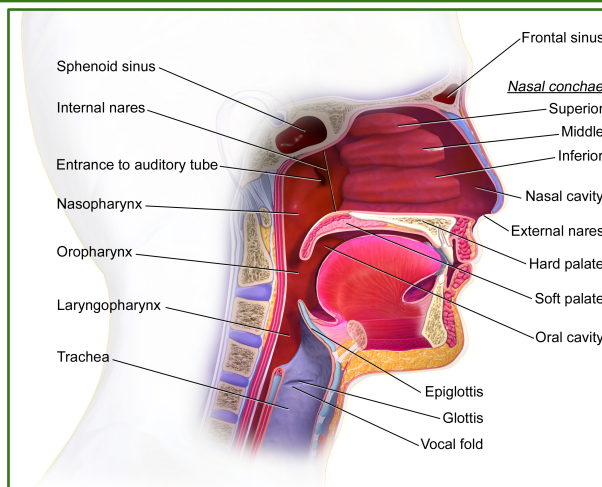
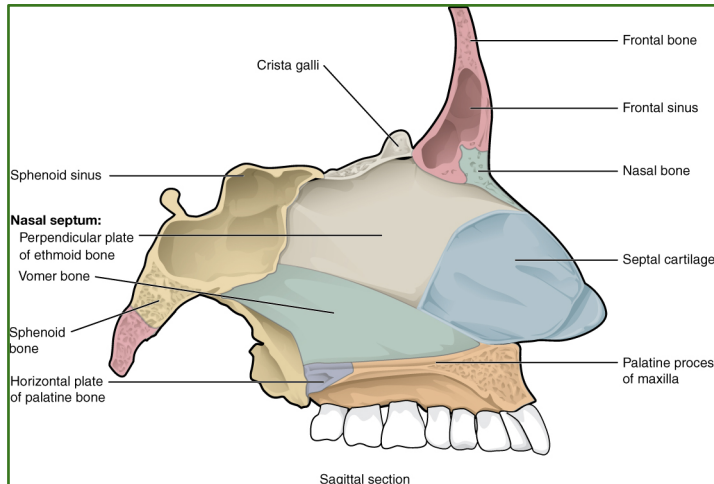




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TURBINOPLASTY

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/turbinate-hypertrophy/>



Turbinate hypertrophy refers to an excessive growth or enlargement of the turbinates, which are bony structures located inside the nose. They are covered with a special skin called mucosa, and they help filter, warm, and humidify the air as you breathe.

The mucosa naturally swells during the normal nasal cycle and when you lie down. They also swell in response to allergens and other stimuli.

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The nasal cavity usually contains three sets of turbinates on each side of the nose: the superior turbinates, the middle turbinates, and the inferior turbinates. Most of the airflow in the nose passes between the middle and inferior turbinates. If these turbinates become enlarged, breathing can become more difficult.

What Are the Symptoms of Turbinate Hypertrophy?

The most common symptoms of turbinate hypertrophy include:

- Difficulty breathing
- Congestion in alternating sides of the nose
- Nasal stuffiness
- Nasal blockage
- Nasal congestion while lying down
- Noisy breathing or breathing through the mouth during sleep

What Are the Treatment Options?

Treating turbinate hypertrophy depends on the specific cause. First, discuss your symptoms with your primary care physician or an ENT (ear, nose, and throat) specialist, or otolaryngologist. They will examine your nose and may recommend additional tests, such as allergy testing or X-rays, depending on your specific diagnosis.

Medical therapy—Medications are often suggested to help reduce symptoms. Depending on the specific cause of the turbinate hypertrophy, possible medications include:

- Nasal saline sprays or rinses
- Nasal antihistamine sprays
- Nasal steroid sprays
- Allergy immunotherapy

Surgery—If medications do not help improve your symptoms, your ENT specialist may offer a surgical procedure to decrease the size of the turbinates. This procedure is usually performed through the nostrils and does not result in bruising or an outward sign of surgery.

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The goal of surgery is to decrease the size of the turbinate to improve airflow through the nose while preserving the function of the turbinate. There are many different types of surgical procedures to reduce the size of the turbinates, and will depend on your specific diagnosis, the severity of the turbinate hypertrophy, and your ENT specialist's recommendation. Many of these procedures can be done in the office using specialized devices that can reduce the size of the turbinates while leaving the special skin (mucosa) intact.

Surgery can usually be performed under local or general anesthesia as an outpatient procedure, and may be combined with other procedures to reduce nasal obstruction. The most common associated procedure is called a septoplasty to address a deviated septum.

Complications from turbinate surgery are rare but can include:

- Anesthesia complications
- Pain
- Swelling
- Bleeding
- Infection
- Dryness and crusting inside the nasal cavity
- Regrowth of the turbinate swelling and recurrent nasal congestion

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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)

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.

Nasal Saline



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

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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.

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. ***

Responsible Party Signature: _____ *Date:*
