

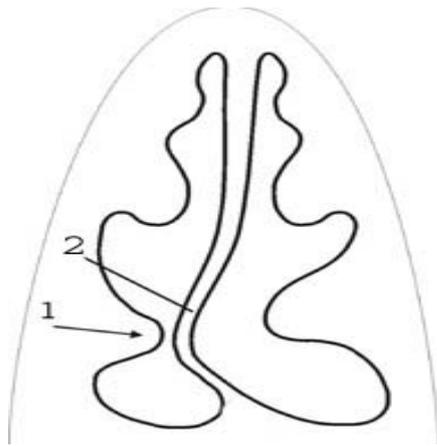
Septoplasty/ Submucous Resection (SMR) and Turbinate Surgery

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What is the nasal septum and what are turbinates?

The nasal septum is the partition that divides one side of the nose from the other. It is made partly of cartilage (the front part), partly of bone (back part) and covered by a nasal lining (mucosa). It is rarely perfectly straight. It is slightly crooked in over 80% of people. When the septum is so crooked or *deviated* that it blocks the nasal passage, then a surgical operation called a *septoplasty or submucous resection of the septum* may restore clear breathing.

If your nose is congested on one side during part of the day and later congested on the other side, then it is not just the septum that is causing the nasal obstruction. In this instance, an abnormal *turbinate*--a structure that projects from the side wall of the nose into the nasal cavity--may be the cause. Usually medical treatment (such as a nasal steroid spray) is recommended before considering surgery. If the medical treatments fail to bring relief, then your doctor may also recommend a procedure known as a *turbinate reduction*. A septoplasty may be combined with a turbinate reduction so a normal nasal airway can be restored.



1. Turbinate 2. Septum

What will happen before my operation?

A few days before your operation, you will be invited to attend a pre-operative assessment clinic (PAC). The purpose of this clinic is to assess your fitness for the surgery, request any necessary tests (e.g. X ray, ECG “heart tracing”, blood tests) and to sign a consent form giving the surgeon permission to carry out your operation.

What happens on the day of my operation?

On the day of your surgery, you will be required to attend the ward. You will be asked to wait in the dayroom till your bed is ready and one of the nursing staff admits you. You will also be seen by the anaesthetist and your consultant.

What about the anaesthetic?

Your surgery will usually be carried out under general anaesthesia (you will be asleep during the operation). You will be asked to stop eating and drinking from midnight on the day of your operation. If your operation is

in the afternoon, and after checking with your anaesthetist on the morning of your operation, you may be allowed to drink water till a time specified by your anaesthetist.

What does your operation involve?



Septoplasty

The surgery is carried out from the inside of the nose. The lining of the nose over the septum is raised and the cartilage is trimmed and straightened.

If you are having a turbinate reduction as well, your doctor may apply diathermy to the surface or substance of the turbinate, trim the turbinate or break the turbinate at several points to make more room for breathing. Your doctor may use a nasal dressing (pack) after the end of your operation to avoid a nose bleed.



Diathermy to Left Inferior Turbinate

What happens after my operation?

Most patients can go home on the same day of the surgery. Occasionally, you may be required to stay overnight on the ward. Your surgeon may use a dissolvable nasal dressing inside your nose. You will be given medication to take home. Please follow the written instructions on the medication pack. Your nurse will explain this to you and give you an advice sheet on what to do and what to avoid for the first few weeks after the surgery. Your surgeon may arrange to see you in clinic 6-12 weeks following your operation.

Do I need to take time off?

Patients are usually advised to take 2 weeks of rest following their operation

Are there any complications?

Bleeding of any significant amount is uncommon though a small amount of bleeding may occur with removal of the nasal packs. Because the septal cartilage has 'memory'--it has a tendency to assume its initial shape--the septal cartilage can sometimes bend after the surgery and cause the nasal obstruction to recur.

A septal perforation (hole in the septum that connects the two sides of the nose) may occur. A septal perforation may be associated with a whistling sound, bleeding, and/or crusting. Septal perforations are rare complications of septal surgery. If they cause problems, a further surgery may be required to close the perforation.

Numbness of the tip of the nose or the upper front teeth is not uncommon and usually resolves within several months following the procedure. Rarely, the numbness may persist.

Bruising of the septum (septal haematoma) occurs when bleeding persists underneath the skin flaps of the septum. This is a rare complication and needs draining.

Infection is uncommon but can occur. It is usually treated with antibiotics.

Loss of smell has been reported following septoplasty but is quite rare

Crusting in the nose may occur especially with turbinate surgery and usually responds to nasal irrigation.

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