



SEPTOPLASTY

Septoplasty Explained

The internal structure of the nose consists of two passages (nasal cavities) separated by the nasal septum, a wall composed of cartilage and bone in the midline. When the septum is deviated to one side, it can result in nasal blockage.

The correction of a septal deviation is achieved through a surgical procedure known as Septoplasty, conducted under general anesthesia. Septoplasty is often combined with surgery to reduce the size of the lower turbinates (turbinoplasty).

Pre-Surgery

- Disclose any personal or family history of bleeding issues.
- Report the use of blood-thinning medications like aspirin or warfarin; these need to be discontinued before surgery.
- Refrain from eating or drinking for 6 hours before the surgery.

Surgery

The procedure, lasting one to two hours under general anesthesia, involves a small incision inside the nose to straighten the septum and reduce turbinate size. Dissolveable stitches are usually placed in the septum. The surgery is typically outpatient, with patients returning home 2-3 hours post-surgery.

Post-Surgery

What to expect:

- Normal nasal blockage initially, resolving over 2-3 weeks.
- Temporary numbness of upper teeth and lips.
- No change in nose shape; all incisions are internal.
- Expect blood-stained mucus or minimal blood drainage for a week or two.
- Minimal pain lasting a few days.
- Follow-up visits scheduled 2-3 weeks after the operation, possibly requiring 2-3 follow-ups.
- Complete healing anticipated within 3 months after surgery.
- Keep the mouth open when sneezing to reduce nasal pressure.

Possible Complications

Haemorrhage: Uncommon, heavy bleeding may necessitate nasal packing or, rarely, a return to the operating room.

Infection: Signs include increasing pain, unpleasant odour from nose, redness, flu-like symptoms, and nasal blockage, requiring antibiotics. Regular sinus rinse can help prevent postop infection.

Septal Perforation: A rare through-and-through hole in the septum; usually asymptomatic and may not require repair.

Intranasal Adhesions (Scar Tissue): Formation of scars known as synechiae, inside the nose; treated in the office under local anesthesia.

Persistent Symptoms: Up to 10% of patients may experience minimal or no improvement, potentially requiring a second operation (revision septoplasty)