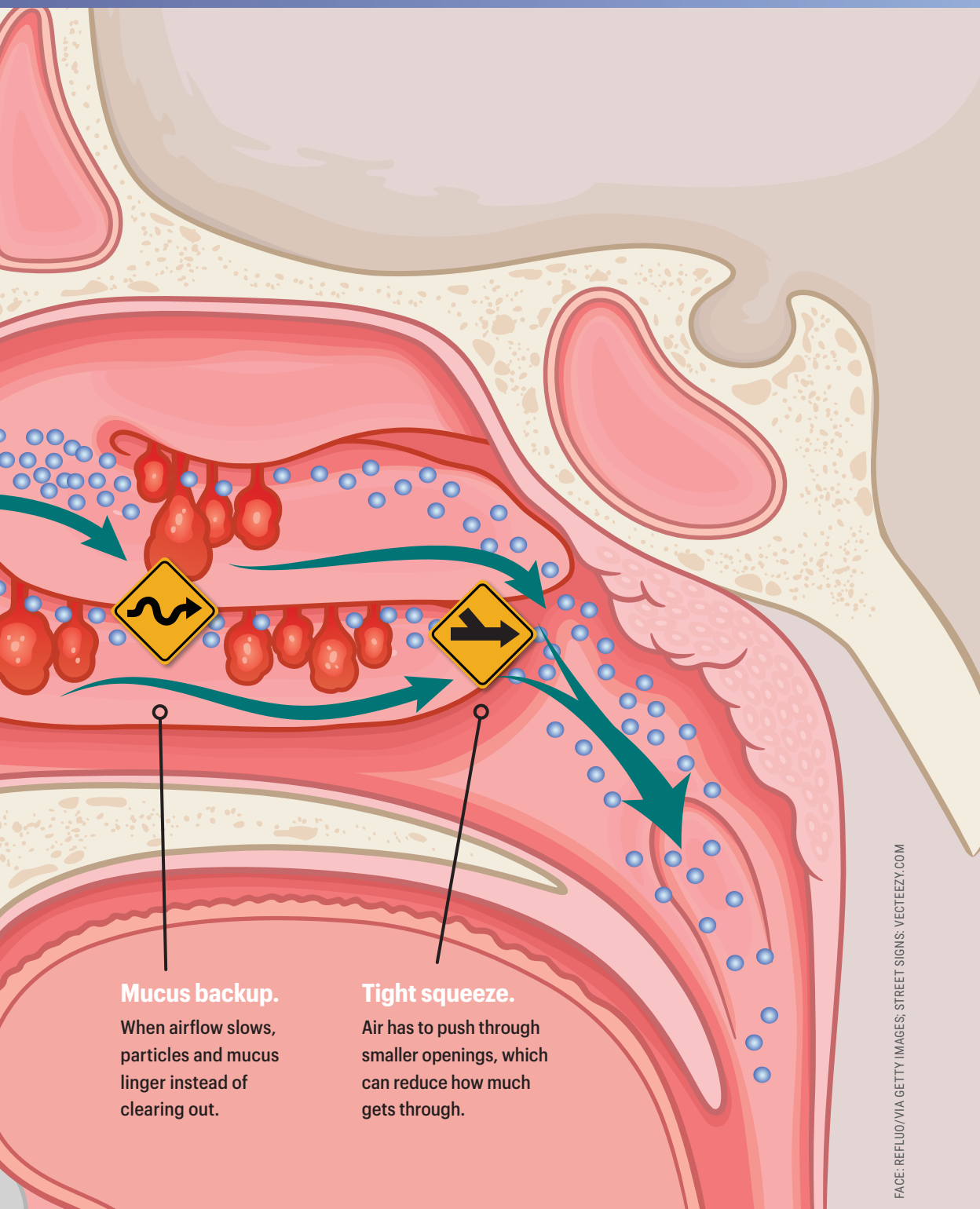
Air moves smoothly through open passages.



Blocked pathway.

Some air can't pass through at all.

SOURCE: UMass Memorial Health



Mucus backup.

When airflow slows, particles and mucus linger instead of clearing out.

Tight squeeze.

Air has to push through smaller openings, which can reduce how much gets through.

