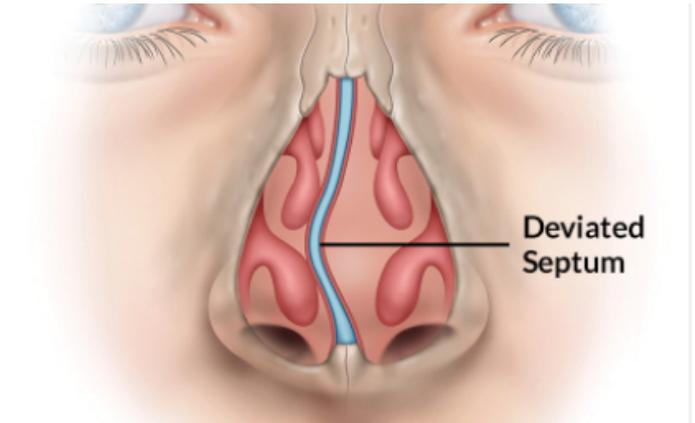


Septoplasty and surgery to reduce enlarged turbinates

The nasal septum is a thin piece of cartilage and bone inside the nose between the right and left sides. It is about 7 cm long in adults and directs airflow whilst supporting the tip of the nose. In some people this septum is bent into one or both sides of the nose, blocking it. Sometimes this is because of an injury to the nose, but sometimes it just grows that way. We can operate to straighten the septum.

Why have septal surgery?

- If you have a blocked nose because of the bend in the septum, an operation will help.
- Septoplasty is often done at the same time when patients undergo sinus surgery. This is done for access to the sinuses and to improve breathing after the procedure.
- We sometimes perform septoplasty for severe recurrent nose bleeds or in the setting of a broken nose.
- In some cases a bent septum may occur with a twist in the outside shape of the nose. In these cases septal surgery may be combined with nose re-shaping surgery (septorhinoplasty) to straighten the nose.
- Septoplasty improves symptoms in about 9 out of 10 patients.



Before Surgery

If surgery is recommended it is important to convey to the Surgeon and anaesthetist if you have any pre-existing health conditions or if you are taking certain medicines that increase the risk of bleeding (Aspirin, Xarelto, Plavix, Warfarin, Vitamin E, or any herbal medications).

Smoking greatly increases the risk of complications related to nasal surgery and it is recommended you cease smoking at least 4 weeks prior to surgery.

Some tablets for diabetes can also cause anaesthetic issues and need to be discussed well before surgery.

How is the operation done?

The operation takes about 45-60 minutes. You will have a general anaesthetic meaning you will be fully asleep during the procedure. The operation is usually all done inside your nose - there will be no scars or bruises on your face or black eyes afterwards. We make a cut inside your nose and straighten out the septum by taking away some of the cartilage and bone and moving the rest of the septum back to the middle of the nose. We usually try and replace whatever cartilage we have removed after pressing it straight. Then we hold it all in place with some stitches. Complex cases may require a cut across the skin between the nostrils and may be combined with rhinoplasty procedures. You will be informed if this is necessary for you.

Most people will be able to go home on the same day as the procedure. An overnight stay is sometimes necessary.

Dressings and splints

- We often need to put a dressing in each side of your nose to keep things in place and prevent bleeding. The dressings are dissolvable, and they will block your nose up so that you have to breathe through your mouth for a few days. We don't remove these - they start to dissolve once saline rinses are started the morning after the surgery.
- Sometimes we put small pieces of plastic in your nose to prevent scar tissue from forming. They are called 'splints' and we will take them out after about a week in the office. You will be told after the surgery if they were needed in your case.

Does the surgery hurt?

Not really, but sometimes the front of your nose or the roof of your mouth can be a bit tender for a few weeks. Occasionally people feel their front teeth are a bit numb. This does not last long. You will be sent home with adequate analgesia - after a few days most people only require paracetamol. Rarely some people find the procedure very uncomfortable. If you feel your pain is not being adequately controlled it is important you contact your surgeon.

Recovery after Surgery

You will wake up in the recovery area and cared for by special nursing staff. After a while you will then proceed to the day surgery area or the ward. Someone will need to drive you home. It is best to avoid driving for a few days. Most people will have a sore throat and feel tired for a few days. It is recommended to take 10-14 days off work or school.

The nasal dressings should start to dissolve after a few days and air will start to pass through the nose. Sometimes people have watery eyes, discomfort in the nose or in the forehead. This is all normal. Over the counter medications such as paracetamol and nurofen are safe after surgery but aspirin needs to be avoided at least until your first review.

You may feel some dissolvable stitches at the front of one of the nostrils. These can be safely ignored and will disappear after a week or two.

Nasal saline rinses are the most important tool in restoring air flow through the nose. This can be used several times daily and will help prevent scabbing and crusting in the nose.

