

Septoplasty

What is a Septoplasty?

The nose is partitioned in the middle by the Nasal Septum, which is made out of cartilage. Sometimes, due to injury or simply because it has grown that way, the septum may be bent or deviated to one (or both) sides, causing blockage by reducing the area available for air to flow through. The operation of Septoplasty is used to correct this abnormality.

In essence, a Septoplasty straightens a bent / deviated nasal septum and corrects it, as far as possible, back to the midline. The procedure is done internally, through the nostrils, without the need for external incisions. Septoplasty may be combined with other nasal operations aimed at other aspects of nasal structure.

There are no black eyes after the surgery and the outward shape of the nose is unaltered, except at the base (ie the columella) where the shape of the nostrils may change once the twisted edge of the nasal septum has been corrected. Occasionally, the edge of the cartilage at the columella cannot be altered as it supplies crucial support for the nasal tip. This surgery is carried out under general anaesthesia and takes about 30-60 minutes, depending on how difficult the case is, (i.e. how badly bent the septum is).

Septoplasty is a common procedure and is not very painful.

After the Surgery

You may awake with some packing in your nose to stop any bleeding. If present, this should be left alone and will be removed by your nurse when appropriate. You will be nursed with the head of the bed slightly elevated and it is probable that you will have to breathe through your mouth.

You will be conscious but quite drowsy on your return to your room. Relatives are of course welcome. You may eat and drink anything you wish. You may be able to go home the same day, as long as there is a capable, responsible person at home to look after you. If the surgery was extensive, there is a slight risk you may have to stay in hospital overnight to ensure there is no trouble with bleeding.

Your nurse will arrange your discharge medications.

At Home

Avoid all moderate and heavy physical activity, including sport for ten days after the operation. Avoid bending down to pick things up, especially heavy weights.

The nose must be irrigated frequently (at least 3 times a day) with saline to clear away scabs and crusting which occurs after the operation. A Neilmed Sinuswash® is ideal for this and is highly recommended. Sterimar® saline nasal spray is an alternative. Both are available at chemists without prescription. Before irrigating thoroughly, decongestant drops (eg Otrivine) may be used to help open the nose a little. It is normal for the nose to be quite blocked for several days (even a couple of weeks) after the surgery, while all the internal swelling settles.

Thereafter, you will notice the improvement in breathing. Try to avoid smoky and dusty atmospheres if possible, as this may irritate the nasal lining.

Try to avoid aspirin for at least 10 days post-operatively. It can lead to nasal haemorrhage.

There will be a little blood when you blow your nose. It is quite okay to do so, but gently. You *should* blow the nose after irrigating, as mentioned above. The bleeding gets less and less as the days go by, but there may still be a little "spotting" on your handkerchief even up to a few weeks after the surgery. Don't worry, this is normal.

Frequently, absorbable stitches are used in the operation and as these dissolve, you may find cotton-like remnants on your hanky when blowing the nose which is quite normal.

Normally, I will see you for a check-up 2-3 weeks after the operation. Your nurse on the ward will arrange this for you.

NOTE: IMPROVEMENT IN NASAL BREATHING MAY TAKE A FEW WEEKS!

Dealing with Problems

- A. If advice is needed, phone the Ward at Clementine Churchill Hospital at 0208-872-3872
- B. If an urgent appointment is needed, phone the BMI Call Centre on 0208-872-3838
- C. If a serious emergency is present, go directly to Northwick Park Hospital A&E dept. This is the only local A&E that has an ENT Department.

1) Serious nasal haemorrhage

May occur up to 10 day post-operatively. A little fresh blood in your hanky is no cause for concern but if it persists (eg. dripping actively), you should :

- Sit down in a chair and relax. (Do not lie down)
- Pinch the soft part of the nose firmly for 15 minutes.
- Spit out any blood into a bowl placed in your lap.
- Place an ice-pack (Or a bag of frozen peas etc) Over your forehead. Try sucking an ice-cube. This reduces nasal blood flow.

- If these measures do not stop the bleeding, and it continues unabated without any sign of slowing down after 30-45 minutes, you should attend your closest Accident and Emergency Department.
- PLEASE NOTE : SERIOUS NASAL HAEMORRHAGE IS RARE AFTER SEPTOPLASTY !!

2) Pain

Septoplasty is not very painful, but you will have painkillers to take home. Since these are quite strong, ordinary paracetamol is fine unless pain persists. You may only need painkillers for a few days.

3) Infection

This is very rare after septoplasty, but of course, you may still contract a cold, like anyone else. Since these are usually viral, antibiotics are not required. If you develop a temperature and increasing nasal / facial pain, you may need antibiotics. This usually only occurs when irrigation has not been adequate (see above). Your GP will have been informed about your surgery and should be able to supply you with the necessary prescription. Alternatively, make an urgent appointment with Mr. Marais, 0208-872-3838.

Risks and complications

- Bleeding (see above)
- Infection (see above)
- Adhesions – internal nasal lining may become stuck together. Usually the result of a combination of severe swelling and not cleansing sufficiently. May require surgical division at a later stage.
- Septal perforation, or a hole in the septum. Occurs in <5% of cases. May occur as a result of tears sustained in the septum's lining. May occur in cases of severe septal angulation. More likely in revision cases. May leave a permanent hole, which can cause crusting and bleeding. Repair may be difficult or impossible.
- Bruising, puffiness or darkish rings under the eyes. Very rare indeed, but can occur. Usually temporary.
- Visible external change in nose: Rare, but can occur. If the cartilage dorsum is too weak, it may give way and leave an indentation on the dorsum. This is exceptionally rare. As mentioned above, the shape of the nostrils may change. This may be an improvement and results from repositioning the septal cartilage to the midline.
- Persistent cartilage protruding in area of nostril. It may be dangerous or risky to excise this and the surgeon may decide to leave it, so as to avoid tip collapse due to lack of support.

Frequently Asked Questions

1) When may I go home?

Usually the same day, unless your operation is at night. Then you will have to stay overnight. Also, if there is a lot of bleeding at operation, you may have to stay overnight for observation. Additional procedures, (eg. Turbinate reduction) may necessitate staying overnight.

2) How long does the operation take?

Average about 30-40 minutes.

3) How is a Septoplasty done ?

Through the nostrils, an incision is made in the lining over the septum and the lining is lifted off the cartilage to expose it. The bent part is either removed or reshaped and replaced into the midline. The lining is then replaced and usually stitched down.

4) When can I get back to work / sport ?

For a sedentary job, a week off is usually enough. A return to sport should be delayed by 10 days to 2 weeks. Same applies for a heavy manual job