FACE: REFLUO/VIA GETTY IMAGES; STREET SIGNS: VECTEEZY.COM

NASAL POLYPS 101

How to spot them and how to live with them

By Rachel Reiff Ellis

Reviewed by Neha Pathak, MD, WebMD Chief Physician Editor

Nasal polyps are soft, noncancerous growths that form inside your nose or sinuses. Usually, they happen after your nasal passages are chronically inflamed. Nasal polyps aren't dangerous, but they can make it harder to breathe, sleep, and even smell or taste things.

Knowing what to look for and how to manage them can make a big difference in how you feel day to day.

HOW TO RECOGNIZE NASAL POLYPS

Nasal polyps don't always cause symptoms right away. If they're small, you may not notice them. But as they grow, they can block your nasal passages and cause ongoing problems. One of the most common signs is a stuffy or runny nose that doesn't go away.

"Usually you feel really congested and unable to breathe, but you may also feel mucus dripping down the back of your throat, have trouble smelling or tasting, or feel pressure in your face," says Jenna Barengo, MD, an otolaryngologist at Ohio ENT & Allergy Physicians in Columbus.

Some people get sinus infections over and over because their sinuses are blocked. These symptoms often last for weeks or even months, which is different from a typical cold. But because the symptoms are similar to allergies or a sinus infection, nasal polyps can be easy to miss.

LIVING WITH NASAL POLYPS

To breathe easier with nasal polyps, the goal is to reduce the swelling. Typically, your doctor will start by recommending nasal saline rinses along with corticosteroid nasal sprays to help shrink them.





ANATOLIYCHERKAS/VIA GETTY IMAGES

COMMON CAUSES

Otolaryngologist Jenna Barengo, MD, lists some of the typical reasons nasal polyps form:

- + Long-term swelling in your nose or sinuses
- + Allergies
- + Asthma
- + Sensitivity to medications like aspirin

Sometimes doctors prescribe steroid pills for a short time if symptoms are more severe.

“Usually, we start with the most conservative treatments, but if things aren’t getting better, we start looking at other options, like surgery where we open up all the sinuses and clear out the polyps,” says Joshua C. James, MD, otolaryngologist at The ENT & Allergy Centers of Texas in Frisco.

Even after surgery, you’ll likely need to keep using treatments to keep your polyps from returning, James says. Your daily habits can also help your nasal passages.

“Try to avoid things that irritate your nose, like smoke or strong smells,” James says. Keep your allergies and asthma under control with good medical care and prescribed treatments, and take steps to avoid infections to help reduce your flares.

CONSIDERING SINUS SURGERY?

What to know before heading to the operating room

By Kendall K. Morgan

Reviewed by Neha Pathak, MD, WebMD Chief Physician Editor

Nonsurgical treatments may shrink your polyps enough to bring relief. But surgery to remove nasal polyps is always an option, according to Martin J. Citardi, MD, an otorhinolaryngologist at Texas Medical Center in Houston.

KNOW YOUR TYPE

It's important to know what type of polyps you have, Citardi says, including whether they're driven by type 2 inflammation. Doctors sometimes call this eosinophilic inflammation. Eosinophils are white blood cells found at high levels in some nasal polyps.

"The reason why that's important is these patients tend to be a little bit more difficult to treat," Citardi says.

While surgery may open your sinuses up, Citardi says biologic medicines can target the type 2 inflammation that drives them.

FULL-SPECTRUM CARE

To help you weigh your options, Citardi advises going to a clinic offering the "full spectrum of care." That's because you want a clinic team who can help you think through all your treatment options and devise a plan.

Ask what your doctor recommends for you given various factors, including the severity of your symptoms, polyp type, other conditions, and personal preferences.



UNDERSTANDING GOALS

"In some patients, the surgery alone with simple post-op measures is all someone needs," Citardi says.

Ask about the goals of surgery in your case and what to expect long-term. Surgery may allow testing of your polyps to understand them better. If your sinuses are filled with polyps, mucus, fungal debris, or infectious agents, you may need surgery to clear them.

"Cleaning that out has got to be part of the process, and cleaning it out is not trivial because that material has the thickness of peanut butter or glue," Citardi says. "It's very tenacious."

ASK QUESTIONS

Anytime surgery is on the table, you'll want to find an experienced surgical team, Citardi advises. He says it's OK to ask up front, "How many of these have you done?" Look your doctors up online, and don't let yourself feel rushed.

