

**CENTRAL OHIO EAR, NOSE AND THROAT, INC.**

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**SURGERY FOR DEVIATED NASAL SEPTUM**

The diagnosis of a deviated nasal septum is a very common problem. It is characterized by a crooked cartilage plate, the structure which separates the nostrils. It is usually caused by trauma although a certain percentage of the population is born with a deviated nasal septum. This can cause a unilateral or bilateral nasal obstruction which can lead to problems with breathing through the nose, snoring, headaches, recurrent sinus infections or recurrent nosebleeds.

Once the decision to seek treatment for a deviated nasal septum has been made, a few important considerations are brought into view. Even though a patient may have a lot of recurrent headaches from a deviated nasal septum, there is no 100% guarantee that correcting this will alleviate the headaches. The procedure is designed to allow better breathing through the nose and to allow the sinuses to drain better into the nose. It is considered functional in this respect and not cosmetic. It does not correct the external appearance of the nose. The patient will not have black eyes which may occur in a procedure called a Rhinoplasty which is a cosmetic straightening of the nose.

The surgery to correct a deviated nasal septum is called a **Septoplasty**. It is done under general anesthetic. The patient is admitted to the hospital as an outpatient the morning of the procedure. The patient is taken to the operating room and after given general anesthetic, the nasal cavity is inspected and injections of Xylocaine with Epinephrine are placed into the nose. This diminishes bleeding during the procedure. It should be noted this can cause some numbing of the upper lip and tip of the nose which may last up to a few months post-operatively. The nose is inspected and the side that is the most severely deviated is entered. An incision is made on the inside of the nose which does not involve any external scars to the nose. The skin over the nasal cartilage and bone is elevated. Once the elevation is completed the actual deformity in the cartilage and bone is corrected. The skin is then placed back over the nasal septum and is sewn into place using an absorbable suture. Attention is then afforded to other problems that may be present such as nasal polyps, sinusitis, or turbinate swelling. This will have been discussed with the patient prior to surgery. It should be noted that if the septum is severely deviated, these additional problems might not be apparent until after the septum is corrected.

## DEVIATED NASAL SEPTUM cont.

After surgery is completed airway splints are sewn on either side of the septum. The airway splints support the airway while the septum is healing. They remain in place for at least a week and are removed in the office. Packing in the form of tampons could also be placed at the time of the splints and is placed in the nose and sinuses beside the splints. This packing absorbs the mucus and blood in the nose. Discomfort should be expected and patients are sent home on Tylenol 3 or Darvocet or other non-aspirin containing medicine. In most cases the patient is discharged from the hospital the first post-operative day. In some instances patients are able to go home the day of surgery depending on the individual patient's condition.

Post-operatively it is important to not do any bending and/or lifting for about three to four weeks as this can put pressure on the facial blood vessels and cause severe nosebleeds. **NO NOSE BLOWING.** With airway splints in position, it is very difficult for the patient to blow his or her nose. If the patient feels like he or she is going to sneeze, they **must** open their mouth. This will cause the sneeze to go down the back of the nose and out of the mouth. Occasionally blood will occur with the splints in place and gather at the tip of the nose by the airway splints. This can be easily cleaned with a Q-tip and Polysporin ointment. This will prevent thick scabs from forming in the airway.

The splints and/or packing will be removed in the office approximately one week after surgery. Nasal sprays and/or salt water irrigations will be prescribed. This reduces scab formation in the nose after surgery. The sprays and/or irrigations are used for about two weeks after surgery. If surgery is performed on the turbinates, the salt water irrigations are continued longer. After the splints are removed, the patient can usually return to work. Again the patient should be cautioned **not to do any bending or heavy lifting for three to four weeks.** Also **no nose blowing for one month after having the splints and packing removed.** The patient will return to the office in two to three weeks for another post-operative recheck.

## COMPLICATIONS OF SEPTOPLASTY:

1) UNCONTROLLED BLEEDING. This usually comes from the incision in the nose or from a tear in the mucus membrane. Rarely does this require cautery but may require packing. Please call the office immediately as this may require a trip back to the hospital. **All aspirin, Advil, Motrin, Celebrex, or any anti-inflammatory agent should be stopped one week prior to surgery.**

2) SEPTAL HEMATOMA. This is an area of collected blood which occurs in the area where the operation took place. This would be a problem occurring immediately after surgery but should be prevented with the airway splints.

## DEVIATED NASAL SEPTUM cont.

3) NASAL SEPTAL PERFORATION. This is when a hole forms between both sides of the nose. This occurs because of tears on both sides of the membrane in the nose which occur during the operation. Perforations are difficult to repair and are usually done at a later date.

4) SADDLE DEFORMITY. This occurs when too much cartilage is removed from inside the nose. This happened years ago when all the cartilage was removed in a procedure called a submucous resection. With today's modern septal surgery, this rarely happens although it can occur if the nose receives a severe trauma while healing in place.

5) RECURRENCE OF THE DEVIATION. This usually happens in patients who have severe deviations which were difficult to repair to begin with. This may require a revision to correct the deformity.

6) OPEN APPROACH SEPTOPLASTY. Occasionally a Septoplasty requires an open approach for access to the septum. This involves a scar over the columella aspect of the nose above the upper lip. This approach allows better access to the septum and is usually involved in Rhinoplasty surgery.

## SINUS SURGERY (optional)

If sinus surgery is planned, a pre-operative CT Scan will have been obtained. The scan will be reviewed with the patient prior to surgery.

Endoscopic sinus surgery involves the insertion of small scopes into the nose and openings of the sinuses. This restores the natural opening of the sinuses and allows them to drain normally removing diseased tissue. As with other surgery, some packing will be inserted to diminish bleeding for a few days. The complications of such surgery are rare although they can be serious and involved damage to the eyes and brain. (The sinuses are close to the eyes and brain.)

A Caldwell-Luc procedure may be recommended. This involves an incision above the teeth and gums and penetrates into the maxillary sinuses over the cheeks. This procedure strips the maxillary sinuses to clean them out. Numbness to the cheek, gums and teeth are complications of this surgery.

Hopefully the information outlined here has given some instruction and answered some questions about the procedure. Keep in mind the surgery is designed as a functional procedure to improve breathing and alleviate problems associated with nasal congestion. Please call the office with any questions and concerns.