

Septoplasty

Information for patients

What is septoplasty surgery?

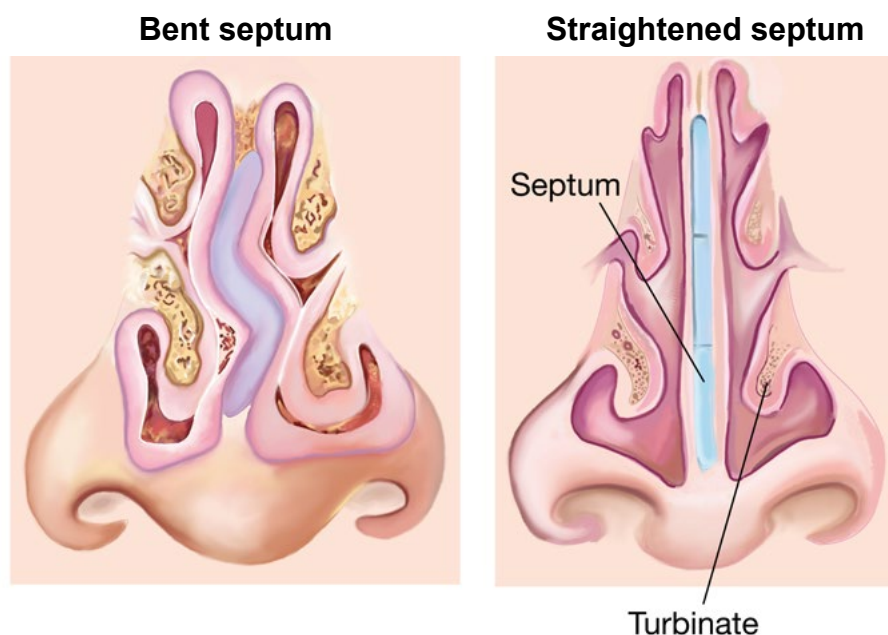
Septoplasty is an operation on the partition inside your nose made of cartilage and bone, which separates your two nostrils.

Why is septoplasty surgery necessary?

Usually the septum is straight and in the middle of the nose. Your septum is bent over, which makes the inside of your nose narrow, so it feels blocked. The lining of the side of your nose (turbinate) may also swell so that both sides feel blocked. Blockage of the nose can interfere with drainage of mucus from your sinuses, leading to sinus infections, facial pain, and headaches.

It can also interfere with the working of the Eustachian tube (the tube which connects the back of your nose to your ear) making your ears feel blocked and your hearing muffled. Straightening your septum will relieve nasal blockage and may help relieve problems with your sinuses and ears.

It is sometimes necessary to combine this procedure with a reduction of your nose lining (or turbinates).



Are there alternatives to surgery?

Nothing other than a septoplasty will relieve a nasal blockage due to a bent nasal septum.

- Decongestant tablets and nasal sprays shrink the lining of the nose and may help to relieve your blocked feeling, but when treatment is stopped the symptoms usually return. Using decongestant nasal drops for more than 10 days also causes a rebound effect, so that when the drops wear off your nasal lining swells up even more than before. If these are used for long periods, they may permanently damage the lining of your nose.
- Steroid drops and nasal sprays also reduce the swelling of the nasal lining, but not so quickly – they may take some weeks to start to work. They are safe to use long-term under the supervision of your doctor.

What are the risks involved with septoplasty?

- **Bleeding from your nose.** This may happen in the first few hours after your operation, or in the first five to 10 days following surgery. If this happens you will need to stay indoors or return to hospital and your nose will usually have to be packed with nasal tampons. Usually these will be removed after 24 to 48 hours. **Infection** in the nose usually needs antibiotic treatment.
- **Septal perforation.** If your septum does not heal fully following your operation, a hole may be left between one side of your nose and the other. Usually this will not cause any problems, but may cause minor irregular nose bleeds or crusting, and sometimes a whistling sound when you breathe through your nose. If troublesome, the hole may be repaired later.
- As your septum heals **scar tissue** may form between your septum and the side wall of your nose. This may need to be treated with more small operations, usually in the outpatient department with local anaesthetic (your nose is numbed by drugs placed into your nose while you are awake). If you need general anaesthetic your operation will be in an operating theatre.
- **The shape of your nose may change** for some months following septoplasty, as your nose heals. There may be small dips or depressions in the bridge of your nose, in the shape of the tip, or in the skin bridge between the nostrils at the bottom of your nose. If they happen these changes are usually small and do not need any treatment. If they are noticeable, they can be corrected by another operation at a later date.
- **Numbness of your upper teeth** very occasionally occurs, but often settles with time.

Will I have an anaesthetic?

Yes. Your operation will be performed under a general anaesthetic (you will be asleep).

What should I do before I come into hospital?

If you have a cold or flu in the week before your operation, please telephone to let us know. If this is the case, it would not be advisable to go ahead with your operation because of a risk of excessive bleeding. It would also make the healing process uncomfortable for you.

What will happen when I arrive at the hospital?

On admission you will be greeted by a member of the ward team and introduced to your named nurse. They will discuss with you the care you will receive while you are in hospital.

You will also be seen by your consultant or one of their team. Use this time to ask any further questions or raise concerns. Remember that you have the right to withdraw your consent for treatment at any time.

A pre-medication (injection or tablet to relax you) may be given about an hour before your operation.

