

Information for patients and carers

Septoplasty and Turbinate Surgery



Welcome to ENT (Ear, Nose and Throat)

This leaflet has been produced to answer questions you may have about having a Septoplasty and Turbinate Surgery and what to expect during your visit. If you have any other questions, please ask your surgeon or a member of the nursing team.

What is the Nasal Septum?

The shape of the nose comes from bone and cartilage (gristle) on the inside and covered with a thickness of skin on the outside. The nasal septum is the thin piece of cartilage and bone between your two nostrils.

What is a Septoplasty?

A Septoplasty is surgery to straighten the wall of bone and cartilage that divides the space between the two nostrils. When the septum is crooked or bent to one side, it is known as a deviated septum. A deviated septum can make it hard to breathe through the nose. The operation is not meant to change the way your nose looks.

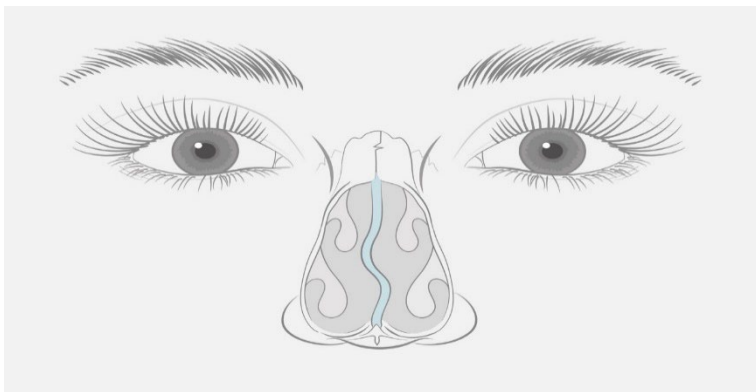


Image of Deviated Septum

Why am I having this operation?

A crooked septum is common, but when it is very crooked it can block one side of the nose and reduce air flow. This can make it harder to breathe through one or both nostrils and the nose may feel blocked all the time. You may need septal surgery to improve access in sinus surgery. Your septum can become deviated from an injury, but you can also be born with it.

How is the Septal surgery performed?

You will have a general anaesthetic during this surgery, this means you will be asleep during the operation. All the surgery takes place inside your nose and is a minor, low risk procedure. The operation is carried out through a small cut made inside the nose. There will be no scars on your face afterwards. The attachments of the septum are divided making it mobile, and the bone and cartilage buckles are straightened or cut out. The septum is then put back into the middle of the nose and the lining is replaced on the septum.

You may need to pack your nose with some dressings to stop any bleeding. The packing will block your nose so you may have to breathe through your mouth for a few days until the dressings have been removed. This is normally 2-3 days after surgery. Removal can be uncomfortable, but it is not painful and does not take long. There may be a small amount of bleeding once the packing is removed but this usually stops very quickly.

You may have a small plastic splint inside your nose to stop the septum moving while it heals, and these are usually removed 7-10 days after your operation.

What are the Turbinates?

Turbinates are shelves from the sidewalls of the nose and play an important role in warming and humidifying inhaled air and regulating nasal airflow. Their lining may become very thickened causing blockage of the nose which make it difficult to breath. The turbinate may also be an abnormal shape, causing blockage. It is important that turbinates are not removed completely as this will result in a dry and crusty nose.

Why might turbinate surgery accompany septal surgery?

If the septum is very buckled, the lining of the turbinate on the 'hollow side' of this buckle tends to become very swollen and thickened. If the septum is straightened, this swollen turbinate may cause blockage.

How is the turbinate surgery performed?

The turbinate may be trimmed or cut off using scissors. The turbinate may also be vaporised using a laser.

What are the benefits of this surgery?

You should find it easier to breathe through the nose.

What are the risks of surgery?

The surgery is very safe, and problems are unlikely to occur. The position of the septum may change as scar formation occurs and the septum may then "drift" out of position causing the nose to become blocked. There is a very slight risk to your sense of smell in

all nasal surgery. There is also a theoretical risk of damaging the roof of the nose resulting in the leak of the fluid from around the brain (the CSF). Very rarely, the septum may not heal resulting in a hole or "septal perforation".

