

## **Septoplasty and/or Turbinectomy and/or Repair of Nasal Vestibular Stenosis**

### **Purpose**

Some people have difficulty breathing through their noses. In some cases the obstruction is due to a deviated nasal septum. The nasal septum is the wall that divides your nose into a left and right half. It can swing over or "deviate" to one side or the other. A septoplasty is an operation to straighten the nasal septum to improve nasal breathing. The turbinate bones are bony projections from the side wall of the nose which cause the air to swirl around inside the nose. This swirling action humidifies and warms the air before it goes to the lungs. If the turbinates are too large they can inhibit airflow through the nose. Turbinectomy is an operation to decrease the size of the turbinates to improve nasal breathing. Some patients suffer from both a deviated septum and enlarged turbinates and require both a septoplasty and turbinectomies to improve their nasal breathing. Often, patients diagnosed with obstructive sleep apnea (OSA) require one or of these procedures to relieve nasal obstruction. Sometimes, patients undergoing Functional Endoscopic Sinus Surgery (FESS) may require one of these procedures.

### **Procedures**

These procedures are performed in the hospital. They can be performed either with local anesthesia and sedation or under general anesthesia. All of the incisions are made inside the nose. There will be no change in the appearance of your nose. At the conclusion of the procedures. A splint is placed on either side of the nose to hold the tissues in proper position and to prevent scar band formation. Patients are then taken to the recovery room. They stay in the hospital until the effects of the anesthesia have worn off. With rare exception, patients are able to go home the same day.

### **Recovery**

The nose always bleeds after surgery. If septoplasty is performed, you may likely have nasal splints in your nose, although this is rare. To control bleeding you will have packing in your nose. You should not bend over or lift anything heavy. Do not blow your nose for the first week after your surgery. If you have to sneeze, open your mouth to let the force of the sneeze out. Rest with your head elevated to minimize bleeding. Patients should expect a pressure sensation from the nasal splints and/or packing. Because the nose is blocked, breathing is often done often through the mouth. This causes a very dry mouth. The splints are usually removed in the office one or two weeks after surgery. The raw surfaces in the nose will continue to ooze for several days. If bleeding is a problem, Afrin nasal spray can be used (2 puffs each side of the nose up to every 12 hours) to control bleeding. Crusts sometimes build up in the nose on the raw surfaces. These may need to be removed during post-op visits. The entire healing process takes about 6 weeks.

### **Risks and Complications**

- With any nasal surgery bleeding is always a possibility. Every effort is made to control bleeding in the operating room. Sometimes it is necessary to re-pack the nose if there is significant bleeding in the post-op period.
- Infection is possible with any surgery and nasal surgery is no exception.
- Despite utilizing the most advanced techniques, there is a rare possibility that nasal obstruction may persist after the surgery, usually due to abnormal scarring.
- Whenever the lining of the septum is raised, there is always a chance of developing a hole in the septum, referred to as a septal perforation. Septal perforations can cause problems with crusting or can create a whistling noise. They are an uncommon complication and can usually be repaired if they develop.
- The front part of the nasal septum if made of cartilage. Attempts are made to straighten the cartilage but still allow it to support the nasal tip. Cartilage is said to have "memory" and can sometimes return to its twisted shape despite the surgery. This can lead to recurrent nasal obstruction. Every effort will be made to try to prevent this from occurring.

- The nerves which supply the upper middle teeth sensation run through the bottom of the septum. It is normal to have some numbness in this area. This typically returns to normal over several months. In rare cases this numbness may be permanent. Loss of smell is a very uncommon complication of nasal surgery, but it has been reported.

We ask that you sign below to indicate that you have read, understand, and accept the risks and most but not all of the possible complications of the proposed operation. Alternative treatments have been discussed with me. I agree to proceed with the surgery.