



PATIENT INFORMATION

Septoplasty & Turbinate Surgery

This information sheet is designed to help you make an informed decision about having surgery. If you have any further questions, please discuss these with our staff before your operation.

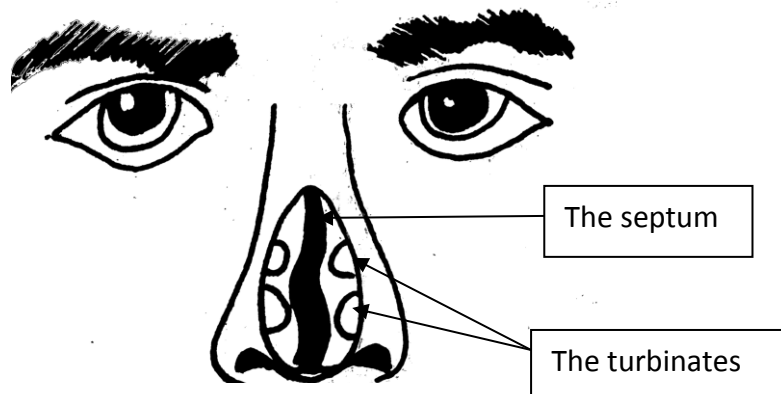
What is the nasal septum?

This is the structure that separates the right and left nostrils in the nose. It is made up of cartilage (a rubber-like firm but bendy sheet) at the front and bone further back and is covered in mucosa (like the inner lining of your cheek). The septum is important in maintaining the shape of your nose.

It can be bent or buckled inside the nose even though the nose itself may look straight to an observer and may have always been bent or may have been damaged by the nose being knocked at some stage. This can cause symptoms of blockage of one or both nostrils and inflammation within the nose which in turn can cause mucus and nasal drip.

What are the turbinates?

The nose acts like an air-conditioner and filter providing moist, warm and clean air for the lungs. To help do this, the side walls of the nose contain bony outgrowths lined with mucosa (like the septum) called turbinates that form fleshy folds. If these become enlarged they can cause a blocked nose and if inflamed they can cause mucus production and nasal drip.



Who needs surgery?

Patients with nasal symptoms, particularly with blocked noses, who have not responded to other forms of treatment and who have a bent or buckled septum and/or large turbinates that may be contributing to the symptoms. The doctor assesses this and the aim of surgery is to reduce the nasal symptoms.

What is a septoplasty?

This involves operating inside the nose to straighten the septum.

It involves cutting the covering of the septum (the mucosa) to expose the part of the bone and cartilage that is causing the blockage. This obstruction is then removed or straightened, with care being taken to leave enough bone and cartilage behind to support and maintain the shape of the nose.

The mucosa is then stitched back together with dissolvable stitches (you may be able to feel or even just see the stitch for a week or so).

Although the septum will look straight at the end of the operation, as mentioned cartilage is a bit like rubber so can sometimes bend back into its original abnormal shape as it heals after surgery. There are methods we use to try to avoid this happening; however it may still occur occasionally.

The operation takes between 30 mins to an hour and most patients go home the same day. There is no swelling or bruising of the nose and no external incisions.

What is turbinate surgery?

If the fleshy turbinates are too big we can reduce the nasal blockage by either breaking the fleshy bones out of the way or we can shrink them with electric cautery.

Occasionally we have to remove part of the turbinates to unblock the nose.

Exactly what is required may not be obvious until during the operation.

The operation is generally quick, taking between 5 and 20 minutes.

Are there alternatives to surgery?

Yes, although usually these will have been tried before suggesting surgery and depend on the exact symptoms and what the nose looks like on examination.

These can include:

- Saline douche (salt water nose rinse)
- Steroid nasal sprays or drops
- Decongestant nasal sprays
- Antibiotics
- Antihistamines
- Steroid tablets
- However, not all of these are suitable for everyone

What are the risks of surgery?

