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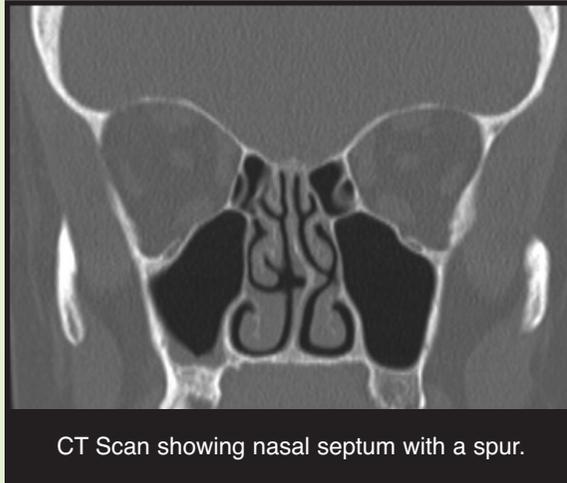
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What is the septum?

The nasal septum is the partition between the two sides of your nose. It consists of cartilage at the front of the nose and bone further back. Like the rest of your nose it is covered with a lining (mucosa). The septum is almost never perfectly straight, but in some people it is deviated to one side, significantly narrowing the nasal airway on that side. A deviated nasal septum may be the consequence of natural growth or trauma to the nose.



CT Scan showing nasal septum with a spur.

Why have the operation?

The most common reason to have a septoplasty is to improve the breathing through your nose, particularly the side which is narrowed by the deviated septum. Septoplasty alone will not help other symptoms such as catarrh, nasal discharge or facial pain.

A septoplasty is sometimes helpful in reducing nose bleeds. The most common site for bleeding is from prominent blood vessels on the front part of the nasal septum and these are often associated with a deviation of the nasal septum or septal spur. If other treatments, such as nasal cautery, have failed a septoplasty may help by causing scarring and reducing blood flow to this area. A septoplasty may be required to improve access for other nasal procedures such as endoscopic sinus surgery.

What if I do not have surgery?

If your nasal airway is reduced due to a deviated septum it will not improve without surgery, but it is entirely your decision as to whether you feel an operation is required to improve your nasal breathing. Not having surgery does not mean that your symptom will get worse. Often nasal obstruction is due to the combined effects of a deviated septum and inflammation of the nasal mucosa (Rhinitis). In such cases, medical treatment for rhinitis with a nasal steroid spray, may improve your symptoms. Conversely, if medical treatment does not help a septoplasty may enable steroid sprays to be more effective.

Septoplasty is not performed in children as to do so can affect the growth of the nose and face. It is recommended that septoplasty is not done until 16 years at the earliest.

Before the operation

If working, make arrangements to take 1 week off work. You should inform your surgeon if you bruise or bleed excessively or if there is any such history in your family. If you take regular Aspirin you should stop this at least 10 days before surgery. If you have a cold or chest infection within 2 weeks of your admission it is recommended that you contact the hospital to postpone your operation. If you smoke try to cut down or stop altogether in the days before surgery.

About the operation

The operation is performed internally within the nose under general anaesthetic and takes 30-45 minutes. The mucosal lining of the septum is elevated and the deviated cartilage and bone is removed or repositioned in the middle of the nose. After the operation you will be kept under close observation in the recovery area for a further 45 minutes, so you will be off the ward for about 1 1/2 hours. During the operation your throat is packed with gauze to prevent blood from entering the lungs during surgery. Therefore you may have a sore throat immediately following surgery, but this is usually not severe. At the end of the operation a pack is put in your nose so you will need to breathe through your mouth until the pack is removed. Most adults stay in hospital the night of the operation and are discharged the next morning.

You will not have black eyes following septoplasty and the operation should not alter the shape of your nose. Very occasionally the soft, cartilaginous part of your nose may be straightened by having a septoplasty. Your surgeon will have discussed this with you beforehand.

Turbinate surgery

Turbinates are bony projections into the nasal cavity. The mucosal lining covering the turbinates can become thickened causing them to become bigger and your surgeon may recommend that turbinates are reduced to further improve the airway. Enlargement of the turbinates may be due to rhinitis, or the turbinate on the opposite side to that which the septum is deviated may enlarge to fill the additional space available. This is known as compensatory hypertrophy. Turbinate reduction adds 10-15 minutes to the duration of the operation but does not affect the time spent in hospital or the recovery period.

After the operation

The nasal packs will be removed later the same day or the next morning. There is often some bleeding on removing the packs but this usually settles within 30 minutes. You will have some discomfort in your nose and you will be given medication to relieve this. You should avoid Aspirin, as it may cause bleeding. Your nose will feel quite congested for 3-4 weeks following surgery and nasal mucous may be blood-stained for a few days. You may be aware of sutures at the front of your nose. These will dissolve within 3 weeks and do not need to be removed.

PATIENT GUIDE TO SEPTOPLASTY

To reduce the risk of bleeding, you should avoid very hot drinks and water for baths and showers should be luke warm for a week following surgery. Smoking will also increase the risk of bleeding and result in poor healing.

Potential complications

Complications are rare, but the main complication is bleeding. This is uncommon and usually occurs within 7-10 days of surgery. Bleeding may require readmission to hospital and the nose to be packed. **If bleeding occurs you should contact the ward for advice or go to the nearest hospital casualty.**

Other complications are very rare indeed. Occasionally blood can collect within the mucosal lining of the nasal septum (septal haematoma). If the nose becomes very blocked or painful after discharge from hospital you should contact the ward or your surgeon. Following septoplasty a hole (perforation) may be left in the septum. Often this does not cause any problems but occasionally it can cause crusting and bleeding. Sometimes the shape of the nose can change after septoplasty. If the soft, cartilaginous part of the nose is deviated, it may straighten with the operation. Most patients view this as an improvement and your surgeon will have discussed this before surgery. Very rarely a depression may develop on the bridge of the nose. This is called a 'saddle deformity' and if necessary it can be corrected with further surgery.