

# Septoplasty and Turbinate Reduction

Surgical Information



ENT Bowling Green

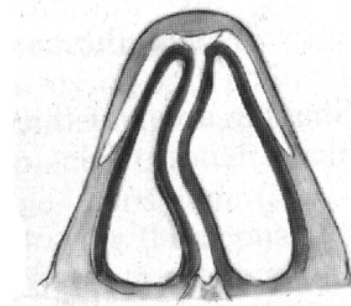
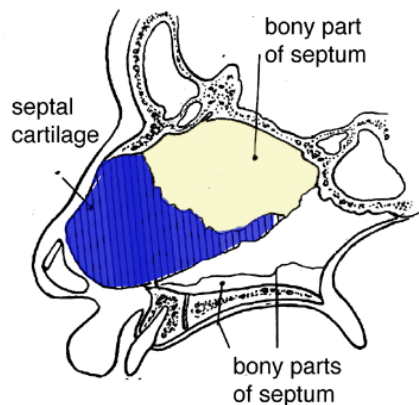
## PREOPERATIVE DISCUSSION FOR SEPTOPLASTY and TURBINATE REDUCTION

### **Septoplasty**

The nasal septum is made of cartilage and bone covered with a lining (mucosa). It divides the nose into two separate chambers, left and right. Normally, the septum is relatively straight, with right and left nasal cavities of similar size. Occasionally, however, the nasal septum may be severely bent, or deviated – enough to encroach on a nasal cavity. A deviated nasal septum may develop as the nose grows, or could result from an injury to the nose. Common complications are breathing interference and a predisposition to sinus infections.

A deviated nasal septum that interferes with proper function of the nose is corrected by Septoplasty. The surgery can take place under general or local anesthesia. Using a headlight or an endoscope, the surgeon makes an incision inside the nose, lifts up the lining of the septum, and removes and straightens the deviated portions of the septal bone and cartilage. Surgery usually takes about 1-1.5 hours and is scheduled as an outpatient.

In the early period following the surgery, there is usually some tenderness and swelling inside the nose. Over time, because the nasal cartilage has some "memory," there can be a tendency for the septum to reshape itself back toward its deviated position. Other complications from the surgery are very rare, but can include bleeding, change in shape of the nose, some numbness of the front teeth, or impairment and even loss of the sense of smell. A septal perforation may occur on rare instances. This is a hole through both sides of the lining of the nasal septum. Crusting, bleeding, and whistling type noises may occur if a perforation exists. Small perforations may occur that do not require further intervention. Repeat operations are rare but do occasionally need to be performed.



## PREOPERATIVE DISCUSSION FOR TURBINATE REDUCTION

### Reduction/Removal of the Inferior Turbinate

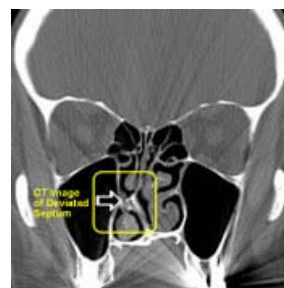
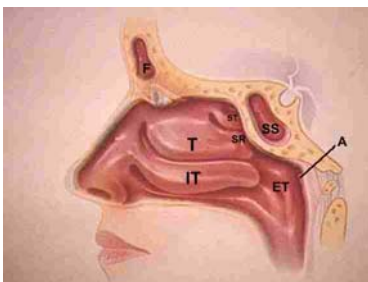
Protruding into each breathing passage are bony projections called turbinates that increase the surface area of the inside of the nose and boost its 'air conditioning' and air-filtering functions. There are three turbinates (inferior, middle, and superior) on each side of the nose.

Large, swollen inferior turbinates can lead to blockage of nasal breathing. There are two main reasons for enlargement. Most of the time, enlarged inferior turbinates are the result of allergies, irritating environmental exposure, or some minor persistent inflammation within the sinuses. Another reason is deformity of the nasal septum that has caused the bone on the wider side of the turbinate to increase in size. In the case of allergy- or irritant-related enlargement, treatment of the underlying problem may reduce

turbinate swelling and solve the problem. If not, turbinate reduction surgery may be required. Because the turbinates help the nose to clean and humidify the air we breathe, it is usually better to leave as much tissue intact as possible. The doctor will probably opt for selective, or targeted, turbinate reduction – rather than extensive reduction.

If the procedure is isolated, and not part of another sinus operation, reduction of the inferior turbinate is usually performed under local anesthesia. Sometimes, surgery is guided by a headlight, but increasingly, surgeons use endoscopes to improve visualization and provide a magnified view during surgery. Once oriented, the surgeon makes an incision in the lining mucosa of the turbinate and carefully removes the underlying bone of the turbinate. If selective removal of soft tissue is also necessary, it can be accomplished using a microdebrider or laser. Occasionally, persistent swollen inferior turbinates are effectively treated with a freezing technique (cryotherapy). Alternately, they are heated with radio frequency electrical current (cautery or radiofrequency surgery). These methods cannot be used when the surgeon must remove an enlarged underlying turbinate bone.