- Overall these operations are safe in most people. Your risk depends somewhat on any other medical problems you may have.
- Some of these risks are very rare, but serious. Some are more common but less troublesome.
- Firstly, you will have a general anaesthetic (you will be asleep for the operation). You will have a chance to discuss this with the anaesthetist (the doctor who will put you to sleep) before your surgery.

Common risks

- **Nasal Obstruction:**
You will probably have lots of dry blood and crusting causing a blocked nose for the first few weeks.
- **Bleeding:**
A small amount of bleeding after surgery is quite common. Very occasionally patients may need to have their nose packed during or after the operation to stop the bleeding and it may rarely be necessary to stay overnight. You may notice some blood when you blow your nose for a few weeks after the operation. If you take aspirin or warfarin, or if you have a history of bleeding problems, then you must tell your surgeon before your operation.

Occasional risks

- **Discomfort:**
It can sometimes be a bit uncomfortable after the operation for a few days and it is important that you regularly douche (rinse with salty water) the nose or hard crusts can form and it can lead to an infection.
- **Infection:**
Occasionally the nose can get infected after surgery which may cause, amongst other things, a smelly discharge requiring antibiotics.
- **Return of symptoms:**
Although your symptoms may initially improve this may not be permanent requiring continuing or further treatment.
- **Failure of treatment:**
Occasionally, nasal symptoms don't get better after surgery.

Very rare risks

- **Loss of sense of smell:**
Often surgery will improve a loss of smell, but rarely it can cause a loss of sense of smell.
- **Septal perforation:**
A septoplasty can very rarely leave you with a hole in your septum going from one side of the nose to the other. This would not be visible but can cause whistling when you breathe, crusting or nosebleeds. Usually this would cause no trouble at all and could be left alone, but if required, the hole could be repaired by further surgery.
- **Change in nose shape:**
Extremely rarely you may find that the shape of your nose has changed slightly after a septoplasty, potentially with a dip at the front of the nose. Most people don't notice any change, but if you weren't happy this could be fixed by another operation.

Preparation for surgery

- You will be contacted by the hospital with a date for the operation and will be sent information about when to stop eating and what to bring to hospital.
- You may be asked to attend a pre-admission clinic before your operation to assess your general health and to decide whether anything else needs to be done before the operation. It is vital that you let staff know about any other illnesses you have and any medication you take.
- If you smoke, you should aim to stop at least 24 hours before your operation.

- If you decide you don't want the operation you should contact us at ENT admissions, telephone 📞 **(01803) 654797** and your GP as soon as possible.

The day of the operation

- Ensure you follow the advice given to you regarding what to do before coming to the hospital, particularly regarding when to stop eating and drinking and what you should do about your medication. Failure to do so may mean cancelling your operation.
- Prepare for a long day - bring something good to read!
- Your operation may not occur as soon as you arrive, as there is lots of preparation that we need to do. You will have some forms to read and fill out, you will be checked by the nurse and you will see the anaesthetist before your operation. If you have any last minute questions these can always be answered.
- Unfortunately, due to other emergencies or unforeseen circumstances, operations are sometimes delayed or occasionally cancelled and rescheduled at late notice. Obviously this only occurs if absolutely unavoidable.

After the operation

- Usually we are happy for you to go home the same day as your operation, but be prepared to stay one night in hospital.
- You should not drive after your operation, so you will need to arrange someone to collect you from hospital.
- You will require at least 2 days off work, although most people take 1 week off work to recover. The actual time required varies from person to person and is also dependant to an extent on what work you do (particularly if you perform heavy manual labour or work in a dusty environment).
- For the first month after the operation, you should use a nasal saline douche (salt water) to rinse your nose. Often you will also need nose sprays and sometimes other medications.
- We may want to make an appointment to see you again in the outpatient clinic after the operation to check how you have been.

For further information you can discuss with a member of the ENT Department

📞 Tel (01803) 655134