It's important to keep your head elevated for a few days after the procedure to minimise swelling within the nose. A few extra pillows at night is useful.

Strenuous exercise is best avoided for at least a fortnight after the surgery. Avoid blowing, picking or rubbing the nose until review. It is normal for the nose to feel blocked and to have some blood-stained discharge for a week or so after the procedure. As the lining of the nose heals, the discharge will stop. It can take up to 3 months for the nose to heal fully after surgery.

Possible complications

- Septal surgery is safe, but there are some risks.
- About 1 in 10 patients undergoing septoplasty will still have some degree of nasal stuffiness. This may need further management with medications, and occasionally, revision surgery.
- Sometimes your nose can bleed after this operation, and we may have to put packs into your nose to stop it. This can happen within the first 6 – 8 hours after surgery or up to 5 – 10 days after surgery. It would occur in approximately 1% of patients.
- Very rarely you may need to return to the operating theatre with another general anaesthetic to stop the bleeding.

- Infection in your nose is rare after this operation but if it happens it can be serious, so you should contact your surgeon if your nose is getting more and more blocked and sore.
- Rarely the operation may leave you with a hole in your septum inside the nose going from one side of your nose to the other. Most of the time it causes no problems at all and needs no treatment. Occasionally it can cause a whistling noise when you breathe, crusting with blockage or nosebleeds. Further surgery can be carried out if necessary to repair a hole in the septum.
- Very rarely you may find that the shape of your nose has changed slightly, with a dip in the bridge of your nose. Most people do not notice any change, but if you are not happy with it, it can be fixed with surgery.
- Abnormal bands (adhesions) can occasionally form between the septum and the side wall of the nose. Occasionally minor corrective surgery is needed to remove them.
- Occasionally you can have some numbness of your teeth, which usually settles with time.

Very rare complications include alteration in sense of smell, development of an abscess in the septum or leakage of cerebrospinal fluid from a crack between the septum and the skull.

Is there any alternative treatment?

Only an operation can fix a bent septum, but nose spray or drops can help treat swelling in the nose which might be making your nose feel blocked. It is important that these treatment options are discussed before committing to a surgical procedure.

If septal deformity is the cause of your nasal blockage there is no treatment other than surgery to correct the shape of the septum.

Do I have to have septal surgery?

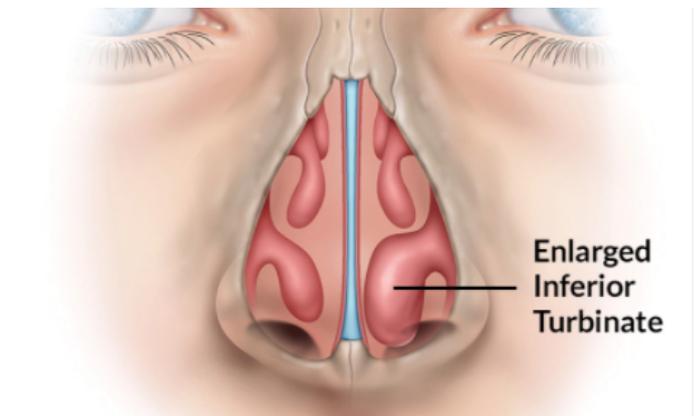
A bent septum will not do you any harm, so you can just leave it alone if you want to. Only you can decide if it is causing you so much bother that you want an operation. You may change your mind about the operation at any time, and signing a consent form does not mean that you have to have the operation.

If you would like to have a second opinion about the treatment, you can ask your specialist. He or she will not mind arranging this for you. You may wish to ask your own GP to arrange a second opinion with another specialist.

Surgical Management of Enlarged Turbinates

Turbinates are structures that lie along the side walls of the nose and act to warm and moisten the air that we breathe. Each turbinate has a thin bony skeleton covered with tissue that can enlarge or shrink depending on the amount of blood needed to warm the inhaled air.

Each side of the nose has three turbinates but it is usually the inferior (lower) turbinate that is responsible for the sensation of nasal blockage. Middle turbinates can also block the nose but this is less common.



Occasionally the inferior turbinates are too swollen or cause a constant sensation of a blocked nose or stuffiness. This can be due to allergy, reaction to irritants such as cigarette smoke or long term use of nasal decongestant sprays (eg Dimetapp, Sudafed, Otrivin).

There are a variety of techniques described to reduce the size of the inferior turbinate. The most common procedure is the Turbinoplasty - where the surgeon removed some of the bone and soft tissue of the turbinate whilst preserving the sensation and overall function of the turbinate. Occasionally different approaches are required.

