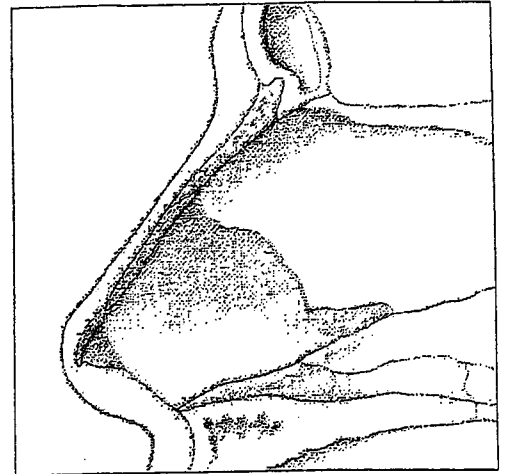


# Septoplasty

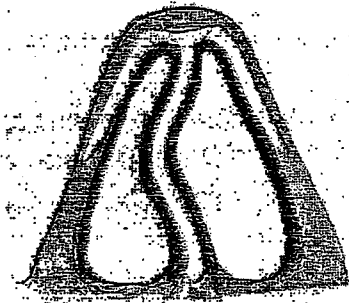
## What is the nasal septum?

The septum is the midline wall that separates the two sides of the inside of your nose. Near the tip of your nose the septum is made of cartilage. Toward the back it is made of thin bone. Both sides of the septum are lined with mucosa which resembles the lining of the inside of the mouth. Curvature of the septum (septal deviation) can obstruct one or both sides of the nose causing difficulty breathing through the nose. This often seems worse at night when lying down.



## Why is a Septoplasty Done?

Septoplasty is the surgical procedure to straighten the nasal septum. When a deviated septum is causing significant nasal obstruction the surgery is considered. Typical symptoms of a deviated septum include difficulty breathing through the nose and chronic nasal congestion. Sometimes a severe septal deviation can obstruct sinus drainage resulting in recurrent sinusitis. In patients undergoing sinus surgery for chronic sinusitis, septoplasty is sometimes required to gain access to the areas where the sinuses drain into the nose. Nasal obstruction can also contribute to snoring and sleep apnea. Less commonly, septoplasty is done to improve chronic nose bleeds or chronic nasal crusting. Some headaches are due to severe septal deviations or sharp septal spurs that press on the sensitive mucosa of the side of the nose. These types of headaches can often be resolved by straightening the septum.



## How is the Surgery Done?

Septoplasty is done in the operating room under general anesthesia. In the Pre-Op area, the anesthesiologist will talk to you about the anesthesia and answer any questions you may have. You will receive an antibiotic through an IV, and you may also be given a decongestant nasal spray before being brought into the operating room (OR).

Once in the OR, you will receive medications through the IV to put you to sleep. The anesthesiologist will then place a tube through your mouth into your airway to help you breathe during the surgery. Local anesthesia is then injected into the mucosa lining of the septum. Incisions are made inside the nostrils and the mucosa of the septum is elevated off the septal cartilage and bone. Deviated cartilage is removed or repositioned in the midline. Deviated bone is simply removed. The mucosa is then replaced, and the incision is closed with absorbable sutures. Septal splints, thin pieces of plastic, are usually placed on each side of the septum to protect it while it is healing. Nasal packing is usually not needed unless there is persistent bleeding. You will then be allowed to wake and will be taken to the recovery room. Surgery usually takes 60 to 90 minutes.

Patients are discharged home 1-2 hours after the surgery is done. A gauze "mustache" dressing is taped under the nose to catch minor bleeding which is common after surgery and resolves by the next day. Sleeping with the head up is helpful the first week to reduce swelling from the surgery. It is important to take all prescribed antibiotics. Most patients require prescription pain medication such as Vicodin or Tylenol with Codeine, but over-the-counter Tylenol is often enough for moderate pain. Do not lift any heavy objects and do not sneeze through the nose the first two weeks after surgery. If you have to sneeze, sneeze through an open mouth.

Most patients are seen back in the clinic one week after surgery for removal of the septal splints. Postoperative swelling inside the nose gradually resolves over a few weeks allowing improved nasal breathing. There is no bruising or swelling on the outside of the nose. Most patients return to work or school one week after surgery. Crusting in the nose the first two weeks can be helped by putting Vaseline jelly inside the nostrils.

What signs of trouble should I look for after surgery?

If you have any of the following problems, call your surgeon who did your procedure:

- **Bleeding:** a large amount of bright red blood running from your nose or down the back of your throat (a nosebleed).
- **Fever:** a fever persisting above 38.3° C, or 101° F.
- **Signs of infection:**
  - an increase in pain, redness or swelling of the nose
  - a yellow or green, smelly discharge from the nose
- **Nausea:** any persisting nausea.

What are the Risks of Septoplasty?

Significant problems following septoplasty are unusual, but there are some risks associated with the surgery. There is a small risk of infection which is minimized with antibiotics around surgery. The risk of persistent bleeding requiring nasal packing in the ER is very small. Serious bleeding requiring blood transfusions has been reported but is rare. The repositioned cartilage can shift in the months or years after surgery causing recurrent nasal obstruction requiring revision septoplasty. Sometimes the septum is much improved following surgery, but the patient still feels the nose is obstructed. Septal perforations or holes are an unusual result of septoplasty. These perforations can cause crusting, bleeding, or whistling sounds. A large septal perforation can cause drooping of the nasal tip. Your anesthesiologist will discuss the risks of the general anesthesia.

I have read the information about septoplasty including risks of surgery and have been given a copy of this information sheet.

(Patient/parent signature) X \_\_\_\_\_

(Print name) \_\_\_\_\_

(Date) \_\_\_\_\_