What will happen during my operation?

A small incision (cut) is made inside your nose. Your surgeon then straightens the cartilage and moves it into the middle of your nose. There are usually no incisions on the outside of your nose. Occasionally if the shape of your nose on the outside is twisted as well, and in order to get your septum as straight as possible, the operation is combined with steps to straighten the bones as well (**septorhinoplasty**.) If necessary, this is usually achieved by incisions made inside your nostrils, but in particularly difficult cases the nose and septum is approached through a very small incision across the bridge of your nose at the bottom, the columella (open approach 'extracorporeal' septoplasty). Your surgeon will explain all this to you in outpatients should it effect you.

Further back inside your nose the septum is made of bone. If this bone is crooked and blocking your nose, part of it may be removed.

The inferior turbinates (which form a large part of the nasal lining and could be the reason for your blocked nose) may be reduced in size by diathermy or coblation (electric cautery), by laser, or by pushing the turbinate sideways in your nose creating more room (outfracture). Sometimes this bulky turbinate tissue may be removed by a special mechanical spinning debrider device. This operation is called **turbinoplasty**.

Will I have stitches?

Yes. The incisions inside your nose are closed with dissolvable stitches that do not need to be removed after surgery.

How will I feel after my operation?

You will be given pain relief after your operation, either as tablets, an injection, or sometimes a suppository given via your rectum (back passage).

Usually your nose is a little uncomfortable and blocked, so you will have to breathe through your mouth. This will make your throat dry, so mouthwashes or drinks will be offered to you.

Packing may be put into your nose at the end of your operation to stop any bleeding. It is sometimes necessary to insert a thin sheet of plastic called a splint to hold the tissues in the correct position while they are healing. Any nasal packaging is removed on the ward between six to 24 hours after surgery, and you should be able to go home approximately one to two hours after it is removed if there is no excessive bleeding. Slight bleeding may occur after removal of the packing; we advise you to rest quietly in bed for 24 to 48 hours after the packing is removed. If a splint has been inserted it is removed in the outpatients department seven to 10 days after your surgery.

How long will it take for my nose to heal?

Healing can take several weeks. At first your nose feels quite blocked and there is a slight blood-stained discharge. This slowly settles over six to eight weeks.

How long will I stay in hospital?

The operation takes between 45 minutes and an hour. It is usually performed as a day case and you are able to go home two to three hours after your operation. This depends on whether there are any packs in your nose and whether you wake up quite quickly after your anaesthetic.

If you have other medical problems that prevent you having day case surgery, or your surgeon decides to place packs in your nose after your operation, you may have to stay in hospital longer, possibly overnight. This will usually be discussed with you before your operation.

How do I look after my nose at home?

- Your nose may feel **blocked** for the first few weeks after your surgery; this is normal. There may be some crusting inside your nose. Clearing this is helped by douching your nose with a salt water solution or sitting over a bowl of steaming water and inhaling the steam two to three times a day. Application of antiseptic cream to each nostril twice a day may also be advised by your surgeon. There may be some stitches inside; these will dissolve within a few weeks.
- You may notice a **slight blood-stained discharge** at first. This should be wiped away but do not place any material up your nostrils, as this may cause infection. Some blood-stained discharge from your nose is normal and nothing to worry about.

If you get a large amount of bright red blood, this is not normal. You should sit down and pinch your nostrils together and breathe through your mouth. If someone is with you, ask them to put some ice in a plastic bag and hold it over the bridge of your nose. Sucking ice can also help. If this bleeding does not stop within 20 minutes, contact the hospital for advice (see the phone numbers on the next page).

- **Do not blow your nose** in the first week after your surgery.
- **Avoid heavy physical exertion** which could cause a nosebleed.
- You may wish to take **painkillers** such as paracetamol for the first few days after your surgery. Do not take painkillers that contain aspirin, as they can make bleeding worse.
- We advise you to **avoid going to crowded places** in the first week after your operation. Mixing with other people increases the risk of you catching a cold or flu, which would be especially uncomfortable while your nose is healing. Avoid smoke if possible.

What do I do if I feel unwell at home?

If you feel unwell at home, please telephone the hospital between 7:30am and 8pm on one of the phone numbers below. If you need advice outside of these hours, please speak to your GP.

- Day Surgery Centre, **Kent and Canterbury Hospital**, Canterbury
Telephone: 01227 78 31 14
- Day Surgery, **Queen Elizabeth the Queen Mother Hospital**, Margate
Telephone: 01843 23 44 99
- Channel Day Surgery Centre, **William Harvey Hospital**, Ashford
Telephone: 01233 61 62 63

Further information

If you have further queries, please speak to your GP or consultant.

This leaflet has been produced with and for patients

If you would like this information in **another language, audio, Braille, Easy Read, or large print** please ask a member of staff. You can ask someone to contact us on your behalf.

Any complaints, comments, concerns, or compliments please speak to your doctor or nurse, or contact the Patient Advice and Liaison Service (PALS) on 01227 78 31 45, or email ekh-tr.pals@nhs.net

Patients should not bring in large sums of money or valuables into hospital. Please note that East Kent Hospitals accepts no responsibility for the loss or damage to personal property, unless the property had been handed in to Trust staff for safe-keeping.

Further patient leaflets are available via the East Kent Hospitals web site www.ekhufft.nhs.uk/patientinformation