"We've got multiple options," Citardi says. "It's not just about a surgery. If someone feels like they're being rushed into a procedure and just aren't comfortable, that's probably a warning sign."

BREATHE AGAIN

From sprays to surgery and immune-modulating injections, here's how doctors treat stubborn nasal polyps

By Sonya Collins

Reviewed by Neha Pathak, MD,
WebMD Chief Physician Editor

Treatment for nasal polyps follows a stepwise approach. You'll start with medications that go directly into your nose and sinuses. "We start with nasal sprays and rinses, and if those don't work, we escalate," says Jivianne K. Lee, MD, an otolaryngologist and head and neck surgeon at UCLA Health. Escalated approaches include surgery and drugs called biologics.

START WITH TOPICAL TREATMENTS

Most people begin with intranasal corticosteroid sprays and saline rinses. These reduce inflammation, shrink polyps, and are safe for long-term use—making them the foundation of treatment.

If sprays and rinses aren't enough, your doctor may suggest an exhalation delivery system—a breath-powered device that pushes steroids deeper into the nasal passages for better reach and effectiveness.

ORAL STEROIDS FOR QUICK RELIEF

If symptoms continue, a short course of oral steroids may help. These medications can quickly



reduce swelling and improve breathing. But because of potential side effects, doctors use them sparingly and only for limited periods.

SURGERY TO BOOST MEDICATION EFFECTIVENESS

When medications fall short, sinus surgery may be the next step. It isn't a cure. Instead, surgery removes polyps and clears the sinuses so medications can reach where they're needed.

"Surgery is like mowing the lawn," Lee says. "The polyps are like weeds. We remove them, but then you have to do the maintenance to keep them from coming back."

After surgery, you'll still need medication to keep the polyps from returning, but it should work better now.

BIOLOGIC DRUGS FOR TOUGH CASES

If surgery isn't an option or if the polyps keep coming back, injectable biologics may help. These drugs target various immune processes that drive inflammation, helping shrink polyps and improve symptoms and quality of life.

There are four different FDA-approved biologics for nasal polyps and more in development that will target additional immune pathways involved in the condition. "There's a whole spectrum of biologics on the horizon," Lee says. "It will be interesting to see which ones are most effective."

HEALTHY LIFESTYLE HABITS

Expert advice for living well with nasal polyps

By Kendall K. Morgan

Reviewed by Neha Pathak, MD, WebMD Chief Physician Editor

While medical treatment for nasal polyps is essential, there's much you can do to feel better. Anything that lowers inflammation helps.

RINSE AND REPEAT

No matter what treatment regimen you choose, nasal rinsing or irrigation should be part of your daily routine, says Stella Lee, MD, an ear, nose, and throat (ENT) surgeon at the Brigham Sinus Center at Brigham and Women's Hospital in Boston. Flush your sinuses using saline in a neti pot, squeeze bottle, or pre-packaged spray or mist. Be sure to use distilled or sterilized water instead of tap.

AVOID ALCOHOL

"We know now that alcohol in any form is actually quite harmful, so avoiding it is recommended," Lee says.

Alcohol is known for making nasal polyps worse, especially if you have severe nasal polyps and aspirin-exacerbated respiratory disease (AERD), Lee says. While more study is needed, she explained that there may be a link between nasal polyps and problems in the enzyme needed to break down alcohol.