Specific risks of Inferior turbinate surgery

- Approximately 2% of patients undergoing turbinoplasty will experience some post operative bleeding issues. Bleeding can occur in the first 24hours but is most common after 5-10days. Most bleeding is mild and self-limiting but occasionally bleeding may require admission to hospital. It is very important that no blood thinning medications are taken 2 weeks before or after any nasal surgery.
- Persistent symptoms of nasal obstruction can occasionally occur after turbinate surgery and this may warrant a revision procedure.
- Sensation of ongoing blockage can occur even when airflow is adequate - due to impaired sensation of airflow in the nose after surgery. This used to be more common when larger amounts of turbinate tissue were removed.
- In a very small number of patients there can be chronic dryness in the nose. This can cause a sensation of stuffiness, crusting and sense of smell issues. This is now very uncommon in the modern era.

Are there non-surgical options?

It is important to discuss all management options with your surgeon. It is possible that consultation with an allergist will diagnose and treat allergy and reduce the need for surgery. Avoidance of triggers such as cigarette smoke and pollution can help airflow and nasal saline or steroid sprays can sometimes reduce nasal obstruction to a point where it is more manageable.

Surgical Costs

It is important to have a clear picture of all costs related to your procedure well in advance of any surgery. Costs will include those related to the surgery, the anaesthesia and the hospital or day surgery facility. Your surgeon's secretary will be well placed to explain the surgical costs and how the process works with insurance etc. You will be advised in advance who the anaesthetist will be and they will discuss their costs directly with you.

Whilst every care has been taken to make this information sheet as accurate as possible, individual experiences and outcomes may differ. It is important to discuss any concerns with your surgeon prior to considering surgery.

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Post Operative Instructions

Nasal Surgery

Septoplasty, Turbinectomy or Functional Endoscopic Sinus Surgery)

Diet

Eat light foods such as jelly or soup for the first 24 hours as tolerated. Drink as much water or fluids as you can tolerate without feeling sick.

Pain management and antibiotics

Most nasal surgery is not too painful. Take your prescribed medications as ordered by your surgeon. If pain is severe and not relieved by your prescription medication, call the office for advice.

Some pain medicine (Panadeine Forte in particular) can make you dizzy or constipated. Avoid driving if you feel affected by the medication. Laxatives from the chemist may be needed for a few days if bowel habit is a problem.

Avoid aspirin or other blood thinning medications for at least 2 weeks after nasal surgery. You may have been prescribed an antibiotic to help prevent or manage an infection. Make sure you complete the course prescribed.

Caring for your nose

Don't blow your nose for about a week. The nose will be cleansed by using saline rinses (eg. FLO). If prescribed a nasal rinse it should be used as many times a day as you feel comfortable until you see your surgeon.

If you sneeze, do so with your mouth open. The nose will feel congested for 1-2 weeks and occasionally longer. This may cause a temporary increase in snoring or bad breath. Occasionally the nose will have a foul odor inside. This is normal and saline rinses are a good way to help this. Avoid smoking before or after surgery to give your nose the best opportunity to heal and minimize bleeding. Showers should be lukewarm.

For the first few days it is important to sleep with extra pillows and when not in bed, it is ideal to sit upright in a comfortable chair. This will help with swelling and pain.

Nasal Dressings

Your nose will nearly always have some dissolvable dressing in it. These dressings are made of cellulose and are meant to turn black. They are often applied in multiple pieces so if some falls out there will generally be more inside. Sometimes the dressings dislodge and come out from the nostril and occasionally a large amount of this packing material falls out of the nose. **This is normal.** If it is bothering you it may be pushed back in or gently trimmed. It is highly variable as to when the dressings will dissolve or fall out.

Don't deliberately pull on the dissolvable dressing. It is there to prevent bleeding and promote healing.

Bleeding

A small amount of blood stained discharge is normal for the first few days after surgery. If the bleeding becomes heavier, contact the office.

Saline

Saline rinses prescribed after surgery help dissolve the soluble packing placed in the nose. 1-2 nasal rinses per day are recommended. They are best done in the bathroom or shower. Some patients prefer to use the rinses more than twice a day. This is fine.

Exercise

Light exercise such as walking is OK in the first fortnight. Strenuous exercise and heavy lifting is not recommended until your first post-operative visit (2-3 weeks after surgery).

Nasal Splints

Occasionally thin rubber sheeting is placed in the nose during surgery. This needs to be removed at approximately 1 week post op. Your surgeon will advise after the surgery if this affects you.

Time off work

1 week is generally sufficient if work is not strenuous. Occasionally 2 weeks is needed though this depends on the individual and their work environment.

If you need a medical or carer's certificate please contact your surgeon's secretary via email.

Things to report to your surgeon:

- High fever > 38.5 degrees Celcius
- Excessive bleeding that won't settle with simple measures like compressing the nasal tip and placing tissues / cotton wool in the nose
- Excessive swelling of the nose or near any incisions in the nose
- Visual disturbance or severe headache
- Persistent nausea or vomiting