



SEPTOPLASTY AND TURBINATE SURGERY

Department of Otolaryngology – Head and Neck Surgery
VCU Health Systems

I. Septoplasty Basics

Septoplasty is performed to straighten a deviated, or crooked, nasal septum. The septum is the cartilage and bone wall that divides the nose into two separate passages. The nasal septum may be deviated since birth, or may have been damaged from a previous nasal injury or surgery. A deviated septum may cause partial or complete blockage of one or both sides of the nose, such that the patient is unable to breathe comfortably through the nose. The primary goal of septoplasty surgery is to improve breathing through nose. This may however also reduce other symptoms such as nasal discharge, post-nasal drip, sinus pressure, recurrent sinus infections, or impaired sense of smell.

Septoplasty surgery is usually performed under general anesthesia. Through an incision made inside the nostril, the lining tissue covering the septum is lifted up to allow the surgeon to see the bone and cartilage directly. The deviated portions of the bone and cartilage are then either removed or reshaped, leaving behind enough non-deviated bone and cartilage to maintain the shape of the nose. The incision is then stitched closed. Your surgeon may place soft plastic sheets, or splints inside the nose to help the septum heal straight and reduce the chance of scar tissue formation. In some cases, gauze packing may be placed in the nose to help prevent bleeding. Your surgeon will tell you when the packing and/or splints are to be removed. Surgical time is between one and three hours. Once the effects of the anesthesia have worn off, most patients are discharged home later the same day.

Other structures called “turbinates” may also affect nasal breathing. The turbinates are structures which act as the natural radiators of the nose, warming and humidifying the air such that dry, cold air does not reach the lungs. As a radiator works because of hot water running through its pipes, the turbinates work by having many blood channels filled with warm blood. These blood channels can swell, causing enlargement of the turbinates and nasal congestion, in response to viral upper respiratory infections (cold or flu), sinus infections, allergies, or even just assuming a reclined position. To maximize the improvement in nasal breathing from septoplasty, the nasal turbinates are usually addressed at the same time. This can be done either by removing a portion of the turbinates, or shrinking them with electric current (cautery). Your surgeon will discuss with you whether turbinate surgery will be performed at the time of your septoplasty surgery, and what method will be used.

II. Postoperative Issues

- 1. Pain** Most patients will experience the equivalent of a severe head cold, including congestion, nasal discharge, and headache, for 1 – 2 weeks after surgery. Pain is usually mild to moderate; prescription pain medications may be needed for up to one week after the surgery. A prescription will be given at the time of surgery. Mild discomfort may be treated with Tylenol. Please avoid any ibuprofen-based pain medications (Motrin or Advil), as well as aspirin, as these can lead to postoperative bleeding.
- 2. Antibiotics** Following surgery, the sinuses may get backed up with blood and mucus. In order to prevent a significant infection, antibiotics are usually prescribed. All prescribed antibiotics should be taken as directed until completed.
- 3. Nasal Hygiene** Blood and mucus within the nasal passages and the nasal splints themselves can solidify, blocking the nose and making breathing difficult. To reduce this problem, an over-the-counter nasal saline spray (available in any drug store) should be used, three to four puffs to each side of the nose, every one to two hours during the daytime. This will help moisten the mucus crusts and promote drainage. In addition, the nose may be flushed with salt-water using a rubber bulb

syringe, 1-2 times per day, to help keep the breathing passages open. Irrigation may initially return large amounts of blood and mucus crusts. This is normal, and should decrease in quantity with each day. Nasal breathing usually will improve dramatically once the nasal splints are removed. After splint removal, nasal saline spray should be used at least 4 times per day for the next 4 weeks, and thereafter as needed for mucus crusting. Saline irrigations are usually not necessary at this point, but may be continued as needed.

4. Diet

Some patients may have mild nausea and even vomiting for 1 - 2 days following general anesthesia. Once this subsides, the patient can eat a normal diet. It is best to avoid any hot liquids for three to four days after the surgery, as this can increase the chance of bleeding.

5. Activities

It is best to avoid strenuous activities for approximately two weeks following surgery. Significant exertion will raise the blood pressure, again increasing the chance of bleeding. It is also best to avoid blowing the nose. In the event of nasal blockage or discharge, additional saline irrigation may be used. If one has to sneeze it is best to open the mouth rather than let the force of the sneeze to pass through the nose.

6. Bleeding

A small amount of bloody discharge is not uncommon for 1 – 2 weeks following septoplasty. This may be either from the front of the nose, or down the back of the throat. Bleeding should not be profuse or continuous. Severe bleeding should always be reported to your doctor. It is often convenient to tape a folded gauze “drip pad” to the upper lip under the nose for several days following surgery. This will avoid the need to frequently wipe the nose to clear discharge. In the event of bleeding, it is best to squeeze the soft part of the nose closed, and tilt the head down (forward, not back) for 5-10 minutes. Application of a nasal decongestant spray such as oxymetazoline (Afrin) or Neo-Synephrine may also reduce such bleeding.

7. Fever

A low-grade temperature (100.5° or less) is not unusual following surgery. Higher temperatures may be treated with Tylenol. Again, avoid any ibuprofen-based medications (Advil or Motrin), as these may affect bleeding. High fevers (greater than 102.5°) should be reported to your physician.

8. Follow-up

Please call: Richmond Medical Commons/Stony Point Office (804) 323-0830
Downtown VCUHS Office – AD Williams Bldg (804) 628-4368

To schedule a follow up visit in _____.

During this visit the nasal splints and/or packing will be removed, and the nasal passages will be cleaned to remove built-up mucus and blood crusts. If possible, it is best to have a friend or family member drive you to this visit, as there may be discomfort associated with splint removal and nasal cleaning. It might also be helpful to plan a dose of pain medication to be taken one to two hours prior to your scheduled visit time.

9. Contacts

During business hours (Monday through Friday, 8 am – 5 pm) please call the office at which you are usually seen: Richmond Medical Commons/Stony Point Office (804) 323-0830; Downtown VCUHS – AD Williams Building Office (804) 628-4368. Ask to talk to a nurse or your doctor. After business hours (5 pm – 8 am and weekends) please call the VCU Health Systems page operator at (804) 828-0951 and ask to speak to the otolaryngologist (Ear, Nose and Throat doctor) on call.