

Risks of the Operation

While all operations carry the risk of side effects, the incidence of complications following septal surgery is low.

Bleeding

As described above it is common to have a small degree of bleeding following the operation. It is uncommon, however, to have a significant amount of bleeding that would require intervention such as packing, further operation or blood transfusion.

Perforation

If the septum is very scarred this may result in the rare complication of a hole developing in the septum. This may result in persistent crusting.

Cosmetic Deformity

Exceptionally, this may result in a very minor change in the shape of your nose. If significant, this can be corrected by further operation.

Failure

Scarring and variability in post-operative healing can occasionally result in bending of the straightened septum. This may result in a slight difference in breathing between the two sides or, rarely, a failure in improvement in breathing.

This information leaflet is only a guide to septal surgery and does not replace a full and detailed discussion with your surgeon regarding your condition, the benefits and risks of the operation, and other alternative treatment available.



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Our Services

Adventis ENT Services is dedicated to providing excellence in standards of care to children and adults for all conditions of Ear, Nose & Sinus, Throat & Voice, Head & Neck, Hearing & Speech disorders

The team of Adventis ENT Services is led by Dr Ameet Kishore FRCS(UK), an ENT, Cochlear Implant & Neuro-otologic Surgeon with over 25 years of experience. He has brought together International Experience and Advanced Technology to offer the highest level of patient care and excellence in medical treatment

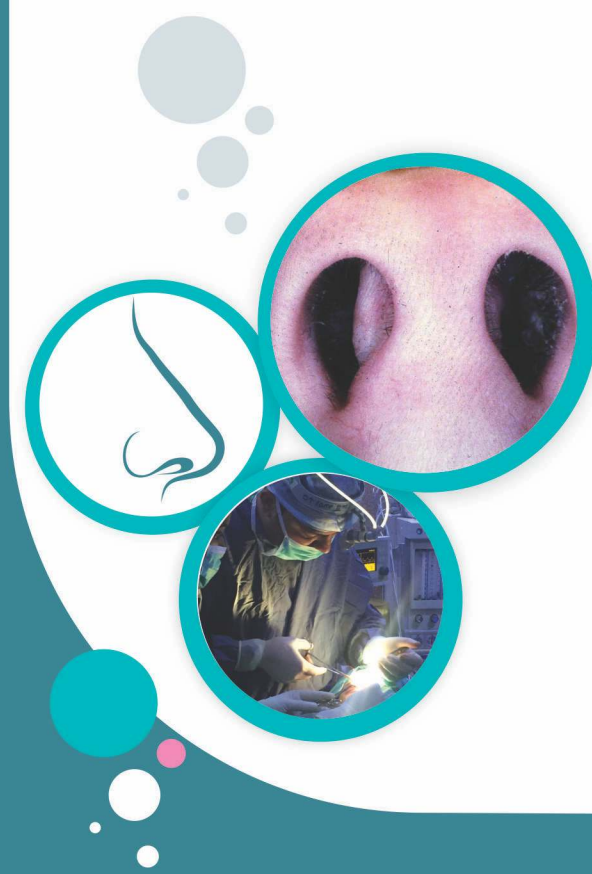
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What is a Septoplasty?

A septoplasty (or sub-mucous resection) is an operation designed to straighten a bend in the septum of the nose. The septum is the midline partition within the nose.

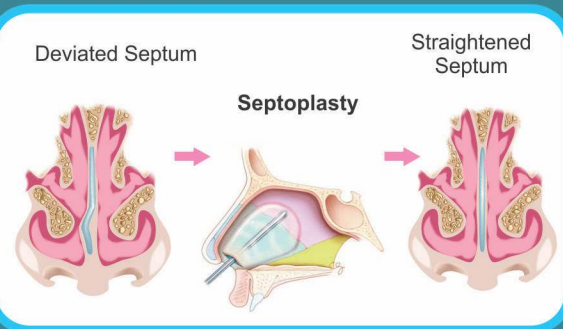
A bend in the nasal septum is diagnosed by a nasal examination and is not usually visible externally. Occasionally, however, the septum under the tip of the nose may be bent into one nostril. This will be visible from the outside.