CLEAR THE AIR

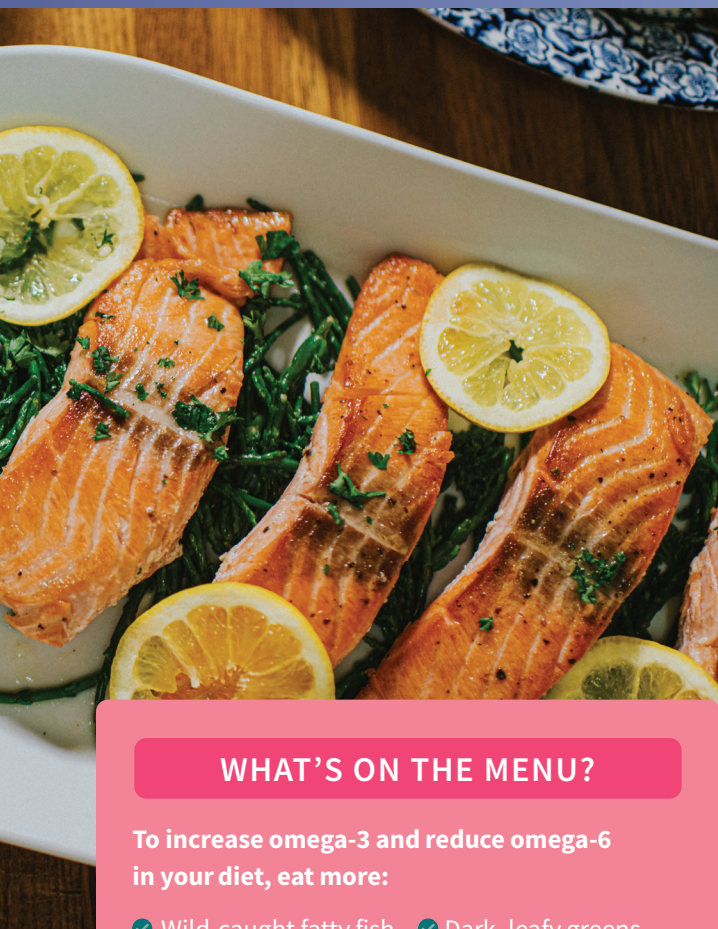
Environmental air pollution and indoor air quality may contribute to or worsen your nasal polyps.

"In our research, we found patients who are exposed to more air pollutants have higher disease and symptom severity," Lee says.

Lee recommends reading labels carefully to avoid products containing added fragrances or perfume, which are often synthetic chemicals. Don't burn candles or incense, and avoid smoking or vaping. Gas stoves used in cooking are another source of volatile organic compounds in the air you breathe, Lee says.



CATHERINE FALLS COMMERCIAL/VIA GETTY IMAGES



WHAT'S ON THE MENU?

To increase omega-3 and reduce omega-6 in your diet, eat more:

- ✓ Wild-caught fatty fish or fish oils
- ✓ Dark, leafy greens like kale and broccoli
- ✓ Fat-free dairy products
- ✓ Fruit
- ✓ Egg whites
- ✓ Flaxseeds

Limit:

- ! Beans
- ! Olive oil
- ! Potatoes
- ! Butter from grass-fed cows
- ! White rice and grains

Avoid:

- ✗ Meat and poultry
- ✗ Avocados
- ✗ Dairy products with fat
- ✗ Fried foods
- ✗ Egg yolks
- ✗ Vegetable oils and margarine
- ✗ Peanuts and tree nuts

EAT WELL

Tanya M. Laidlaw, MD, an allergist and immunologist at Mass General Brigham Healthcare Center in Chestnut Hill, MA, says there's no evidence eliminating any one food will help with nasal polyps. But there is some evidence in favor of a dietary intervention limiting omega-6 fatty acids, which are lipids found in seed oils such as canola or sunflower that encourage inflammation. Your body converts these fatty acids into inflammatory leukotrienes and prostaglandins.

"In order for your body to make those lipids, you have to eat the building blocks for them, and those come from eating omega-6 fatty acids," Laidlaw says.

In addition to avoiding omega-6 fatty acids common in many fast or fried foods, it may help to increase healthy omega-3 fatty acids in your diet, she says. Omega-3 fatty acids are found in fatty fish such as wild-caught salmon and green veggies.

THINK HOLISTICALLY

Lee says it's important to take a holistic perspective when managing nasal polyps, and she counsels patients to consider their lifestyle and home environments carefully. Otherwise, she says, "We can have the most powerful medications—the most targeted therapeutics—and patients still can do poorly."

GOODBYE POLYPS

Surgery and treatment made all the difference

By Julie Vroon

Reviewed by Neha Pathak, MD, WebMD Chief Physician Editor

During my sophomore year of college, I started having awful sinus infections. I'd get sick, be down for a week, go on antibiotics, and feel better for maybe a week. Then the cycle would start all over again.

After about a year into that terrible roller coaster, I finally went for allergy testing and started allergy shots. But my doctor also referred me to a specialist for a better look at my nasal passages. They did a CT scan of my head and discovered nasal polyps. I had no idea they were there, nor did I know nasal polyps were something that could cause these kinds of issues. They scheduled me for surgery to have them removed.

SURGERY TO THE RESCUE

The surgery itself was an easy process. These days, it's an outpatient procedure, but back then they kept you overnight for observation. The next day they sent me home with pain medication and told me to spend a few days resting.