Complications associated with inferior turbinate surgery include bleeding, crusting, dryness, and scarring. If you undergo an inferior turbinate reduction, your doctor may prescribe a spray or watery solution to relieve dryness and aid in healing. There is generally less risk of serious complications today than in the past, when inferior turbinates were extensively cut out, sometimes causing excessive crusting and nasal dysfunction.

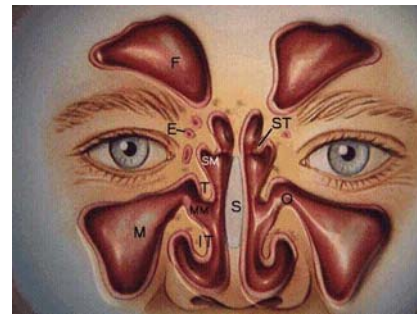
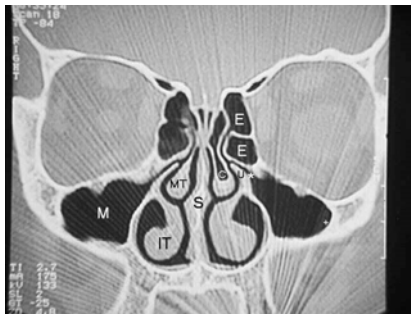


### Reduction/Removal of Middle Turbinate

Protruding into each breathing passage are bony projections called turbinates that help increase the surface area of the inside of the nose and boost its 'air conditioning' and air-filtering function. There are three turbinates (inferior, middle, and superior) on each side of the nose.

Occasionally, the middle turbinate may become enlarged by the presence of an invading air cell (concha bullosa), or it may be abnormally shaped (paradoxically bent). Severe ethmoid sinusitis or nasal polyps can also lead to disease of the middle turbinates. Since most important sinus drainage occurs just alongside the middle turbinate, abnormal formations of the turbinate can contribute to sinus problems and require surgical correction.

Like the inferior turbinates, healthy middle turbinates contribute to normal nasal functioning. They also contain some of the olfactory nerve endings that make up our sense of smell. For this reason, your doctor will probably prescribe the most minimal surgical procedure required to correct the situation. If there is an abnormal enlargement (concha bullosa), this may involve removing the bone on one side of the invading air sac. In the case of an abnormally shaped middle turbinate, part of the turbinate may be removed. When the middle turbinate has become severely inflamed or complicated with polyps, however, it may be necessary to remove much or all of the structure.



# Septoplasty

## WHAT CAN I EXPECT AFTER SURGERY?

There will be a mild to moderate amount of pain and discomfort associated with the surgery. This should be easily controlled with oral medications. The discomfort and pain should begin to decrease within 72 hours after surgery and a significant increase in pain after this period should prompt you to call the office. Bruising and swelling are not unusual after the surgery. These symptoms often worsen on the second day following surgery, and then steadily improve thereafter; this is normal. Only slight, if any, bruising will normally be expected to occur.

Some bloody nasal discharge is to be expected after any nasal surgery. A small "mustache" type gauze dressing will be placed beneath your nose after your surgery. During the first 24-48 hours, this absorbent dressing often needs to be changed 10-20 times; this is to be expected.

Often at the completion of the surgery, plastic splints are placed on the inside of the nose. Internal and external nasal dressings are removed in 5-7 days after surgery.

Nasal stuffiness is the most annoying problem that you will face after surgery. It is most distressful in the first week after surgery, and significantly improves once the internal nasal splints are removed. Any residual stuffiness can be expected to gradually improve over a period of several weeks thereafter.

Excess mucus is often present in the throat after surgery. It is due to the splints inside the nose stimulating the nose to temporarily produce more mucus than is normal. This will resolve once the splints are removed (5 to 7 days after surgery).

Numbness in the tip of the nose, upper front teeth or roof of the mouth following surgery is to be expected because nasal surgery typically causes a temporary disruption of some of the nerves in the area. Sensation will generally return slowly over a period of several weeks, and rarely, months.

Some temporary decrease or alteration in the sense of smell or taste is typical after surgery. This is, again, secondary to disruption of some nerves in the nose during surgery. These changes will begin to improve within the first 1 to 2 weeks after the procedure.

Patients who have undergone only septal surgery do not normally have any significant swelling on the outside of the nose.

## CALL THE OFFICE PROMPTLY IF YOU NOTICE ANY OF THE FOLLOWING:

- development of a temperature elevation exceeding 100 degrees.
- unusual amount of bleeding from the nose. Any significant reinjury of the nose.
- a significant progressive increase in pain which is not easily relieved by taking your prescribed medication

If any of the above should occur after regular office hours, do not hesitate to reach us through the answering service. For whatever reason, if you notice one of the above changes and cannot reach us at our office or through the answering service, present yourself to the emergency department for evaluation

## **HOW DO I CARE FOR MYSELF AFTER SURGERY?**

Make arrangements to have someone drive you to, and from, your surgery. Having someone stay with you on at least the first night after your surgery is highly recommended.

