



Septal surgery

What is septal surgery or septoplasty?

The nasal septum is the thin wall between your two nostrils, made up of cartilage (gristle) and bone.

The nasal septum can sometimes be twisted or bent to one side. This can make the inside of your nose narrower, often on one side, and makes the nose feel blocked. It can be caused by a previous injury to the nose, but sometimes it just grows that way.

We can operate on the septum to straighten it. This operation is called septal surgery, or septoplasty.

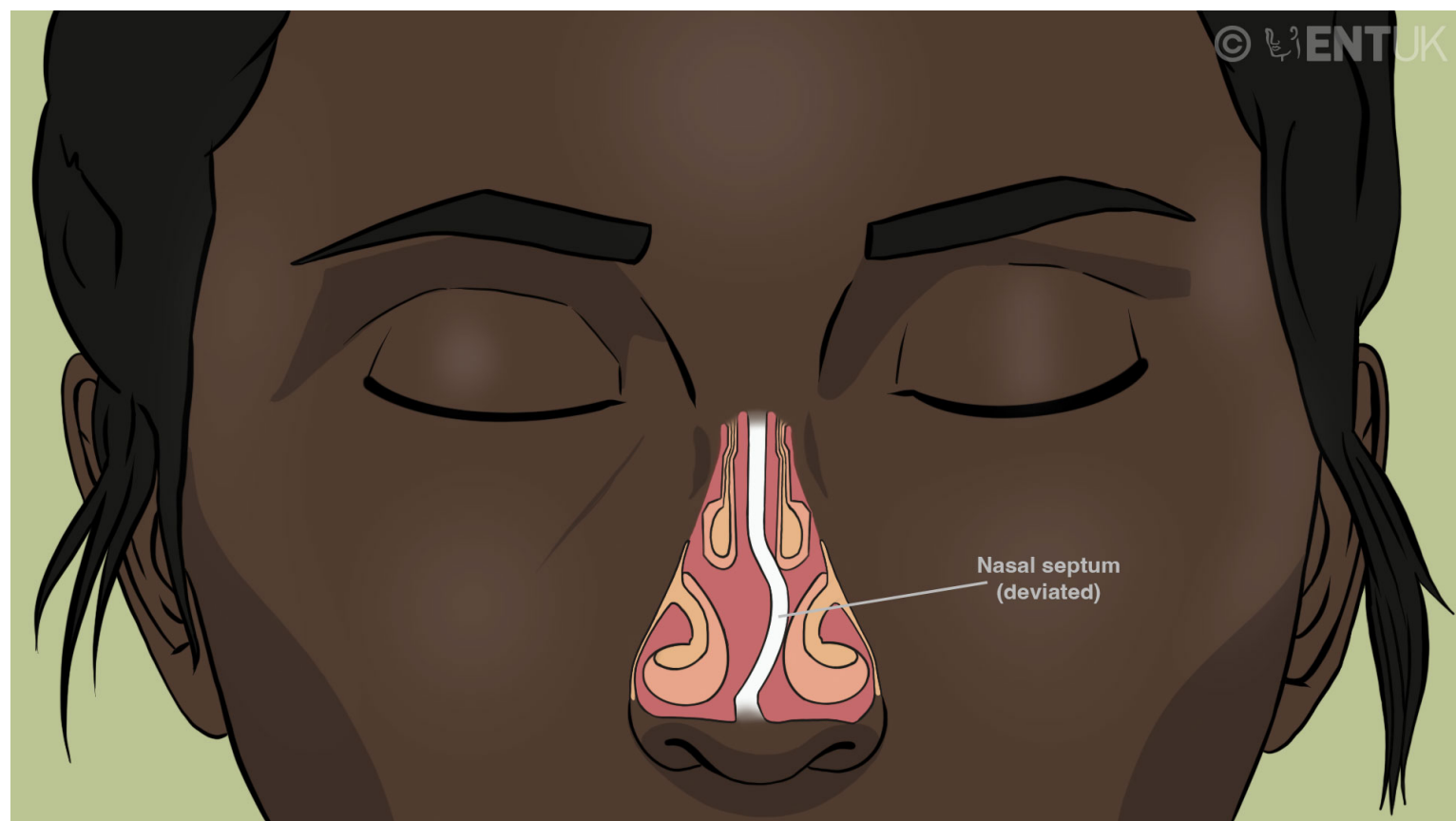


Figure 1. Bent nasal septum causing nasal blockage mainly on the left side of the patient.

