

ENT03Septoplasty

Expires end of February 2023

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What is a deviated nasal septum?

The septum is the cartilage and bone inside your nose that separates your nostrils. It is covered by a layer of mucosa (the skin-like lining of the inside of your nose). The septum is usually straight but it can be deviated (bent), causing symptoms of a blocked nose.

Your surgeon has suggested a septoplasty operation. However, it is your decision to go ahead with the operation or not. This document will give you information about the benefits and risks to help you to make an informed decision.

If you have any questions that this document does not answer, it is important that you ask your surgeon or the healthcare team. Once all your questions have been answered and you feel ready to go ahead with the procedure, you will be asked to sign the informed consent form. This is the final step in the decision-making process. However, you can still change your mind at any point.

How does a deviated septum happen?

The septum may have been deviated from childhood or caused by an injury. The deviation can happen in the cartilage, the bone or both.

What are the benefits of surgery?

Your nasal airway will be more open, which should relieve your symptoms of a blocked nose.

Are there any alternatives to surgery?

You cannot straighten your septum without surgery.

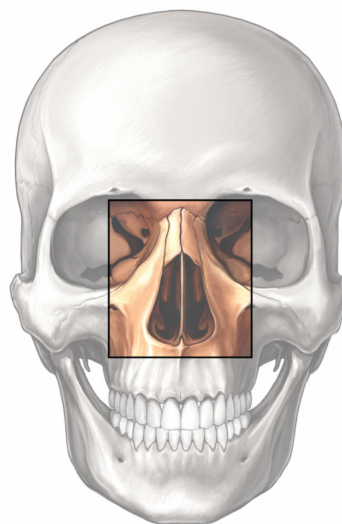
What will happen if I decide not to have the operation?

Your nose will continue to feel blocked but it should not get worse.

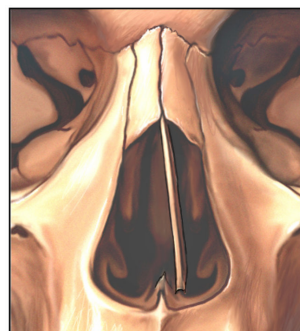
What does the operation involve?

The operation is performed through your nostrils and does not result in any facial scars or black eyes.

The healthcare team will carry out a number of checks to make sure you have the operation you came in for. You can help by confirming to your surgeon and the healthcare team your name and the operation you are having.



A straight nasal septum



A bent nasal septum

The operation is usually performed under a general anaesthetic but a local anaesthetic can be used. Your anaesthetist will discuss the options with you. You may also have injections of local anaesthetic to help with the pain after the operation. The operation usually takes about 45 minutes.

Your surgeon will make a cut on the lining of your nose over your septum and lift the mucosa away from the cartilage and bone. They will remove the parts of the cartilage and bone that are bent and they will put the rest back in a straight position.

Your surgeon may close the cut with dissolving stitches that will fall out in a few weeks. You may be able to feel the stitches at the front of your nose.

Your surgeon may place some packing in your nose to prevent bleeding. The packing will either

dissolve in a few days or will be removed a few hours after the operation.

What should I do about my medication?

Make sure your healthcare team knows about all the medication you take and follow their advice. This includes all blood-thinning medication as well as herbal and complementary remedies, dietary supplements, and medication you can buy over the counter.

How can I prepare myself for the operation?

If you smoke, stopping smoking now may reduce your risk of developing complications and will improve your long-term health. Smoking stops your nose clearing mucus properly and this can increase the feeling of a blocked nose.

Try to maintain a healthy weight. You have a higher risk of developing complications if you are overweight. Regular exercise should help to prepare you for the operation, help you to recover and improve your long-term health. Before you start exercising, ask the healthcare team or your GP for advice.

You can reduce your risk of infection in a surgical wound by keeping warm around the time of the operation. Let the healthcare team know if you feel cold.

If you have not had the coronavirus (Covid-19) vaccine, you may be at an increased risk of serious illness related to Covid-19 while you recover. Speak to your doctor or healthcare team if you would like to have the vaccine.

What complications can happen?

The healthcare team will try to reduce the risk of complications.

Any numbers which relate to risk are from studies of people who have had this operation. Your doctor may be able to tell you if the risk of a complication is higher or lower for you. Some risks are higher if you are older, obese, you are a smoker or have other health problems. These health problems include diabetes, heart disease or lung disease.

Some complications can be serious and can even cause death.

You should ask your doctor if there is anything you do not understand.

Your anaesthetist will be able to discuss with you the possible complications of having an anaesthetic.

