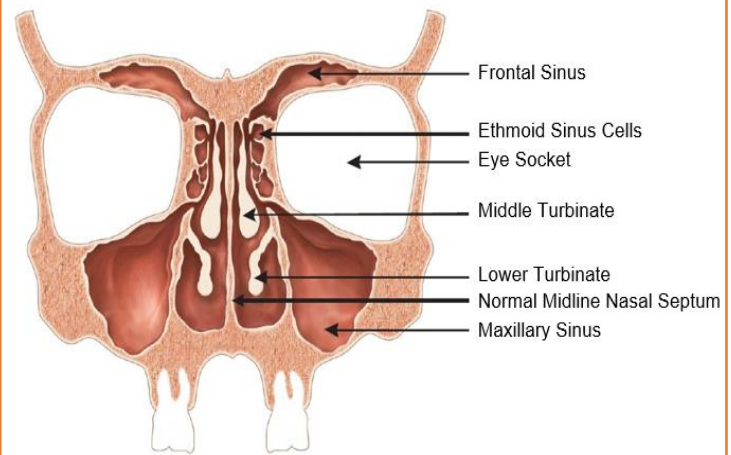


SEPTOPLASTY

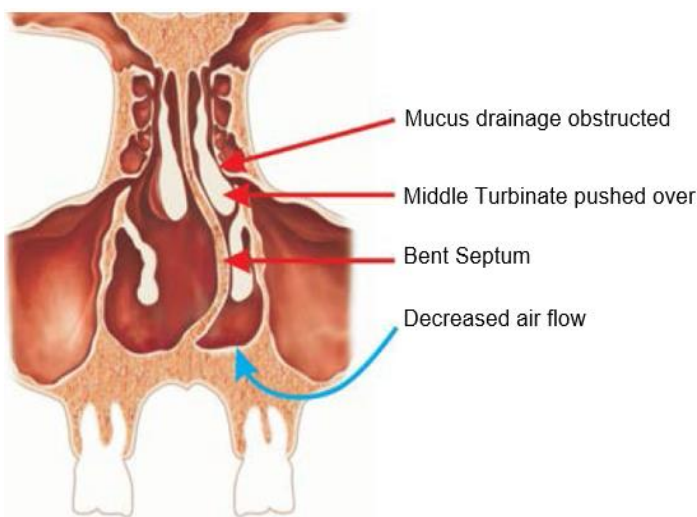
The nasal septum is the name given to the tissue which separates the left nostril from the one on the right. It is made up of both cartilage and bone and is lined by a membrane, which produces mucus.

The septum can become bent for a variety of reasons and so cause obstruction to normal airflow in the nose. The bend may also push on the other structures in the nose to cause obstruction to the normal mucus drainage from the sinus cavities on one side.

On some occasions it may be necessary to combine other surgery with the repair of the bent septum. Your surgeon will discuss this with you.



Normal CT scan of the nose and associated structures



CT scan showing a deviated or bent septum

Preparing for surgery:

Always tell your ENT specialist and anaesthetists about your medical history and be sure to mention problems such as allergies or side effects to medication.

Inform your specialist about any medication which you might be taking. This includes any natural medicines like vitamins.

If there is a family history of blood clotting problems (increased bleeding tendencies or easy bruising or deep vein thrombosis) or allergy to anaesthetics, be certain to mention this as well.

Things to avoid taking at least 3 weeks before your surgery:

- Aspirin
- Anti-inflammatory medication like Celebrex or Ibuprofen (Nurofen)
- Vitamin E
- Garlic tablets

You will not be allowed to resume taking any of this medication unless your surgeon has given you permission to do so. If you start taking any of these treatments too soon after the operation, you run a high risk of bleeding and with this, increased complications.

You must stop smoking as soon as possible. It is advisable to use this opportunity to quit smoking altogether.

Should you develop a cold, please tell your surgeon immediately. In the event of this happening your surgery might be re-scheduled.

Septoplasty is usually performed as day surgery or you may be required to remain in hospital overnight. Your surgeon will advise you of his preference. In either event, it is important that you organise to be driven home from hospital. It is advisable to arrange a period of 7 – 14 days off work / school.

After the surgery:

When you awake after surgery, you may notice that your nostrils are packed and that you are only able to breathe through the mouth. You may also have splints placed in the nose.

Nasal packing is usually removed on the same day, while splints may be removed after a few days. Your surgeons will inform you of his preferences in your case.

Mouth breathing can become a little uncomfortable. Keeping yourself well hydrated is important not only to your overall well-being, but also to alleviate symptoms of mouth dryness. You may use any commercial lip balms obtainable from your local pharmacy to assist in managing the oral dryness.

Nasal packing may cause some pain in the nose and a feeling of discomfort. This settles once the packs are removed. If pain is a problem, then you may take paracetamol or paracetamol and Codeine tablets.

Remember, do not take any aspirin or anti-inflammatory medications as they may cause bleeding problems.

Once the packing and splints have been removed, your surgeon may advise you to use FLO Saline / Salex to spray about 20 minutes before the steroid spray.

Try to avoid people who may have a cold and also environments which are smokey or dusty. Do not blow, rub or pick your nose for at least two weeks after surgery. If you need to sneeze, do so with your mouth open.

If your top lip is swollen you might try sleeping on two or three pillows for a few weeks.

It is usual for you to feel as though your nose is blocked for a few weeks. This will improve gradually as the nasal tissue heals. Full benefits from the surgery may well take a few months to be experienced.

Your follow up appointment after your surgery will be about a week post-operatively. Please ensure you check with your surgeon's office to set up this appointment in advance.

Complications of a septoplasty:

- a) Formation of scar tissue across the nasal cavity. This can cause obstruction to airflow. Minor surgery is required to repair this situation.
- b) Failure of surgery – the operation may fail to correct symptoms. The incidence of this is 1 in 10 cases.
- c) Perforation of the septum – a hole gets created in the septum. The incidence of this is 1 in 50 cases. This can sometimes be repaired with further surgery.
- d) Drooping of the tip of the nose – the incidence is 1 in 500 cases. This may require further corrective surgery.
- e) Numbness of the upper teeth caused by bruising to the nerves during the operation. This usually settles within a few months.
- f) Blood clot forming within the septum after surgery. This requires immediate surgery to drain the clot.
- g) Abscess formation of the septum – this is a collection of pus which forms. Symptoms are pain and fever. Surgical drainage is required urgently.
- h) Sense of smell may be distorted or damaged after surgery.

General complications of surgery:

Any surgery may be complicated by the following:

- i. Bleeding requiring further surgery or blood transfusion.
- ii. Nausea following the general anaesthetic.
- iii. Allergic reactions to anaesthetic agents, dressings or antiseptic solutions.
- iv. Deep vein thrombosis, heart attack or stroke.

You must contact your surgeon immediately if you have any of the following:

- Fever greater than 38°C or chills
- Nose bleeding excessively
- Yellow / Green mucus coming from the nostrils
- Pain in the nose that is getting worse
- Facial pain or headache
- Shortness of breath
- Pain in the calf