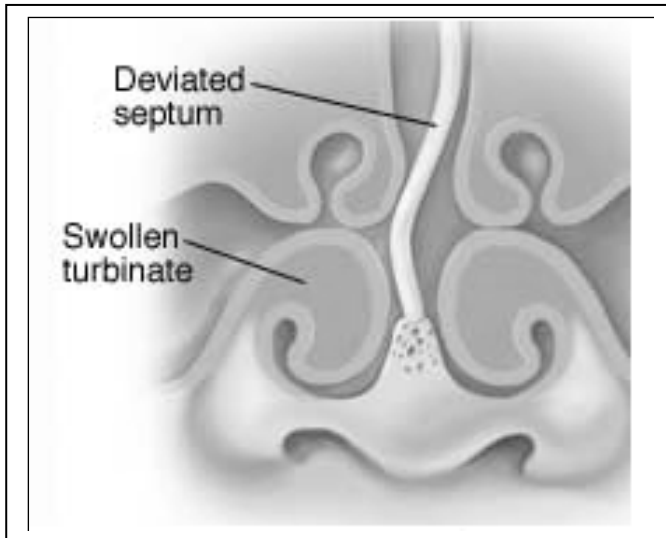


Septoplasty +/- Turbinectomy



The nasal *septum* separates the right and left nasal cavities. Ideally, the septum is in the center of the nose, however, in 80% of adults, the septum is displaced to one side. A deviated septum may develop during puberty as the cartilage in the nose grows quicker than surrounding bones as deviation is common in adults but less frequent in children. Some septums are deviated by trauma but others are crooked at birth. A severely deviated

septum may cause difficulty breathing, nasal congestion or nose bleeds.

The *turbinates* are swellings along the sides of the nasal passages. If the septum is deviated, the turbinate on the other side is usually enlarged. The turbinates usually swell and shrink every 90 minutes or so (the *nasal cycle*) and commonly become more swollen at night, during viral infections, and due to allergies or irritants (especially smoking). Prolonged use of nasal decongestants will cause long lasting swelling of the turbinates.

Initial treatment includes control of allergies and inflammation to improve the amount of air that can pass through the nose. These include:

- saline spray- use saline wash (see below) three times a day
- nasal cortisone spray (eg rhinocort, nasonex) 1 spray each side daily for 6 weeks (Note that these sprays take approx 2 weeks of regular use to work and 6 weeks for maximal effect)
- antihistamines (try fexofenadine 180mg/ day if you prefer wakefulness in the morning or ceririzine 10mg/ day at night if you prefer light sedation) should work immediately and can be used as needed
- decongestants (sprays or tablets) should NOT be used except for a maximum of 3 days as they may cause worse nasal swelling and high blood pressure with prolonged use.

A CT scan is usually required to rule out sinus infections/ inflammation that may cause similar symptoms to septal deviation and may require additional treatment. Do not use saline irrigation 24 hours before a CT scan (it may create an appearance similar to a sinus infection).

If medication is unsuccessful, septoplasty is an operation used to straighten the septum. There are no external incisions and no external bruising or scarring. A *turbinate reduction* (trimming or removal) is frequently done to correct overgrowth on the non deviated side and improve the nasal airways. Generally, nasal obstruction is significantly improved but surgery cannot cure allergies or infections.

Commonly, this procedure is often done as a same day surgery. This means you can go home the day of the operation if there are no problems.

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RISKS OF THIS PROCEDURE INCLUDE:

- Pain is usually minimal unless you touch the nose. It will remain tender to touch for 2 weeks approximately.
- Bleeding. A small amount is expected on the first or second days but should improve. You may use a decongestant (eg oxymetazoline 2 sprays each side twice a day) for up to 3 days to control this. Rarely, bleeding may require packing or a second surgery. Blood transfusion is extremely rare.
- Septal hematoma or bleeding inside the septum is serious and causes severe pain when the nose is not being touched. If you experience this call Dr Iseli's office or attend an Emergency department. This may have to be drained.
- Infection can be treated with *antibiotics*.
- Numbness of the top lip and / or upper front teeth is temporary (up to 3 months)
- Adhesions or scar tissue forming inside the nose usually can be fixed in the office during your checkup visit.
- *Septal perforation* (a hole in the septum). This often is *asymptomatic* (does not cause problems). It can cause problems such as whistling, crusting or bleeding. Occasionally, another surgery is required to close the hole.
- Persistence or recurrence of the original problem. The best procedure can still have a poor result if there are allergies or underlying inflammation.
- Change of taste or smell (uncommon)
- Changes in the external appearance of the nose may rarely occur and if unsatisfactory may require corrective surgery.
- Serious problems from the anesthetic are rare (1:60,000) and include: DVT (Blood clots in the legs), heart attack or a stroke or a reaction to medications.