Do I need a septoplasty?

Many patients with a twisted septum have no nasal block symptoms. If you do have a blocked nose because of a bend in the septum, an operation may help. However, surgery is not always successful in improving symptoms. Your surgeon will advise you.

The operation is not meant to change the way your nose looks.

In some cases, a bent septum may be severe enough to cause a twist in the outside shape of the nose. In these cases, septal surgery may be combined with nose re-shaping surgery (septorhinoplasty) to straighten the nose.

Are there other treatments I could have?

Nasal steroid spray or drops can help bring down swelling of the inside walls of the nose, which might improve your blockage symptoms. This would need to be an ongoing treatment.

A bent septum will not do you any harm, so you can just leave it alone if you want to. Only you can decide if the effect on your breathing, sleep or exercising is bad enough that you want further treatment.

What happens in the operation?

You will have a general anaesthetic and will be asleep while the surgery is performed. The operation is performed through small cuts made inside the nose. There will be no scars on your face afterward. Your surgeon will straighten the septum and move it back into the centre of the nose, although it may not be possible to do so completely. We do not expect black eyes or a change in the shape of the nose after this operation.

We may need to pack your nose with some dressing to stop any bleeding and to support the broken bone. The packing will block your nose, so you will have to breathe through your mouth until it is removed. This will happen a few hours after the operation, or possibly the next day. The process can be a bit uncomfortable, but it does not take long. There will be a bit of bleeding after the dressing is removed, but this usually stops very quickly. In some cases, dressings that dissolve by themselves in the nose may be used. These do not need to be removed.

It may be necessary to put a small piece of plastic (called an internal splint) inside your nose to stop the septum moving while it heals. These splints are usually removed in the clinic in seven to ten days. Again, this may be a bit uncomfortable, but is over very quickly.

What happens after the operation?

After the operation, you will be taken to the recovery area. When your anaesthetic has worn off, you will be taken back to the day surgery unit if your surgery is planned as a day case, or the ward if you are staying overnight.

Like any other operation, you may feel like you will be sick, but this tends to pass quickly. You will be given anti-sickness medication if you need it. You should eat and drink once your anaesthetic has worn off and you are no longer feeling sick.

Discomfort in the nose

Your nose will be a bit sore after the operation, but simple painkillers should help this. You will be given regular pain relief medication. You can ask for more if you are still in pain.

A blocked nose

The swelling and nasal packing will make your nose feel blocked. You will have to breathe mainly through your mouth, which will make your mouth feel dry. Drinking water will help to keep it moist.

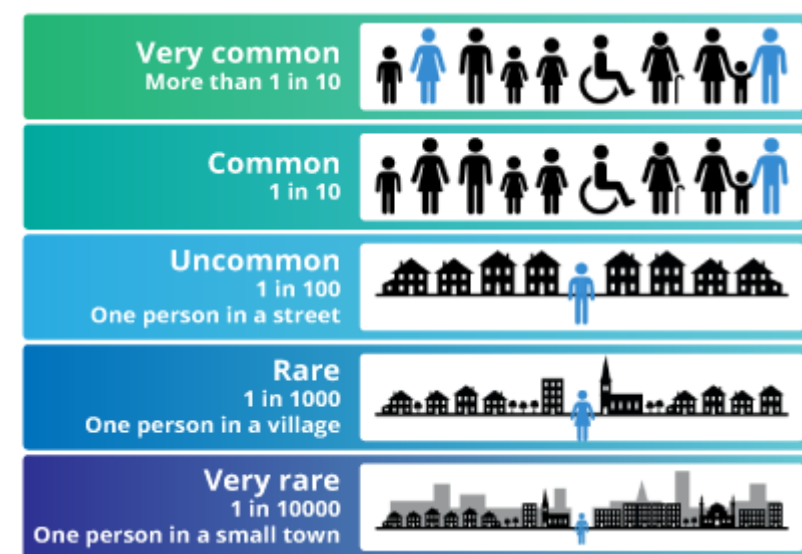
It may take up to three months for your nose to settle down and for your breathing to be clearer again. Try to stay away from dust or smoky places.

