

ENT12Turbinectomy

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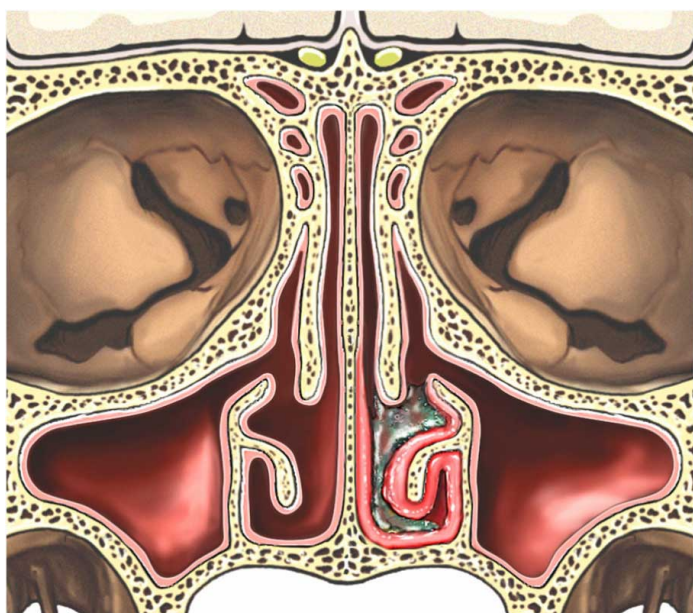
UNITED KINGDOM

What are turbinates?

The turbinates (or nasal concha) are bony shelves in your nose covered by glandular tissue rich in blood vessels and nerves.

The turbinates help to regulate the flow of air through your nose. Most of the air you breathe in moves between the lower (inferior) and middle turbinates, being filtered, warmed and moistened through the mucosa (the skin-like lining of the inside of your nose).

The inferior turbinates can sometimes permanently enlarge and block your nose.



Cross-section of the nasal cavity showing an enlarged inferior turbinate

Your surgeon has suggested a turbinectomy to reduce the size of your inferior turbinates. 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 do turbinates become enlarged?

It is normal for your turbinates to enlarge in response to the climate and your breathing needs.

The inferior turbinates usually become permanently enlarged if you get rhinitis (inflammation of the mucosa) or if you use over-the-counter decongestant sprays too much.

If you have a bent nasal septum (the cartilage and bone inside your nose that separates your nostrils) the turbinate on the wider side can enlarge to prevent drying and crusting caused by too much air passing into your nose.

What are the benefits of surgery?

You should get relief from a blocked nose.

Are there any alternatives to surgery?

If your turbinates are enlarged because of rhinitis, your doctor may be able to give you steroid nasal sprays, decongestants or antihistamines to improve your symptoms of a blocked nose.

Surgery is recommended only if medication has not worked.

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

Your nose will continue to feel blocked. It is possible that your turbinates will shrink naturally over time.

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.

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 15 to 30 minutes.

Reducing the size of the turbinates usually involves one of the following techniques.

- **Diathermy** – Passing an electric current through a needle placed either on the surface of the turbinate or inside the tissue.
- **Trimming** – Cutting away the lower or outer part of the turbinate. This may also involve removing some of the turbinate bone and rolling some of the remaining tissue over the raw area (turbinoplasty). Your surgeon may remove turbinate tissue using a laser, a microdebrider instrument or an instrument that uses radiofrequency energy.

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

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 (risk: less than 6 in 100). The risk is lower if you had only limited trimming or a turbinoplasty. You may need to have your nose repacked with a firmer pack or have a pack in the back of your nose. 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

- Scar tissue (adhesions) connecting the turbinate to your septum.
- Crusting in your nose (risk: 1 in 2 after trimming, less than 1 in 7 after turbinoplasty). The risk increases the more tissue is removed. Crusting is common for 6 weeks after diathermy and then it usually settles.
- Increased nasal discharge, which usually settles within 3 months.
- Atrophic rhinitis, if too much tissue is removed. Your nose will be unable to make enough mucus to stay moist, and may feel blocked.
- Toxic shock syndrome, which is an infection of your bloodstream (risk: 1 in 10,000).
- Damage to your tear duct causing your eye to become watery (risk: 1 in 200). You may need another operation.

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 will need to stay off work and away from groups of people for 2 weeks. This is to avoid catching a cold, which could result in an infection.

Your nose will feel blocked for up to 2 weeks and may release some bloodstained fluid. Do not do strenuous exercise during this time.

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 can control your vehicle, including in an emergency, and always check your insurance policy and with the healthcare team.

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. The feeling of a blocked nose can come back but symptoms are usually better than before surgery.

Summary

The inferior turbinates can sometimes become permanently enlarged and block your nose. Surgery should relieve your symptoms but no serious complications can happen if enlarged turbinates are 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

Reviewer: Ruth Capper (MD, FRCS (ORL-HNS))

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