I was able to go back to normal life easily, but I learned quickly that protecting my nose was an important part of healing. My doctors had forbidden me from riding in an upcoming horse show I had qualified for, which felt frustrating at the time. But now I understand that they were trying to protect my healing.

Looking back, I wish I had understood more about the recovery process. Your sinuses need a really still environment to heal correctly. I remember my younger sister once grabbed my head and pulled up on my nose, and it was incredibly painful. It made me realize how sensitive everything still was. I think it can take up to six months for everything to fully normalize.



VADYM TEREYUK/VIA GETTY IMAGES;
INSET PHOTO COURTESY OF JULIE VROON



JULIE'S TIPS



LIFE AFTER POLYPS

Before surgery, I couldn't feel or see the polyps at all. I just knew I kept getting sick. But a friend (a musician with an ear for these kinds of things) told me my voice sounded different after the surgery. It makes sense that taking something out of your sinus cavities would change how your voice resonates.

It's been a couple of decades since my surgery, and although I still get the occasional cold or mild seasonal allergies, it's nothing like before. I'm not stuck in that cycle of infections or needing antibiotics all the time.

In the long run, combining surgery with allergy shots made all the difference for me. I can't say which one mattered more, but together, they cleared things up in a way nothing else had.

- + Don't ignore repeated sinus infections.
- + Stay on top of allergies.
- + Protect your nose after nasal polyp surgery.

TACKLE POLYP STRESS

Along with treatment, get support, try mind-body techniques, and more

By Kendall K. Morgan Reviewed by Neha Pathak, MD, WebMD Chief Physician Editor

Chronic rhinosinusitis with nasal polyps (CRSwNP) is a chronic condition, and managing it will come with added stress. They can negatively impact your quality of life in many ways, says David W. Jang, MD, an ear, nose, and throat (ENT) specialist and surgeon at Duke Health in Durham, NC.

“With the constant drainage and congestion, patients will experience poor sleep, which then affects the ability to function during the day, including job or school performance,” Jang says. “Another significant impact to quality of life is the inability to smell. Patients are unable to enjoy food as well as social situations in which food is involved.”

HIGH IMPACT

James N. Palmer, MD, an otorhinolaryngologist and surgeon at Penn Medicine in Philadelphia, notes a study showing CRSwNP has impacts on quality of life comparable to serious and life-threatening diseases like heart failure and chronic obstructive pulmonary disease. So it may help to know you aren’t alone.

“Admittedly, nobody ever died from chronic rhinosinusitis with nasal polyps, or at least I hope not, but in terms of decreasing quality of life it can be dramatic,” Palmer says.

