

Septoplasty



A deviated nasal septum, showing the dislocated edge obstructing the left nostril.



Deviated Septum



Normal Septum

The nose is partitioned in the middle by the nasal septum, dividing it into two nostrils. The nasal septum is made of cartilage and bone.

Sometimes, due to injury or simply because it has grown that way, the septum may be bent, buckled or deviated to one (or both) sides, causing blockage by reducing the area available for air to flow through.

The operation of Septoplasty is used to correct this abnormality in order to allow air to pass through either nostril more easily.

Septoplasty is a common procedure and is not very painful. Few adults have a straight nasal septum, but only if the deviation is significant and interferes with normal breathing will surgery be considered.

The aim of the surgery is to improve the airway. The size of nostrils are not 100% equal. This together with the memory nature of the septal cartilage make it impossible to make the airflow exactly the same through both nostrils.

Septoplasty is performed under general anesthesia. A small cut is made inside one of the nostrils and from this cut the lining of the septum is lifted off. The septum is then refashioned by manipulation and/or partial excision of the cartilage. The lining of the septum is then sutured (“stitched”) into place with absorbable suture.



The procedure is usually performed internally, through the nostrils, without the need for external scars. Rarely when septum is severely deviated your doctor may perform an external septoplasty. This is an approach to perform septoplasty operation with a greater surgical exposure via a small incision in columella ‘skin between two nasal holes.

Nasal packs are occasionally inserted into nostrils to prevent the build up of blood between the cartilage of the septum and the lining.

There are no black eyes after the surgery and the outward shape of the nose is generally unaltered. Septoplasty takes about 30-60 minutes, depending on how badly bent the septum is.

Septoplasty is not a cosmetic procedure (not meant to alter the shape of a nose). However, it can be performed along with rhinoplasty, which is a cosmetic procedure aimed to improve shape of a “crooked” nose. The combined surgery is called septorhinoplasty.

Complications of Septoplasty

- **Bleeding:** This may result in a nosebleed, but this usually stops quickly. A bloodstained ooze may persist for a few days.
- **Infection:** Is not very common.
- **Septal perforation:** There is up to 5% risk of developing a hole (perforation) in the nasal septum after a primary surgery that maybe amenable to a surgical repair if symptomatic.
- **In Smokers or those undergoing a revision or complex surgery risk is up to 10%.**
- **Septal deviation:** Septal cartilage has memory and wants to go back to the origin shape, hence there may be some remnant septal deviation causing some nasal blockage.
- **Nasal deformity:** This is a rare complication when the damage to the cartilage is more extensive and the septum can no longer bear the weight of the nose.
- **Adhesions within the nostril:** Tissue within the nostril may become adherent as the sidewall of the nose comes into contact with the septum (partition of the nose). this will cause scar tissue formation, which reduces the airway passage and its airflow.
- **Numbness of the upper front teeth:** This can occur if the nerve that supplies your teeth, which is located near the septum, is bruised or damaged. This usually settles in a few months.

Expectations and advice following surgery

- You may awake with some packing in your nose to stop any bleeding. If present, this should be left alone and will be removed by your nurse when appropriate, usually the following morning. You will be nursed with the head of the bed slightly elevated. It is probable that you will have to breathe through your mouth and thus get a dry mouth.
- Septoplasty is not a painful operation, and taking simple painkillers such as paracetamol may be sufficient.
- You may go home on the same day unless your operation is in the evening. Then you will have to stay overnight. Also, if there is a lot of bleeding during the operation, you may have to stay overnight for observation. Additional procedures, (e.g. turbinate reduction) may necessitate staying overnight.
- Improvement in nasal breathing may take a few weeks.
- It is normal for your nose to be quite blocked for several days (even a couple of weeks) after the surgery, while all the internal swelling settles.
- Only gently blow the nose after nasal irrigation. Avoid heavy nasal blowing for 10+ days after your operation.
- You may get a bloodstained/pinkish discharge for a few days. Serious nasal bleeding is rare and can occur up to 10 days post-operatively. A little fresh blood in your hanky is no cause for concern but if it starts dripping actively, you should:
 - sit down in a chair and relax. (Do not lie down)
 - Pinch the soft part of the nose firmly for 15 minutes
 - Spit out any blood into a bowl placed in your lap
 - Place an ice-pack (or a bag of frozen peas etc) over your forehead. Try sucking an ice-cube.
- If these measures do not stop the bleeding, and it continues unabated without any sign of slowing down after 30 minutes, you should attend your closest Accident and Emergency (casualty) department.
- Avoid all moderate and heavy physical activity, including sport for ten days after the operation. Avoid bending down to pick things up, especially heavy weights. Active sport should not be commenced for four weeks after the surgery, and even then, slowly at first with gradual build up.

- You must irrigate your nose frequently “Douching” (at least three times a day) with the solution provided i.e. saline to clear away scabs and crusting which occurs after the operation. There are excellent commercial devices available to do this (i.e. Neilmed Sinus Rinse). It will take approximately 6 weeks before the swelling caused by operation, inside the nose, to settle and you get the full benefits of the surgery.
- Avoid smoky, dusty and dry atmospheres if possible, as these may irritate the nasal lining.
- Avoid very hot baths and showers. take these quite cool. It may lead to nasal haemorrhage.
- patients on Aspirin should discuss this with their doctor, as they may need to avoid taking aspirin for a few days prior and after the operation. Aspirin can potentially increase the risk of nasal bleeding.
- Two weeks off Work/School. Sick-note will be provided. Remain indoors at least during the first week.
- If you develop a temperature and increasing nasal/facial pain a few days after the operation, seek help as you may need antibiotics.
- Do not drive for 48 hours (because of the effect of the general anesthetic).
- You should preferably also not be planning to go away on holiday for at least two weeks after your operation. Flying is not a problem.
- frequently, absorbable stitches are used in the operation and as these dissolve, you may find cotton-like remnants on your hanky when blowing the nose, which is quite normal.

Please note that the details in this section are for general information only. You should always discuss the risks, limitations and complications of your specific operation with your surgeon.