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PREPARING FOR SURGERY

- Stop smoking (ideally 2 weeks before surgery)
- Stop decongestants 2 weeks before surgery (try diluting the bottle with boiled water each time it becomes half full until it no longer has any effect)
- Do not eat or drink anything after midnight before surgery (you may have a light breakfast before 6am if your surgery is in the afternoon)
- Avoid aspirin, ibuprofen or naproxen (panadol is OK) for 2 weeks before surgery.
- Take any antibiotics and prednisolone as directed

DESCRIPTION OF PROCEDURE

Before surgery you are given medications to help you relax. An intravenous tube is started to give medications. A specialist helps you go to sleep for the procedure. Surgery is performed through the inside of the nose and takes approximately 1 hour. After surgery, you will be taken to the recovery area where a nurse will watch and check your progress. Once you're awake, stable, and taking fluids well, you'll be allowed to go home.

HOME CARE INSTRUCTIONS AFTER SEPTOPLASTY

- After the operation, it is normal to have mild headaches, a stuffy nose or bloody discharge from the nose for 4-6 weeks. There may be sneezing and a plugged or full sensation in the ears.
- Often, dissolving packs are used but, occasionally, non-dissolving packs are used that will be removed after one week. The dissolvable packs may fall out like a clot. This is normal and not a cause to worry.



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- Take prescribed medication (antibiotics, prednisolone) as directed. Finish all antibiotics if given. Do not use ibuprofen, naproxen or aspirin or any products containing these medications for the first two weeks following surgery. This can increase the possibility of bleeding. Paracetamol (Panadol® or painadeine) may be taken for discomfort. You will be given stronger narcotic medications for use if paracetamol does not control your pain well enough (panadeine forte).
- Cleaning should be performed using saline irrigation, however, over-the-counter nasal saline spray is a second choice. This will help clear the crusts and blood clots in your nose.
- You may gently blow you nose without blocking your nostrils on the 2nd day after surgery. Do not strongly blow your nose for 2 weeks after surgery.
- Avoid strenuous activity such as heavy lifting (more than 5kg), running or sports for 2 weeks. This can cause nosebleeds.
- Elevate your head on a couple pillows when sleeping or lying down.
- Eat a well balanced diet with plenty of fiber to keep your stools soft. This avoids straining which can cause a nosebleed. You may take one tablespoon of Metamucil twice a day in a full glass of water or can take a tablespoon of mineral oil twice a day to help keep your stools soft.

SALINE IRRIGATIONS.

Saline irrigations should ideally be performed on both sides 3x/day for 6 weeks after surgery. Purchase a Sinus Rinse (Neilmed ®) starter pack or similar irrigating bottle that may be easily refilled from the chemist. Saline may be purchased or made at home using the following formula:

- 1 teaspoon non-iodized salt (sea salt or cooking salt)
- 1 teaspoon baking soda
- 360mL water

Heat in microwave for 20-30 seconds (until comfortable to drip on hand).

Lean over sink or basin and gently place tip of bottle 1 cm into nostril.

While panting and tilting head over sink, instill ½ bottle into each nostril.

Gently blow nose without blocking nostrils.

Repeat if nose still feels crusted.

Wash bottle after each use with warm soapy water. Store in clean cup with tip down.

Once a week wash bottle with vinegar to prevent bacterial growth.

You may notice some dripping during the day when you tilt your head down.

Do not use saline 24 hours before a CT scan (it may cause an appearance like a sinus infection).

SEEK MEDICAL CARE IF YOU DEVELOP:

- Redness, swelling, or increasing pain in your nose.
- *Purulent* (pus-like) discharge coming from your nose.
- An unexplained oral temperature above 38.5 degrees celsius develops.
- Any visual changes or marked swelling of the eyes.
- A severe headache or neck stiffness.
- Vigorous or rapid bleeding from your nose.