VICIOUS CYCLE

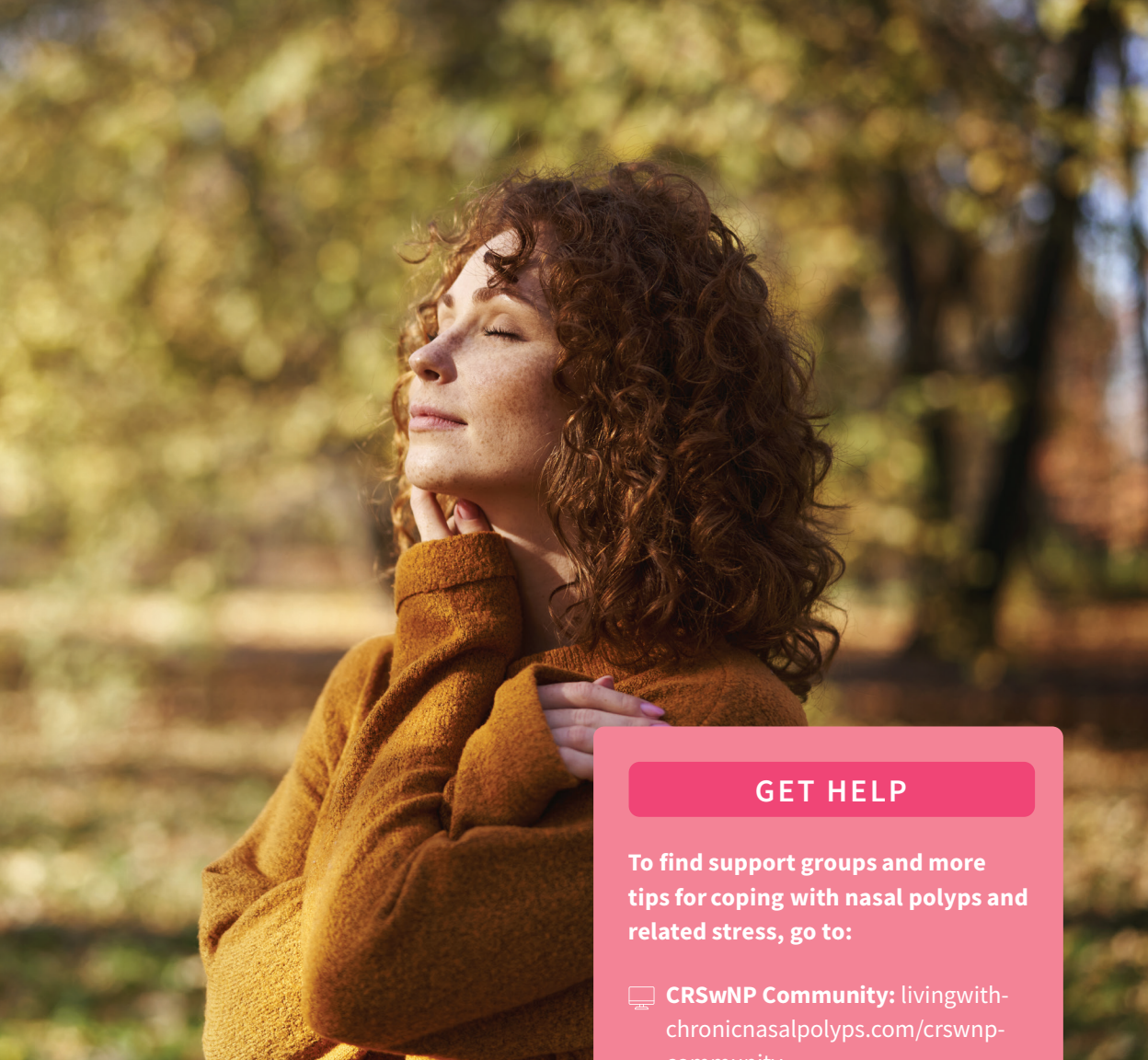
While nasal polyps and their symptoms lead to stress, the stress may worsen your polyps, too.

“While we don’t have direct evidence that stress will worsen nasal polyps, it is likely that stress can be an exacerbating factor,” Jang says. “We know that stress will worsen inflammation in the body in general, and this can possibly include nasal polyp-related inflammation. Stress will also weaken the immune system, and we know that respiratory viruses will make polyps worse.”

MANAGE STRESS

To manage stress, the CDC recommends taking small steps each day. Take time for yourself away from digital media to breathe, stretch, meditate, journal, or enjoy nature. Remind yourself of reasons to feel grateful and connect with other people, including those who know what it’s really like to have nasal polyps. Don’t hesitate to let your ENT doctor or others on your care team know when you’re struggling with stress or other mental health concerns.

“[Your] doctors should absolutely know about personal stresses and concerns that may be related to your condition,” Jang says. “This will help us to determine the best course of treatment.”



BREATHE EASIER

To help you breathe easier, Palmer encourages you to remember the importance of regularly irrigating your sinuses with a topical steroid rinse in addition to other treatments or surgery your doctor recommends. He notes that nasal polyps are linked to many stressors, including dizziness, trouble sleeping, fatigue, trouble concentrating, feeling irritable, embarrassment, and more.

“What’s amazing about it is, if you take care of the chronic sinusitis with nasal polyps, those patients actually get significantly better on all these other parameters,” he says.

GET HELP

To find support groups and more tips for coping with nasal polyps and related stress, go to:

-  **CRSwNP Community:** livingwith-chronicnasalpolyps.com/crswnp-community
-  **Asthma and Allergy Foundation of America:** aafa.org/asthma-allergy-research/our-research/life-with-nasal-polyps-crswnp/
-  **Patient-Centered Education and Care for Nasal Polyps:** aafa.org/programs/collaborations/peace-np/
-  **SmellTaste:** smelltaste.org.uk/chronic-rhinosinusitis-crs

Inclusion of these organizations does not constitute an endorsement by WebMD and no endorsement is implied.

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