

SPRINGFIELD ENT & FACIAL PLASTIC SURGERY

3555 South Culpepper circle
Springfield, Missouri 65804
(417) 887- 3855 / www.springfieldent.com

Instructions for Septoplasty & Turbinate Reduction

PLEASE, DO NOT TAKE ASPIRIN, MOTRIN, IBUPROFEN, ADVIL OR SIMILAR NON-TYLENOL PAIN RELIEVERS FOR 2 WEEKS BEFORE AND AFTER SURGERY. THESE INCREASE THE RISK OF BLEEDING!

Septoplasty and / or turbinate reduction are performed to improve breathing through the nose. Many patients also have issues with allergies, sinus pressure – headache, and sinus infection and this surgery is *not* intended to correct these *separate* issues.

General information

- This is normally performed as outpatient surgery; patients have surgery and go home the same day.
- This surgery is performed on people of many ages, although most patients are at least 16 years old to be sure that they have completed most of their facial and nasal growth.
- Usually performed with general anesthesia (being completely asleep) but also can be done with local anesthesia and intravenous / IV sedation (“twilight anesthesia”)
- All work is done through the nostrils and without external skin incision.
 - **Incision(s)** are made on the nasal septum. Its deviation is corrected by removing and / or straightening the crooked bone and cartilage in the septum.
 - **The lower turbinates** in the nose often are frequently enlarged and responsible for part of the obstruction. This may be improved by performing:
 - **Partial turbinectomy** - removing / trimming the lower portion of the turbinate along the length of its bottom surface.
 - **Submucosal resection**- remove the soft tissue of the turbinate responsible for enlargement
 - **Submucosal cautery** - shrink the soft tissue of the turbinate using an electrical device inserted beneath the mucous membrane of the turbinate.

Typical scheduling procedures:

- Surgery will have usually been discussed and recommended during a regular office visit. The preoperative paperwork can be accomplished at this time if surgery is to be done within the next 30 days.
- **Preoperative medical clearance** - some patients may need a visit with their regular physician to be sure that there are no problems interfering with surgery or anesthesia.
- **Outpatient Surgery visit**
 - Process hospital paperwork and have any lab / x – ray testing.
 - Typically requires about 2 hours.
 - The anesthesiologist shall discuss anesthesia plans with you
 - You will receive instructions on when to arrive on the day of surgery, when to discontinue eating before, etc.

Day of surgery

- Have surgery performed, go home after several hours
- You will need someone to drive you home after surgery and adult care for 24 hours.

Follow-up appointments

- First appointment is usually 1 week after surgery
- Recheck appointments may be scheduled for 6 weeks after surgery.

What to expect with surgery

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- **Incisions** - located inside the nose on the septum and / or turbinates
- **Pain** - generally mild / moderate and well-controlled with pain medicine
- **Oozing and bleeding** - usually lasts several days. Change nasal, "drip pad," taped beneath the nose as necessary.
- **Scabbing and crusting** - common for several weeks. Nasal irrigation with saltwater using a baby bulb syringe or saltwater spray reduces this. Use 8 oz tap water, ½ teaspoon salt, and ¼ teaspoon baking soda. See our separate handout on rinsing the nose with saltwater and a baby-bulb syringe.
- **Nasal obstruction** - the nose will feel plugged for several weeks after surgery. An oral steroid may be prescribed to reduce nasal swelling. Steroids may aggravate problems of diabetes or stomach ulcers.
- **Packing** - used only occasionally and may be placed in the nose for several days or a week.
- **Bruising & swelling** - not typical. These are associated with *Rhinoplasty*, which involves surgery of the *external* nose.

Postoperative precautions and instructions

- **Elevation** - keeping the head elevated for 2 - 3 days may reduce pain, bleeding, and oozing. Sleeping in a La-Z-Boy recliner chair is helpful.
- **Activity** - avoid strenuous activity for about 3 weeks after surgery.
- **Time off work** - about 5 - 7 days, with no heavy lifting for 2 or 3 weeks
- **Nose blowing** – be very gentle with this for 2-3 weeks
- **Irrigation** - rinsing the nose with saltwater nasal spray helps reduce crusting.

Risks and complications

Septoplasty is relatively safe and minor surgery. However, any operative procedure carries certain risks, including bleeding, infection, and even death. Some of these include:

- **Bleeding** - normal for several days after surgery. You shall need to keep a drip pad or, "mustache," dressing taped beneath your nose for a few days as necessary for drainage.
- **Infection** - suggested by fever, redness, increasing pain, or pus-like discharge from the nose.
- **Deformity** - of nose, scarring, or failure to achieve the desired result.
- **Numbness** - of the nose or upper teeth (the nerve to the upper incisors runs along the floor of the nose beside the septum)
- **Injury** - to the septum, nose, sinuses, or other nearby structures. Sometimes the septum heals with a perforation (hole).
- **Other treatment**
 - It is sometimes necessary to revise or touch-up the surgical result if the septum returns to a deviated position. The medical literature indicates this can occur in up to 10% of cases.
 - Many people with septum and turbinate problems also have allergy and will need appropriate medication for this in addition to their surgery.

THERE ARE NO SILLY QUESTIONS WHEN YOU ARE HAVING SURGERY. ASKING QUESTIONS MAY AVOID POTENTIAL PROBLEMS!

Thank you again for the opportunity to participate in your health care! Please let us know how we may make your surgical experience more pleasant.