

INSTRUCTION SHEET: SEPTOPLASTY

WHERE IS THE SEPTUM?

The nasal septum is the midline portion of the nose that divides the nostrils into two halves. It is cartilage in its most front portion and the back portion becomes bone. Injuries to the nose can displace the septum without causing any marked deformity of the external nose. This might not manifest right away and the septum can continue to drift for months to years following an injury. A deviated nasal septum may be manifested by nasal obstruction on one side or both sides.

There are other structures in the nose called turbinates. These are on the sides of the nose and will swell and shrink depending upon irritation in the air or whether a person is lying on their right or left side. There is normally a nasal cycle that lasts about 90 minutes where one side will engorge and then the other side will engorge. This cycle becomes more obvious if there is deflection of the septum, when the plugged side is engorged it is difficult to impossible to breathe through that side. The turbinates act to warm, filter, humidify, and deliver the air current in an optimal manner to the lungs. Turbinates can become enlarged with allergy conditions or may become hyperactive in allergy conditions and sometimes it is necessary to reduce the size of the turbinates or reduce the size of the channels of blood underneath the tissue covering of the turbinates.

Surgery on the septum or the turbinate will often result in a decrease in nasal secretions for a period of weeks to months. During this time the nose will crust up more and will require humidification in the form of a nasal saline spray or nasal douches.

WHAT IS A NASAL SEPTOPLASTY

A nasal septoplasty is a surgery on the septum to remove the crooked portions of the septum so that there is enough air passage through each nostril. All incisions are made inside the nose. The tissues are freed from the underlying cartilage and bone and the cartilage or bone that is crooked is released or removed to ensure a straight septum. Splints are then often sewed to hold this tissue together so that blood cannot collect in this envelope space. Additional packing may be required if there is a problem with bleeding, but usually it is not required.

PRE-SURGERY INSTRUCTIONS

1. No Aspirin or Ibuprofen containing compounds for two weeks before surgery. These will thin the blood and make it more likely that you will bleed during surgery and make it more likely that you will need a pack which is very uncomfortable.
2. Nothing to eat or drink the night before surgery. This is to ensure your stomach is empty so that in the process of going to sleep, stomach contents will not be aspirated into the lungs, causing a serious pneumonia.
3. Occasionally antibiotics are needed before surgery or steroids are needed before surgery to shrink swelling or inflammation of the nose.
4. The use of Afrin immediately before surgery is sometimes indicated. This will be done at the hospital and will be provided at the hospital. This will help decongest the nose and shrink the vessels for surgery.

Please do not use topical decongestants in the form of nasal sprays before the surgery. This could cause a rebound and more bleeding during the procedure.

5. Your doctor might give you the prescriptions for pain medication and an antibiotic before your surgery. Go ahead and fill these prior to surgery and use as directed after surgery. Also, purchase a bottle of nasal saline: you will need to spray the nose with 2 sprays to each nostril 3 times a day or more.

POST-SURGERY CARE

1. After surgery the splints will be in place anywhere from 3 to 7 days and will be removed through the nose. This is uncomfortable, but not a particularly painful process. Some people find it helpful to take a pain pill before coming in for this visit and having someone drive them home, but this is not mandatory.

2. The nose must remain moist, using nasal saline sprays or nasal douches will help with the discomfort. Do this 3 times a day or more. Crusting in the nose will cause a headache and increased pain.

3. The incision is usually located just inside the nostril on the either side. A little Neosporin placed in the nostrils may increase comfort between the 5th and 10th day when crusting may form along the incision line. The sutures in this area are absorbable and will absorb in about 10 days. They need not be removed.

4. It is much more comfortable to sleep with your head elevated above your heart. This decreases the swelling, especially while the packing is in place. Sleeping in a recliner chair, or sleeping in a bed with two pillows under the soft portion of the mattress are two good hints.

5. Keeping cold compresses on the nose for the first couple of days will decrease the swelling and improve the comfort. Frozen peas are light weight and placed in a ziplock bag can be reused and are often much easier to tolerate than a bag of ice chips. Commercially available cold compresses are also a good idea, but are more costly.

6. DIET -There is no particular limitation on diet. Any food that sounds or tastes good is acceptable. With the packing or splint in place, taste may be decreased and appetite may not be as hearty.

7. ANTIBIOTICS -with splinting or packing in the nose an antibiotic is recommended because you are at risk for getting a sinus infection or a more serious complication of toxic shock from having foreign bodies in the nose. An oral antibiotic is recommended for a week in the perioperative period.

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