What about afterwards?

After the operation you will be taken to the recovery area to wake up before you are transferred to the ward. Most people go home the day after the operation. All the stitches are inside the nose and do not need removal. If a stitch falls out of the nose just trim the part that is showing. It is normal for the nose to feel blocked for the first weeks after surgery.

What should I do if I am worried?

If you have any worries about the state of your nose or the effects of the medication, please telephone the ward where you were a patient for advice from the nursing staff.

What will happen if I do not the operation?

If you do not have the operation, your symptoms will not improve. You can try nasal steroid spray or drops to help bring down any swelling inside the walls of the nose which may improve your blockage symptoms, but this would need to be an ongoing treatment. A bent septum will not cause you any harm so you can just leave it alone if you want. Only you can decide how it is affecting your breathing, sleeping or exercising.

Pre-operative and post-operative advice

Pre-operative advice

Please stop eating 6 hours before your operation. Stop drinking 2 hours before your operation and only drink water up to this time. No milk products are to be drunk. Please make an up-to-date list of medications. If you have been given the consent form, bring this with you, but do not sign it. Write down any questions/concerns. If going home on the same day, make sure there is an adult staying with you for 24 hours after your operation.

Post-operative advice

After your operation you will be transferred to the day case ward where you will rest until the anaesthetic has worn off. If you are informed that you will need an overnight stay you will be transferred to an inpatient ward. You will normally be discharged 2-4 hours after your operation however, you must achieve some set goals before you can leave such as being able to eat and drink and getting out of bed. As you had a general anaesthetic, you will need someone to collect you from hospital and you need an adult to stay with you for 24 hours after surgery.

Following your operation, you will need to take 2 weeks off work to allow time for healing. You are more likely to pick up infections so avoid contact with people who have coughs, colds, or any source of infection.

You should avoid smoking; cigarette smoke will irritate the inside of the nose and delay healing. You should also keep out of smoky or dusty atmospheres.

You are advised not to fly for 14 days following your procedure and you should not do any strenuous exercise for 14 days following your procedure. Avoid strenuous exercise such as weight training, jogging, keep-fit classes, etc for 2 weeks after your operation.

Do not pick or blow your nose for a week after your operation and if you need to sneeze, try to sneeze with your mouth open. Regular steam inhalations will soften clots in the nose and help it clear sooner, do not try to pick the nose clear as you can damage the soft tissues resulting in permanent damage to the nose.

You must not drive or operate machinery for 24 hours after a general anaesthetic.

You can take a shower and wash your hair but use lukewarm water instead of hot for the first 48 hours to reduce the risk of a nosebleed.

Keep taking your medication if prescribed.

Frequently asked questions

How long does a septoplasty take to heal fully?

Initial swelling often lasts two to three days after surgery. Most people feel well enough to resume their regular activities usually within 3-4 weeks. It takes 3 months for the nose to heal completely

Can I change my mind if I have already agreed to surgery?

You may wish to change your mind about having an operation and you can do this at any time. Signing a consent form does not mean that you must go through with the operation.

What do I do if I am worried after my operation?

If you have any worries following surgery or the effects of your medication, please phone the ward you were discharged from.

How should I sleep after a septoplasty?

The first week after a septoplasty you may experience pain and discomfort, and many patients find it challenging to sleep for the first few days. It is important that you sleep at a 30-degree to 45-degree incline to keep the head elevated.

Contact details

Should you require further advice or information please contact the Ear Nose and Throat Department at Royal Preston Hospital on **01772 523164** and for post operative concerns following your procedure contact Ward 3 for adults or Ward 8 for children via the switchboard on **01772 716565**.

Sources of further information

www.lancsteachinghospitals.nhs.uk

www.nhs.uk

www.accessable.co.uk

www.patient.co.uk
www.entuk.org

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www.lancsteachinghospitals.nhs.uk/patient-information-leaflets

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If you want to stop smoking, you can also contact Smokefree Lancashire on Freephone **08081962638**

Please ask a member of staff if you would like help in understanding this information.

This information can be made available in large print, audio, Braille and in other languages.

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Division: Surgery

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