The commonest problem resulting from a bent septum is a blocked nose. Occasionally, this may cause a twist in the external shape of the nose as well. A bent septum may predispose some people to have chronic sinus problems.

Before the Operation

Before the operation you would have had consulted your Ear, Nose and Throat Surgeon about your symptoms. Examination may include the use of a telescope to thoroughly examine the internal nasal cavity. This is performed at the Outpatient Clinic under a local anaesthetic.

As nasal blockage can be caused by conditions other than a bent septum, your surgeon would have discussed this with you to decide whether you would benefit from having this operation or need other forms of treatment such as nose drops or nasal sprays in addition to your operation. If this operation were performed with the aim of changing the shape of your nose, it would form part of a bigger operation called a septorhinoplasty.



The Operation

You would usually be admitted on the day of your operation and could expect to be discharged in 24 to 36 hours. The operation is usually done under general anaesthetic but could be done under local anaesthetic. Incisions are made inside the nose and the nasal lining is separated from the underlying cartilage and bone. Deformities in the cartilage and bone are removed and the nasal lining is replaced. This is stitched in place using absorbable (dissolving) stitches. The incisions or stitches are not visible.

Sometimes at the end of the operation small dressings or packs are inserted into the nose to help control the bleeding. If so, these may be removed either on the evening of the operation or the next morning. Occasionally, specially designed sheets of plastic (splints) are inserted into the nose at the end of the operation to help with healing. These are secured with a stitch within the nose and removed ten days later at the Outpatient Clinic.

After The Operation

The operation is not very painful. You may experience a bit of discomfort or tenderness in the nose for the first few days and you are advised to take simple painkillers. You are advised to avoid any painkillers that contain aspirin, as this may increase the chance of bleeding.

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It is common to have a small amount of bleeding from the nose for the first few days and some thick brown blood-stained discharge for some weeks. It is also common for crusting within the nose for several weeks. You will be instructed on how to irrigate your nose with salt water to clear the secretions and crusts after the operation. You should start your irrigations the day after surgery unless instructed otherwise. Nasal irrigations are designed to manually dislodge or loosen mucous and blood clots from the nasal and sinus cavities.

It is common for the nose to remain congested and blocked for up to eight weeks following the operation. This is due to swelling in the lining that occurs after an operation. You may be asked to use nose drops or a nasal ointment to promote healing.

The tip of your nose may remain tender for longer and you may experience numbness or altered sensation over the tip of your nose and the centre of your upper lip for a couple of months. This will eventually recover.

You may be advised to use nose drops or an antibiotic ointment in the post-operative period to help with this. An antibiotic and pain killers will be prescribed.

It is important that you do not blow your nose for the first forty-eight hours after the operation. Thereafter, the surgeon may advise gentle nose blowing to help clear the crusts.

Your first post-operative review would usually be a week after the operation. Your next visit would be decided after that. The overall goal of this post-operative care is to promote healing and prevent recurrent or persistent nasal disease.

Most nasal sprays will be stopped for a short period (weeks) immediately after surgery. You will be given instructions during one of your post-operative visits when to restart these medications, if at all.

Avoid the Following During the 2 Weeks After Your Surgery

- Do not engage in any strenuous activity, heavy lifting, or bending over.
- Do not blow your nose vigorously for 1 week. You may lightly blow your nose during the 2nd postoperative week. Occasionally you may be given instructions not to blow your nose for longer periods of time.
- Do not pick, prod, or poke your nose.
- Do not resist the urge to sneeze or cough. Instead, sneeze or cough with your mouth open.
- Do not take any supplements or herbal remedies that may increase your risk of bleeding (Vitamin E, Garlic, Ginkgo, Ginger, etc.)
- Limit alcoholic beverages. Alcohol is dehydrating, increases your risk of bleeding, and should not be mixed with your pain medication.