I was particularly excited to discuss this article as the senior author, Dr. Rodney Schlosser, is residency mentor of mine. Using meta-analysis, the authors sought to identify risk factors for the need to perform revision sinus surgery for chronic rhinosinusitis with nasal polyposis and published their findings in the *International Forum of Allergy and Rhinology* in October 2019.

Forty-five studies met inclusion criteria comprising 34,220 patients. The aggregate revision rate for all included studies was 18.6%. Aspirin-exacerbated respiratory disease (AERD) and allergic fungal rhinosinusitis (AFRS) demonstrated significantly higher revision rates near 30%. Additionally, patients with comorbid asthma required revision in 22% of cases compared to only 8% in the absence of asthma, which was a significant difference.

Patients undergoing their first surgery were significantly less likely to require revision (14%) than patients undergoing their second or subsequent surgery (26%). This is suggestive that patients who require revision are more likely to require multiple revisions. Moreover, patients who received a less aggressive “polypectomy” procedure rather than formal endoscopic sinus surgery were also more likely to undergo revision (26% vs 17%).

It seems that revision rates are decreasing over time, as the revision rate was 22% prior to 2008 compared to 16% after 2008, which was significant.

Overall this study provides strong evidence for risk factors for revision after endoscopic sinus surgery. The systematic review and meta-analysis is limited by the quality of included studies, most of which were single institution observational studies. Still, the data is consistent with higher revision rates in patients with asthma, AERD, and AFRS. Moreover, polypectomy is likely insufficient as, according to the authors, “the sinuses are not fully opened, diseased tissue not fully removed, and access not provided for ongoing topical medications” and revision rates were higher with this procedure. These findings provide useful guidance for the sinus surgeon in counseling and management decisions for polyp patients.