

Aintree
Head & Neck
Practice
Development
Unit

Septoplasty

Aintree University Hospital **NHS**

NHS Foundation Trust

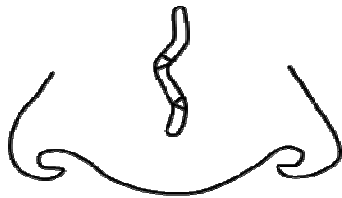
Where quality matters

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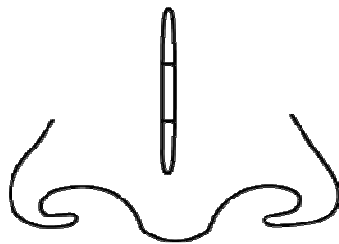
What is a Septoplasty?

A Septoplasty is an operation to improve breathing through your nose, by straightening the partition situated down the middle of your nose.

Before operation:



After operation:



What are the benefits of having a Septoplasty?

Having a Septoplasty will increase the space in both nostrils allowing improved breathing.

What are the risks of having a Septoplasty?

Bleeding

- After your operation you may bleed so it may be necessary to put a pack into your nose to help stop this.

- Non dissolving packs will be removed later that day or the following morning. Dissolving packs will be left in your nose; these do not need removing and will dissolve with time.
- Bleeding may occur after the packs are removed but this can be controlled by following the instructions on the nose bleed information leaflet.

Bruising

- You **should not** experience bruising around your eyes (black eyes).
- However there is occasionally a risk of bruising inside the nostril, which is a collection of blood (like a blister) that may require drainage and antibiotics.

Crusting

- Crusting in the nose may last from two to about six weeks after surgery.
- Prolonged crusting is rare; however, it can occur and may last up to one year.
- DO NOT pick the inside of your nose.
- Crusting is usually reduced by the use of humidification and saline nasal spray.

Infection

- There is a small risk of developing an infection such as a nasal abscess after your operation.
- Symptoms may include a runny nose (especially if the fluid coming out is bloodstained, thick, yellow or green or smelly), a high temperature or increasing pain in your nose, your face or your head.

- This would usually be treated with antibiotics by your GP.
- This infection is likely to occur 7-10 days after your operation and may start a nose bleed.
- Occasionally it may need draining and you may need to return to hospital to have this done.

Failure

- Occasionally, the middle partition does not stay as straight as the surgeon intended.
- This is because the partition is made of an elastic type tissue (cartilage), which can re-bend on healing.

Adhesions

- Adhesions are webs of skin that form from one side of the nostril to the other side.
- Any adhesions are stopped by suturing a splint on the inside of the nose which is usually removed one week after surgery.

Septal perforation:

- There is a **small chance** of a hole developing in the middle partition of the nose, which, unfortunately, can be permanent.
- This can cause nosebleeds or, very occasionally, a whistling sound as air passes through your nose.

Shape change

- Rarely the shape of the nose can change due to the collapse of the cartilage which separates your nostrils.
- This can be seen as a depression or dip, down the middle of your nose. If this should occur, further surgery may be needed.

Altered Sensation

- After this operation sometimes the tip of your nose and your top teeth may feel

numb. This usually settles after a few weeks.

- Occasionally you can lose your sense of smell. This may be permanent. If you are worried, please speak with your doctor prior to surgery.

What sort of anaesthetic will be given to me?

- You will usually be given a general anaesthetic, which is a controlled drug-induced unconsciousness during which you feel nothing.
- An anaesthetist, who is a doctor with specialist training, always provides this.
- Anaesthetics sometimes have side effects or complications. Common side effects are nausea and vomiting, sore throat, headache, dizziness, blurred vision, muscle and back pain.
- These usually only last a short time and there are medicines available to treat them if necessary.
- Death is rare occurring in 1 in every 200,000 anaesthetics.

If you are worried about any of these risks, please speak to your Consultant or a member of their team.

Before your operation

- The doctor will discuss the benefits and risks of your operation with you and answer your questions (Some of this information is included in this leaflet).
- They will ask you to sign a consent form to say that you understand what the operation involves and to give your permission for the operation to be carried out.
- Before you are admitted to hospital you will usually be given an appointment to attend the pre-operative clinic to be assessed to see if you are fit for the anaesthetic. Here you may have blood

tests and sometimes a heart trace and/or chest x-ray.

- The staff will ask routine questions about your health, the medicine you take at the moment and any allergies you may have.
- Before your general anaesthetic, you must not eat or drink for a minimum of 6 hours. You will be told by the nurse when this is to start.

The day of your operation

- You will either come into hospital the day before or on the day of your operation.
- If you are on regular medication, you will be told to take this if necessary.
- It is recommended that you bathe or shower on the morning of your operation.
- You are advised not to bring any valuables into hospital.
- You will be asked to put on a gown and disposable underwear and to remove anything false such as acrylic nails, body piercing and jewellery. Wedding rings can be worn but they will be taped. A nurse can lock valuable items away at your request.
- An identity bracelet with your personal details will be attached to your wrist.
- Before your operation the anaesthetist may prescribe medicine to help you feel relaxed (also known as a pre-med).
- A member of the nursing staff will give this to you.
- If you want this type of medicine please ask the nurse or anaesthetist.
- A nurse or porter will take you to the operating theatre.
- You may keep your dentures, glasses or hearing aid with you on your journey to the operating theatre.
- These will be taken from you and kept safe while you have your operation.

