

Septoplasty

Indications

- To remove nasal obstruction
- To assist in alleviation of snoring
- To stop recurring nose bleeds
- To gain access for other surgical interventions such as removal of nasal polyps
- As a part of a rhinoplasty operation to improve nasal appearance.

Options

There are no alternatives other than surgery to straighten the septum (partition).

Contraindications of Surgery

- A recent severe upper respiratory tract infection (within two weeks of surgery)
- Any bleeding disorder or any drugs which can cause bleeding i.e. aspirin or Warfarin

Procedure

The patient is usually admitted the day of surgery. The procedure is usually done under general anesthetic but can be done with a combination of local anesthetic and sedation.

The purpose of the operation is to free the nasal partition or septum from its surrounding bony structures and reset it in position. The procedure is done through the nose that is there are no external scars. The duration of the operation varies from half an hour to one hour.

On waking from the procedure the patient may have a nasal pack in place to control bleeding. It is usual for the patient to stay in the night following surgery although occasionally in selected cases it can be done as a day case procedure. If packs are inserted they are usually removed the following day. There is always some bleeding following removal of the pack therefore, it is advisable for the patient to stay in bed sitting upright for one hour after removal of the pack.

For two weeks following the operation, the nasal passages will feel congested and the mucus production will be sticky and tenacious and blood stained.

There will be slight tenderness on touching the nose; the level of pain is moderate and usually controlled by simple pain killers such as Solpadol. Patients can usually return to full working activity after one week although occasionally this can take longer. It is not advisable for patients to fly for two weeks following the operative procedure.

Complications

Haemorrhage

There is always some bleeding following a Septoplasty operation although on occasions the haemorrhage can be severe and require re-packing. This is a rare complication. Blood transfusions on rare occasions, maybe required.

Infection

There is always some sticky mucus production which is often thought to be an infection but this is usually due to a reaction to the surgical procedure. Infection causing fever is a rare complication following a septoplasty operation.

Inflammation of the skin over the nose may occur (cellulitis). This usually responds to antibiotics.

Pain

There is some tenderness and discomfort but severe pain is rare. A very rare complication of a septoplasty operation is severe persistent neuralgia type pain.

- Paraesthesia or numbness of the upper gum is also a rare complication. This usually resolves after approximately three months.
- Slight depression of the tip of the nose is also a rare complication following a Septoplasty operation.
- A perforation or a hole in the partition may occur. This may cause no symptoms or result in a whistling sound on breathing, or an increase in crusting of the nose and slight bleeding.
- Leakage of fluid that surrounds the brain (C.S.F) has been reported on very rare occasions. This can expose the patient to a risk of meningitis.

Revision Surgery

On very rare occasions it may be required to carry out a revision procedure as the first attempt may not get the septum to sit in a straight position allowing for free flow of air.

Mortality

Death following septoplasty procedure is very rare. However, on occasions it has occurred it has usually been due to either haemorrhage or an unexpected reaction to anaesthetic drugs.

Medication

As per the Anaesthetist's Script