Be sure to fill your prescriptions before your surgery since it means one less thing for you to worry about afterwards.

You should squirt saline mist spray (e.g. salinex, ocean spray) and then place a small dab of either vaseline or antibiotic ointment (e.g. polysporin or bacitracin) inside your nose 4 to 6 times a day, beginning on the first day after surgery. This will minimize nasal crusting and make you feel more comfortable. Both the saline spray and antibiotic ointment are available at drugstores without a prescription. A Q-tip moistened with hydrogen peroxide may be swabbed in the nose (be careful not to wet the outside of the nose) 2 to 3 times a day to also help reduce nasal crusting.

Arrive for your surgery in loose, comfortable clothing. Your top should button or zip rather than pull over your head.

Take the antibiotics and pain medication only as prescribed by the office.

Do not take any aspirin or any anti-inflammatory compounds for 2 weeks before and 2 weeks after your surgery unless you first discuss it with your surgeon. If you are a smoker, you should not smoke for at least 2 weeks prior to surgery and 2 weeks after surgery. Smoking and chewing tobacco inhibit your circulation and can significantly compromise your surgical outcome.

To minimize swelling, you may use cool, clean compresses or ice wrapped in a dry cloth. Apply these gently to your closed eyes four to six times a day for the first twenty four hours after surgery.

Sleep with the head elevated for the first week after surgery.

You should not blow your nose for two weeks after surgery as it can disrupt proper healing and cause bleeding. If you have to sneeze, sneeze with your mouth wide open as this will minimize any disturbance within the nose.

Do not travel by plane for 10 to 14 days after nasal surgery in order to avoid any possibility of sinus blockage.

Usually, your surgeon will use dissolvable sutures inside the nose which will disappear on their own within a few weeks. Any external sutures should be kept clean and dry. If non-dissolvable sutures are used on external incisions, they should be removed within 5 to 7 days after surgery (at the time of splint removal).

You should do no vigorous exercise and should avoid any significant physical exertion, lifting or straining for a minimum of 3 weeks after your surgery, as this activity could disrupt your wound healing and cause bleeding. Plan on taking it easy. Although your nose will not feel painful while healing, it is still susceptible to injury. Be careful not to bump it or squeeze it. Be aware that the most common sources of inadvertent injury to your nose after surgery are children and pets.

## **RECOVERY TIMETABLE**

- DAY 1** Return home. Nasal congestion mild. Change mustache dressing as needed (often 10 to 20 times).
- DAY 2-5** Nasal stuffiness is main problem.
- DAY 5-7** Internal nasal splints removed. Stuffiness and nasal congestion much better.
- DAY 7-10** Slightly worse nasal congestion.
- WEEK 3-4** Nasal breathing much improved.

**REMEMBER: If you have any concerns or questions, you should be comfortable contacting our office any time. Our office should be a source of information and reassurance throughout the entire period from the time of your first consultation and continuing after your surgery.**

**If we can help you at all, please do not hesitate to contact us.**

Dr Sims Cell Phone: 270.791.1006

Greenview: 270.793.1000

Medical Center: 270.745.1000

Office: 270.782.7768

## Nasal Septoplasty and Turbinate Surgery

Any surgery will require a healing period, which varied with the type of the operation performed and from patient to patient. The more you are informed about what to expect after surgery, the easier it will be for you or your child during this time.

I will be happy to answer any questions you might have. During the weekday call my office @ 270-782-7768. After hours you may the office and will be directed to the on call physician. If there is an emergency and you cannot reach us at these numbers, call the emergency room at Greenview Regional Hospital 270-793-1000 or The Medical Center 270-745-1000.

### SYMPTOM

### RECOMMENDATION

1. Pain & Headache..... Use pain medication as prescribed. It may be felt in the top and back of your head or in the teeth as well as the face. If any nasal packs or stents are used, it will improve after they are out.
2. Nasal Congestion..... Expect the nose to be congested after surgery. Salt-water nose spray, humidifier and vaporizer along with gentle nose blowing will help. Blow gently with both sides open. A "cold pill" might help the symptoms. Scabs will be produced inside the nose for up to several months. Breathing will improve as they clear up.
3. Bleeding..... Your nose will likely bleed for several days. If large amounts of blood are seen, contact the office.
4. Humidification..... Use a vaporizer and salt-water nose spray to keep your nose moist. The nose spray can be used every hour with 2-3 squirts in each side followed by gentle blowing to clear it.
5. Activity..... Do not bend over or do any heavy lifting or straining. I will tell you when to return to work if heavy physical exertion is needed.
6. Medications..... Resume any medications you have been on unless they are "blood thinners" or I have told you otherwise.