There will be some dissolvable stitches inside your nose, which usually fall out by themselves.

Are there any complications to this operation?

All operations involve some risks, but most patients who have a septoplasty recover well.

The complications and risks of any surgery are grouped into the following categories:



Nosebleeds: It is normal for your nose to bleed after septoplasty. Most of this will be old blood from your operation, but there may be some fresh bleeding as well. When you go home, you will be given instructions or a leaflet on what to do in case you get a nosebleed. Take it easy at home. Do not blow your nose for at least two days after you get home, and then start off by blowing very gently. Do not do anything too energetic during the first few days in case this makes your nose bleed. In rare cases, patients have bleeding strong enough they must come back to the hospital. If this happens, we may need to pack your nose with dressings to stop the bleeding.

Septal haematoma: You may develop a collection of blood under the lining of the septum called a 'septal haematoma', but this is uncommon. If you do have a haematoma, you may need to return to the operating theatre to have it drained as soon as possible. This would be done under general anaesthetic.

[illustration coming soon]

Figure 2. Septal haematoma

Infection: Infections in your nose are common after this operation, if your nose does become infected, it can be serious. You should see a doctor if your nose gets more and more blocked or is red and painful. It may be a sign of a septal haematoma or a 'septal abscess', where the blood is infected and forms a

collection of pus. An infection will need to be treated with antibiotics. If you have a septal abscess, you may need another general anaesthetic while it is drained. This should happen as soon as possible.

A hole in the septum: You may develop a hole in your septum going from one side of your nose to the other. This is uncommon. It may happen if you have an untreated septal haematoma or septal abscess. A hole in the septum can cause a whistling noise when you breathe, blockage in the nose, or nose bleeds. Most of the time it causes no problems at all and needs no treatment. If needed, further surgery can be carried out to repair a hole in the septum.

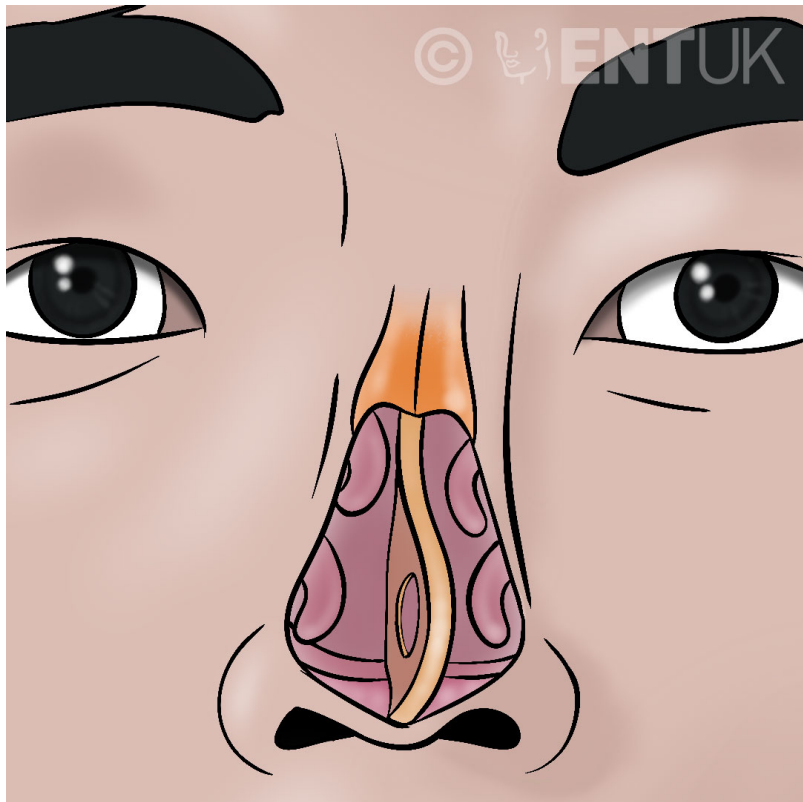


Figure 3. Septal perforation

Need for further treatment: Sometimes the nasal septum can't be completely straightened, or it can bend again after surgery, causing further blockage. This can happen in one out of ten cases. It can happen if you bump your nose soon after surgery, while playing a sport, for example. Sometimes you can get scarring inside the nose, or parts of the inside of the nose sticking together, which causes more nasal blockage. In this case, you might need more treatment or surgery.

Change to the shape of your nose: Some patients find the shape of their nose has changed slightly, with a dip in the bridge of the nose or a change in shape of their nostrils. Most people do not notice any significant change, but if you are not happy with it, further surgery can be considered. This can be common.

Numbness of upper teeth and lips: You may have some numbness on the tip of your nose, your upper teeth, or lips. This is common and usually settles down with time.

Adhesions: Adhesions are uncommon after septal surgery. Bridges of tissue can form between the nasal septum and side walls of the nose called adhesions. This can cause nasal obstruction. If this occurs and causes symptoms, the adhesions can be divided under local anaesthetic in clinic or via another operation under general anaesthetic.

General anaesthetic: The operation is performed under a general anaesthetic. Complications include blood clots in the legs (deep vein thrombosis) or lungs (pulmonary embolism), heart attack, chest infection, stroke and death. The pre-assessment team and anaesthetist will explain to you what happens during a general anaesthetic and any risks that are relevant to you. [The document linked](#) explains the common events and risks of a general anaesthetic.

When can I go home?

Most septoplasty operations are done as a day case. This means that you may be able to go home on the same day as your operation, a couple of hours after the general anaesthetic has worn off, as long as you feel well enough.

If a splint has been put inside your nose, this should usually stay in place for one week. The doctor will remove this splint when you go to the clinic. You will be given pain medication if you need it.

How long will I be off work?

You should take two weeks off work to recover from this procedure, especially if you work in a dusty environment or if your work requires physical activity such as lifting heavy boxes.

You can ask for a sick note if you need one.

Can I take a shower?

You can take a shower and wash your hair, but please be careful to use lukewarm (instead of hot) water for the first 48 hours to reduce the risk of a nosebleed.

Can I exercise?

Avoid any strenuous exercise such as weight training, jogging, keep-fit classes, etc., for two weeks after the operation.

It is important to remember that after this surgery the nose will be weak for a couple of months. Any bumps to your nose could make the septum move back out of place. No contact sports, such as rugby or football, should be played at this time.

Can I smoke?

Avoid smoky places. Cigarette smoke will irritate the inside of the nose and delay healing. We advise you don't smoke before or after your surgery. For advice on how to quit smoking, please contact your GP or local pharmacist.

Can I fly?

We recommend that you do not fly for 14 days after your operation.

Follow-up

You may be followed up after this surgery, especially if a splint has been put inside your nose to support the nasal septum. You will usually be seen in clinic seven to ten days later to have this removed.

Please contact the day surgery unit or your GP if you have the following problems in the first two weeks after a septoplasty:

- You have a continuing fever of 38°C or more.
- You feel unwell, and don't feel like eating or drinking.
- Painkillers are not controlling your pain.

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FEEDBACK SURVEY



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