- On arrival, the nurse or porter will introduce you to the theatre staff, who will check your details with you and answer any questions.
- You will be asked to put on a disposable hat and then be taken to the anaesthetic room.

What should I expect after my operation?

- After your operation you will be kept in the theatre recovery room before being transferred to the ward.
- Your nose may bleed and the doctor will decide if it is necessary to pack the nose to help stop this.
- These packs will be removed later that day or the following morning.
- Bleeding may occur after the packs are removed but this can be controlled by following the instructions on the nose bleed information leaflet.
- You may also have a soft plastic splint inside your nose.
- This lies either side of the middle partition and supports the cartilage whilst it begins to heal.
- This will stay in for approximately 1 week and be removed when you are seen in the Outpatient clinic.
- Your pulse, blood pressure, breathing and nose will be checked regularly by a nurse.
- You may experience a headache while you have your packs in.
- **It is important that if you feel any pain you must tell the nursing staff, who can give you painkillers to help.**
- The nursing staff will offer you regular mouthwashes/gargles to help refresh your mouth and will advise you when you can start taking sips of water.
- Your nose may feel blocked initially and you may find it easier to breathe through your mouth.

- As a result of this your mouth and throat may feel dry.
- Once you are able, it is important to drink plenty of cool fluids to refresh your mouth and throat.
- Drinking hot fluids may increase your risk of a nosebleed.
- Anaesthetics can make some people sick. If you feel sick, we advise you not to drink until this feeling has passed.
- The nursing staff may offer an injection to help this sick feeling go away.
- If you have nasal packs you are advised to rest in bed until they are removed.
- You will be given a call button to summon a nurse for help or assistance.
- The first time you get out of bed you may feel dizzy, so please make sure you ask a nurse to be with you.

Discharge information

- The doctor will decide when you can go home.
- You may be discharged the same evening of your operation or the day after your operation.
- In the first 24 hours following an anaesthetic, you are advised to have someone with you at all times.
- You are advised not to operate machinery, drive or look after small children unassisted.

Pain relief & medication

The nursing staff will advise you about painkillers before you leave the hospital. Please tell the nurses what painkilling tablets you have at home.

Your nose after the operation

- Your nose may feel swollen and “bunged up” as it usually takes 6 to 8 weeks for the swelling to settle. It is

advised that you wipe rather than blow your nose.

- You may have some watery blood stained discharge for a few days; this should then stop.
- You are asked to refrain from smoking and drinking alcohol as these will increase your risk of bleeding.
- If you do bleed, please follow the instructions on the nose bleed information leaflet.
- You may sneeze more than usual. This is because your nose is irritated.
- Try to keep your mouth open when you sneeze as this will prevent extra pressure and any further bleeding.
- If a splint has been put in, you will be given a clinic appointment to have it removed (the ward staff will tell you about this).
- If your nose feels dry and tight due to crust formation, we recommend you start washing the inside of your nose (with a nasal douche).
- Usually this can be started 3 to 4 days following your operation.
- Please see the separate patient information sheet on this.
- If you have been prescribed nasal drops or sprays, it is sensible to douche the nose before taking these.

This procedure should be explained to you before you leave hospital.

Getting back to normal

- Remember that you have just had an operation and you will take some days to recover.
- It is normal to feel more tired than usual for a few weeks after having an operation.
- If you are a parent or a carer you will need some support during this time.

- Contact sports are to be avoided for 6 weeks until healing has taken place.
- If you bump or injure your nose during this time it may alter the shape.

Returning to work

- You can self-certify for the first seven days of sickness.
- You can also obtain a medical certificate (sick note) from the hospital doctor.
- This will cover you for 7 days following your discharge from hospital.

Further appointments

This leaflet gives advice on how to help your recovery. If you have any problems within the first 2 weeks please contact the Ward you were discharged from.

Please note:

Spontaneous healing and recovery occurs 6-8 weeks following this type of nasal surgery so a follow up clinic appointment is not always necessary.

If you do receive a clinic appointment it will be because the doctor has decided that he wishes to see you in clinic. Details of this outpatient appointment will be posted on to you.

Please see your GP with any problems that occur after 6 months.

Further information:

For further information or advice, please call:

Ward 29

Tel: 0151 529 5195 / 5196

Ward 28

Tel: 0151 529 5238 / 5239

NHS Direct

Tel: 0845 4647

We welcome your comments regarding the information included in this leaflet.

If you wish to provide feedback please write to:

Charlotte Halpin
Head and Neck Unit
Aintree University Hospital NHS
Foundation Trust
Lower Lane
Liverpool L9 7AL

Acknowledgements:

This leaflet is based on the ENT UK patient information leaflet "About Septal Surgery", sited on:

https://entuk.org/docs/patient_info_leaflets/09005_septal_surgery

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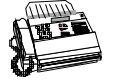
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