



Septoplasty Patient Information Sheet

The nasal septum is composed of a sheet of firm cartilage and bone which separates the left and right nasal cavities. It is usually straight and situated in the mid-line. The septum can become bent and in extreme cases can cause feelings of nasal obstruction.

Septoplasty is the name of the operation where the nasal septum is made straight.

The Operation

The patient is admitted on the day of the procedure and seen by the surgeon and anaesthetist. The operation involves a general anaesthetic and lasts around 45 minutes. A small incision is made just inside the nose and the skin of the nasal septum is lifted up such that the cartilage and bone of the septum can be seen. Various techniques are then employed to straighten the septum including removal of any bent bone and scoring of the cartilage. The incision is then closed with a dissolvable stitch. Sometimes there is some bleeding and a light vaseline soaked gauze pack is inserted to the nose.

Often at the same time as a septoplasty the inferior turbinates, which can contribute to nasal obstruction, are reduced in size by cauterising them and pushing them against the side wall of the nose.

The operation is either a day-case procedure or requires an overnight stay in hospital but the patient is usually discharged the next day.

Medications after the operation

After surgery to the nose there is always crusting which can be resolved by using saline nasal spray (Sterimar) or salt water douche regularly several times a day for at least the first two weeks. In addition, if the patient is using a long term steroid nasal spray, such as Beconase, Flixonase or Nasonex, before the operation this should be continued afterwards. The operation should improve the anatomy of the nose but will not affect the lining of the nose which may remain inflamed and in need of decongestion.

What are the risks?

Bleeding:

It is often normal to have some oozing from the nose after surgery and occasionally some small nose bleeds within the first few days. Rarely, patients will suffer heavier nose bleeding which may require emergency nasal packing at your local hospital.

Infection:

If you develop severe pain or temperatures within two weeks of surgery, this may be a sign that you have developed a post-operative infection. This may require antibiotics either via your GP or from your ENT surgeon.

Poor result:

We cannot guarantee that your septum will be perfectly straight after surgery. In a small group of patients we do have to consider a revision operation at a later date if the result has not been satisfactory.

Septal perforation:

In approximately 1% of patients a small hole will develop in the septum. This is not visible externally and does not normally affect the nasal airway. It can occasionally lead to crusting and whistling in the nose. Very rarely it can give rise to a minor change in the external appearance of the nose.

Normal recovery

Some slightly blood stained discharge from the nose is quite common for a few weeks after the procedure. Nasal blockage may be a problem after the operation and the final result may not be apparent until all healing has taken place over a period of several months. Pain is not usually a problem but simple pain killers such as Paracetamol may be required.

What to do if you have any worries or concerns after the surgery

If it is within 48 hours or out of hours, phone the ward where you were admitted for surgery. During office hours phone our secretaries on 0118 9213160.

I have read this leaflet and had the chance to ask any questions to my surgeon.

Name:

Signed:

Date:

Surgeon:

Signed

Date: