

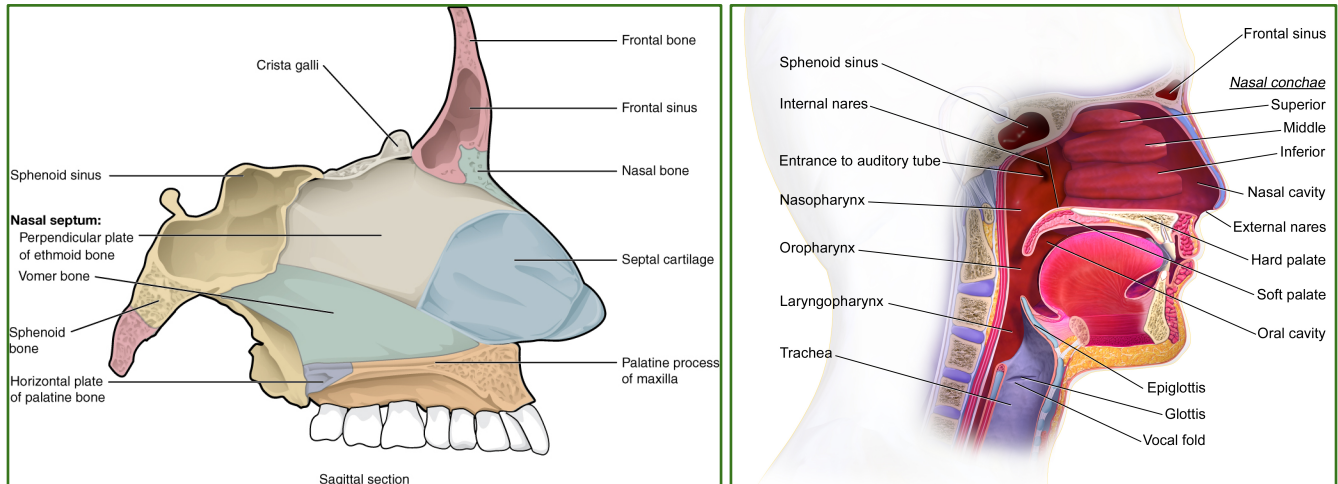


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SEPTOPLASTY +/- TURBINOPLASTY

The following has been adapted from the American Academy of Otolaryngology Head and Neck Surgery website. The full articles may be found here:

<https://www.enthealth.org/conditions/deviated-septum/>



The bone and cartilage that divides the inside of the nose in half is called the nasal septum. The bone and cartilage are covered by a special skin called a mucous membrane that has many blood vessels in it.

Ideally, the left and right nasal passageways are equal in size. However, it is estimated that as many as 80 percent of people have a nasal septum that is off-center. This is called a deviated septum, which may or may not cause certain symptoms.

What Are the Symptoms of a Deviated Septum?

The most common symptom from a badly deviated or crooked septum is difficulty breathing through the nose, which is usually worse on one side. In some cases, a crooked septum can interfere with sinus drainage and cause repeated sinus infections. You may experience one or more of the following:

- Difficulty breathing through one or both nostrils
- Nosebleeds
- Sinus infections
- Noisy breathing during sleep in infants and young children

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- Mouth-breathing during sleep in adults

What Causes a Deviated Septum?

Injury or trauma to the nose can cause the septum to become deviated or crooked. However, even people with normal growth and development, and without a history of injury, trauma, or broken nose, can have a deviated septum.

Septoplasty is the preferred surgical treatment to correct a deviated septum. This procedure is typically not performed on young children, unless the problem is severe, because facial growth and development are still occurring. Septoplasty is a surgical procedure that is usually performed through the nostrils, so there is no bruising or outward sign of surgery; however, each case is different and special techniques may be required depending on the individual patient.

The time required for the septoplasty operation averages about one- to one-and-a-half hours, depending on the type of deformity. It can be done with a local or a general anesthetic, usually on an outpatient basis. During the surgery, badly deviated portions of the septum may be removed entirely, or they may be readjusted and reinserted into the nose. Surgery may be combined with a rhinoplasty that changes the outward shape of the nose; in this case swelling and bruising may occur. Septoplasty may also be combined with sinus surgery.

Are There Related Factors or Conditions?

- *Inferior turbinate hypertrophy*—turbinates are finger-like structures in your nose that warm and moisten the air you breathe, and sometimes the lower ones can get too big
- *Concha bullosa of the middle turbinate*—this is when one of the turbinates next to your sinus openings gets a big air bubble in it
- Nasal valve collapse (internal or external)
- Sinusitis (acute, recurrent, chronic)
- Headaches (contact point)
- External nasal deformity (change in the shape of the nose)
- Decreased sense of smell

Are There Potential Dangers or Complications?

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Sometimes a deviated septum may lead to repeated nosebleeds. If the blockage is severe, it may force mouth-breathing at night, which can worsen sleep disorders. However, potential complications from septoplasty (surgery) can include:

- Anesthesia complications
- Bleeding
- Infection
- Creation of a hole connecting the right and left sides of the nasal cavity (called a septal perforation)
- Numbness of the upper teeth and nose
- Cerebrospinal fluid leak (extremely rare)
- Change in the external shape of the nose

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SEPTOPLASTY +/- TURBINOPLASTY POSTOPERATIVE INSTRUCTIONS

THIS INFORMATION WAS ADAPTED FROM THE STANFORD UNIVERSITY PROTOCOL, WHICH MAY BE FOUND HERE:

[HTTPS://STANFORDHEALTHCARE.ORG/MEDICAL-TREATMENTS/N/NASAL-SURGERY/WHAT-TO-EXPECT.HTML](https://stanfordhealthcare.org/medical-treatments/n/nasal-surgery/what-to-expect.html)

Nasal splints

Splints are two pieces of plastic held in place with a stitch inside your nose. Although they are used to provide the best long-term results, they can produce temporary discomfort, and difficulty to breathe through the nose if this happens. These are temporary changes that should resolve once the splints and the stitch are removed, usually a week after surgery.

Pain control

You will be prescribed pain medication after nasal surgery. Take as you need for pain control. If you prefer to avoid narcotics, you should feel free to use acetaminophen (Tylenol®).

Bleeding

It is normal to experience small bleeding for a couple of days after surgery. You may dab your nose gently with tissue, but **DO NOT BLOW YOUR NOSE**. Avoid aspirin, NSAIDs (such as ibuprofen, Advil®, Motrin®, naproxen, or Aleve®), for at least two weeks because they can increase the risk of bleeding after surgery.

You may use nasal topical decongestants (such as Afrin® spray) two sprays each nostril twice daily for three days and then as needed to control small bleedings, for a maximum period of time of one or two days. The decongestant decreases the amount of swelling in the nose and can keep the nasal passages open during the healing phase.

Nasal Saline

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It is important that you purchase (over-the-counter) NeilMed Sinus Rinse. We recommend that you purchase the box with 50 saline packets, as this will get you through the postoperative period. Additionally, you will need to purchase distilled water. Do not use tap water, whether city/county or well. Begin irrigation the day after surgery and do it 3-4 times a day (you may do more if you feel it improves your comfort). Do the irrigations over the sink, and do not plug off the other side of the nose, and do not close your mouth. Squeeze about half the bottle in each nostril.

Minimize physical activity for two weeks

Patients can resume normal daytime activities if they have undergone isolated nasal surgery. Walking and spending more time out of bed rather than in bed are helpful to reduce risks of developing pneumonia or blood clots in the legs. However, patients should avoid strenuous activity, it can increase swelling or cause bleeding.

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RISKS OF SEPTOPLASTY +/- TURBINOPLASTY

The patient meets the indications for septoplasty +/- bilateral inferior turbinoplasty.

The risks, benefits, indications, complications and alternatives to this procedure were discussed with the patient/family. The alternatives discussed include observation and continued conservative/medical therapy.

The following risks were discussed:

1. Anesthesia complications
2. Bleeding
3. Infection
4. Creation of a hole connecting the right and left sides of the nasal cavity (called a septal perforation)
5. Numbness of the upper teeth and nose
6. Cerebrospinal fluid leak (extremely rare)
7. Change in the external shape of the nose

Responsible Party Signature: _____ **Date:** _____

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