

SEPTOPLASTY

Why do we do it?

Nasal obstruction is often caused by a deviated or crooked septum or enlarged tissues (inferior turbinates or inferior nasal conchae) within the nose. A septoplasty is an operation to correct a deformity of the partition (the septum) between the two sides of the nose. The front portion of the nasal septum is composed of soft and pliable cartilage. The back of the nasal septum is made of bone.

Septoplasty is recommended if there is:

- Nasal obstruction
- Cosmetic deformity of the external nose relating to underlying deviations of the septum
- Access to other areas of the nose in sinus surgery
- Some cases of snoring and sleep apnoea

How is it done?

The operation is done under general anaesthesia. An incision is made inside the nostril on one side. The soft tissue overlying the nasal septum is elevated to allow access to the bony and cartilaginous septum. Once a good view has been obtained posterior bony deviations are removed and the cartilage is refashioned to construct straight septum. It is important that most of the cartilage at the front of the nose is preserved to maintain support for the external nose.

The incision is then closed with dissolving sutures. The septum is then maintained with splints inserted in the nasal cavities and fixed with a non dissolving suture (that will be removed between seven to 10 days after surgery). In most cases, a light nasal pack is left in place overnight to control bleeding.

After septoplasty surgery

- Moderate bleeding from the nose is normal, and will gradually decrease. The gauze dressing

("mustache dressing") will collect blood and should be changed only when saturated. It is not unusual to change these dressings every hour during the first 24 hours after surgery. After a few days, patients will usually no longer need to use the dressing. Patients should not take aspirin, aspirin-containing medications, or nonsteroidal anti-inflammatory medications such as ibuprofen for three weeks following surgery

- Hot liquids and food should be avoided for several days because they may increase bleeding
- Nasal obstruction and discharge is common after surgery because of the presence of the splints. You will need to rinse the nasal cavities with saline nasal spray and blow gently
- Exercise and swimming are to be avoided for three weeks

Are there any risks?

Short term:

- Bleeding that might require nasal packing, rarely a cauterisation under general anaesthesia or blood transfusion
- Septal perforation, which is a hole inside the nose (septum) that produces an open connection between the right and left sides of the nose
- Transitory epiphora (clear eye discharge)
- Transitory upper teeth dysesthesia

Longer term:

- Persistent nasal obstruction due to the re-growth or swelling of the turbinates (that might necessitate a submucosal cauterisation)
- Nostril asymmetry