Septoplasty with/without Reduction of Inferior Turbinates

Septoplasty is an operation used to straighten the wall which divides the inside of the nose. A trimming or removal (*reduction*) of the structures on the side wall of the nose (*turbinates*) may be done to improve the nasal airways. Turbinates help created air turbulence in the nasal passage helping to warm and clean the air. This means you can breathe easier through your nose. This procedure is often done as a same day surgery. This means you can go home the day of the operation if there are no problems.

RISKS OF THIS PROCEDURE INCLUDE THOSE OF:

Receiving a medicine that makes the patient sleep (*anesthetic*)

- Blood clots in the legs. Deep blood clots may cause pain and swelling. Rarely part of this clot may break off and go to the lungs. This is called a pulmonary embolus and can be fatal.
- A heart attack because of strain on the heart or a stroke while or after being asleep.
- Death is possible due to this and any procedure. This is extremely unlikely.
- Increased risk in obese people of wound infection, heart and lung complications, and thrombosis.
- Increased risk in smokers of wound and chest infections, heart and lung complications, and thrombosis.

Risks of the procedure include:

- Bleeding may occur at the time of surgery or in the first couple weeks after surgery. Bleeding after surgery can be treated with packing of the nose under local anesthesia. It may require another operation to stop the bleeding. Rarely a blood transfusion may be necessary depending on the amount of blood lost.
- Infection can occur. This can be treated with medications which kill germs (*antibiotics*).
- Numbness of the top lip and / or upper front teeth. This may happen if there is injury to nerves.
- Adhesions or scar tissue forming inside the nose may require further surgery.
- A hole in the wall inside the nose (*Septal perforation*) can follow a septoplasty. This does not often cause problems (*asymptomatic*). It can cause problems such as whistling, crusting or bleeding. This may require another surgery to close the hole.
- Impaired or lost sense of taste.
- Persistence or recurrence of the original problem. The best done procedure can still have a poor result.
- May cause increase in snoring or sleep disturbance.
- Changes in the external appearance of the nose may rarely occur and if unsatisfactory may require corrective surgery.
- Septal hematoma or abscess can occur. This may have to be drained.

DESCRIPTION OF PROCEDURE

Before surgery you are given medicine to help you relax. An intravenous tube is started to give medicine.
A specialist helps you go to sleep for the procedure. You will be completely asleep for the operation and will not feel or remember anything. After surgery, you will be taken to the recovery area where a nurse will watch and check your progress. Once you're awake, stable, and taking fluids well, barring other problems you will be allowed to go home.

HOME CARE INSTRUCTIONS AFTER SEPTOPLASTY

- After the operation, it is normal to have mild headaches, a stuffy nose or bloody discharge from the nose. There may be sneezing and a plugged or full sensation in the ears.
- There will be splints in your nose after the surgery that will be removed after one week.
- There may be dissolvable material in your nose if inferior turbinate resection was performed. This was put in to help reduce bleeding. Some of this material may fall out like a clot. This is normal and not a cause to worry.
- **Do not** use ibuprofen (Advil® or Motrin®) or aspirin or any products containing these medications for the

first two weeks following surgery. This can increase the possibility of bleeding. Only take over-the-counter or prescription medicines for pain, discomfort, or fever as directed by your caregiver. Finish all antibiotics if given.

- You may clean your nostril with an over-the-counter nasal saline spray. This will help clear the crusts and blood clots in your nose.
- You may also make your own saline solution by mixing the following:
  - ½ tsp of salt.
  - ½ tsp of baking soda.
  - 6 oz (180ml) of water.
  - If the saline solution is too irritating, you may dilute it with more water.
- **Do not** blow your nose for 2 weeks after surgery
- Avoid strenuous activity such as heavy lifting (more than 10 pounds), running or sports for 2 weeks. This can cause nosebleeds.
- Elevate your head on a couple pillows when sleeping or lying down.
- Eat a well balanced diet with plenty of fiber to keep your stools soft. This avoids straining which can cause a nosebleed. Pain medicine may constipate. You may take one tablespoon of Metamucil twice a day in a full glass of water or can take a tablespoon of mineral oil twice a day to help keep your stools soft.
- Make and keep follow-up appointments with your surgeon as directed.
- When your splints have been removed and the nasal cavities are sprayed and cleaned, apply antibacterial ointment (Neosporin, polysporin) to the inside of your nose with a Q-tip. This should be done twice a day for the next 2 weeks after surgery or as directed.

SEEK MEDICAL CARE IF YOU DEVELOP:

- Redness, swelling, or increasing pain in your nose.
- Pus-like (*purulent*) discharge coming from your nose.
- An unexplained oral temperature above 101º F (38.3º C) develops.
- Any visual changes or marked swelling of the eyes.
- A severe headache or neck stiffness.
- Severe diarrhea.
- Rapid bleeding from your nose.
- Complete blockage of breathing after the nasal splints are removed.
- You develop dizzy episodes or fainting while standing or develop shortness of breath.
- An ongoing feeling of being sick to your stomach (*nausea*) or throwing up (*vomiting*).

SEEK IMMEDIATE MEDICAL CARE IF:

- You develop a rash.
- You have a hard time breathing.
- You develop any reaction or side effects to medications given.

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