

TURBINOPLASTY OR TURBINATE SUBMUCOSAL DIATHERMY (SMD)

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. The turbinoplasty or SMD is proposed when the local medical treatments are inefficient. It improves nasal ventilation but has no effect on nasal discharge (runny nose) or sneezing.

Turbinoplasty is recommended when there is:

- Nasal obstruction
- Some cases of snoring and sleep apnoea

How is it done?

The operation is done under general anaesthesia, usually associated to septoplasty or endoscopic sinus surgery. There are no external incisions and the procedure is done through the nostrils using fine endoscopes. A submucosal diathermy is applied to the inferior turbinates preserving the functional surface that warms and humidifies the air. A light pack is left in the nose overnight to help with bleeding.

After turbinoplasty:

- Moderate bleeding may occur in rare cases

- 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 inflammation. 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 cauterization under general anaesthesia or blood transfusion
- Transitory epiphora (clear eye discharge)

Longer term:

- Persistent nasal obstruction due to the re-growth or swelling of the turbinates
- Crusting and nasal dryness sensation that might need local treatments
- Mucosal tissue adhesions