General complications of any operation

- Bleeding soon after the operation or a week to 10 days later. You may need to have your nose repacked with a firmer pack or have a pack in the back of your nose (risk: less than 1 in 100). If the bleeding is heavy, you may need a blood transfusion.
- Infection of the surgical site (wound). Let your surgeon know if your nose bleeds or if the skin over your nose becomes red, swells or is tender. An infection usually settles with antibiotics but you may need special dressings and your wound may take some time to heal. In some cases another operation might be needed. Do not take antibiotics unless you are told you need them.
- Allergic reaction to the equipment, materials or medication. The healthcare team is trained to detect and treat any reactions that might happen. Let your doctor know if you have any allergies or if you have reacted to any medication or tests in the past.
- Blood clot in your leg (deep-vein thrombosis – DVT). This can cause pain, swelling or redness in your leg, or the veins near the surface of your leg to appear larger than normal. The healthcare team will assess your risk. They will encourage you to get out of bed soon after the operation and may give you injections, medication, or special stockings to wear. Let the healthcare team know straight away if you think you might have a DVT.
- Blood clot in your lung (pulmonary embolus), if a blood clot moves through your bloodstream to your lungs. Let the healthcare team know straight away if you become short of breath, feel pain in your chest or upper back, or if you cough up blood. If you are at home, call an ambulance or go immediately to your nearest Emergency department.
- Chest infection. If you have the operation within 6 weeks of catching Covid-19, your risk of a chest

infection is increased (see the 'Covid-19' section for more information).

Specific complications of this operation

- Adhesions, where scar tissue forms deep inside your nose and can obstruct airflow.
- Developing a collection of blood (haematoma) or an abscess between the layers of your septum. You may need treatment with antibiotics or another operation to drain away blood or pus that has collected.
- Making a hole in your septum (risk: less than 5 in 100, increasing to 10 in 100 if you smoke).
- Damage to nerves that supply the skin and the gum over your front upper teeth, leading to a numb patch or continued pain (risk: 3 in 100 in 3 months, 1 in 100 in 1 year).
- Change to the shape of your nose with some loss of height of the bridge or shortening of the columella (the external strip of skin that runs down from the tip of your nose between your nostrils) (risk: less than 1 in 100). This may happen over months or years.
- Reduced sense of smell (risk: less than 1 in 100).
- Toxic shock syndrome, which is an infection of your bloodstream (risk: 1 in 10,000).

Covid-19

A recent Covid-19 infection increases your risk of lung complications or death if you have an operation under general anaesthetic. This risk reduces the longer it is since the infection. After 7 weeks the risk is no higher than someone who has not had Covid-19. However, if you still have symptoms the risk remains high. The risk also depends on your age, overall health and the type of surgery you are having.

You must follow instructions to self-isolate and take a Covid-19 test before your operation. If you have had Covid-19 up to 7 weeks before the operation you should discuss the risks and benefits of delaying it with your surgeon.

Consequences of this procedure

- Pain. The healthcare team will give you medication to control the pain and it is important that you take it as you are told to reduce discomfort.

How soon will I recover?

In hospital

After the operation you will be transferred to the recovery area and then to the ward. You should be able to go home the same day. However, your doctor may recommend that you stay a little longer.

If you had non-dissolvable packing in your nose, you will need to stay overnight and the packing will be removed the next morning. You will feel a 'dragging' sensation as this is removed and you may get a nosebleed for up to 15 minutes. Once this has settled you should be able to go home.

If you are worried about anything, in hospital or at home, contact the healthcare team. They should be able to reassure you or identify and treat any complications.

Returning to normal activities

If you had sedation or a general anaesthetic and you do go home the same day:

- a responsible adult should take you home in a car or taxi and stay with you for at least 24 hours;
- you should be near a telephone in case of an emergency;
- do not drive, operate machinery or do any potentially dangerous activities (this includes cooking) for at least 24 hours and not until you have fully recovered feeling, movement and co-ordination; and
- do not sign legal documents or drink alcohol for at least 24 hours.

To reduce the risk of a blood clot, make sure you carefully follow the instructions of the healthcare team if you have been given medication or need to wear special stockings.

You may need to use a nasal cleansing kit (nasal douche) to keep your nose clean. You may be given a course of antibiotics to reduce the risk of infection.

It is important to avoid catching a cold, which could cause infection inside your nose. Your doctor may advise you to stay off work and away from groups of people for a few days or up to 2 weeks after the operation, depending on the risk.

Your nose will feel blocked for up to 2 weeks and may release some bloodstained fluid. Do not blow your nose or sneeze for a few days. Gently wipe or dab any discharge with tissues. (To avoid sneezing, place your tongue in the roof of your mouth and suck hard.)

Do not exercise, have a hot bath or bend down for 2 weeks. Sleep with extra pillows to keep your airways clear and to reduce any swelling.

Regular exercise should help you to return to normal activities as soon as possible. Before you start exercising, ask the healthcare team or your GP for advice.

Do not drive until you are confident about controlling your vehicle and always check your insurance policy and with your doctor.

Ask your healthcare team if you need to do a Covid-19 test when you get home.

The future

Most people make a full recovery and can return to normal activities. However, the deviation can come back because the cartilage can gradually return to its original position (risk: less than 1 in 100).

Summary

Surgery will result in you having a straight septum, which should relieve your symptoms of a blocked nose. However, no serious complications can happen if a deviated septum is left untreated.

Surgery is usually safe and effective but complications can happen. You need to know about them to help you to make an informed decision about surgery. Knowing about them will also help to detect and treat any problems early.

Keep this information document. Use it to help you if you need to talk to the healthcare team.

Some information, such as risk and complication statistics, is taken from global studies and/or databases. Please ask your surgeon or doctor for more information about the risks that are specific to you, and they may be able to tell you about any other suitable treatments options.

This document is intended for information purposes only and should not replace advice that your relevant healthcare team would give you.

Acknowledgements

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