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Septoplasty

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What is a septoplasty?

A septoplasty is a procedure to straighten your septum (the cartilage and bone inside your nose that separates your nostrils). Your septum is covered by a layer of mucosa (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.

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

Shared decision making and informed consent

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

Shared decision making happens when you decide on your treatment together with your healthcare team. Giving your 'informed consent' means choosing to go ahead with the procedure having understood the benefits, risks, alternatives and what will happen if you decide not to have it.

If you have any questions that this document does not answer, it is important to ask your healthcare team. Once they have answered all your questions and you feel ready to go ahead with the procedure, they will ask you 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 after signing the form.

What are the benefits?

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

Are there any alternatives?

You cannot straighten your septum without surgery. Steroid spray and saline (salt water) nasal wash may help a little.

What will happen if I decide not to have the procedure or the procedure is delayed?

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

Contact your healthcare team if you experience:

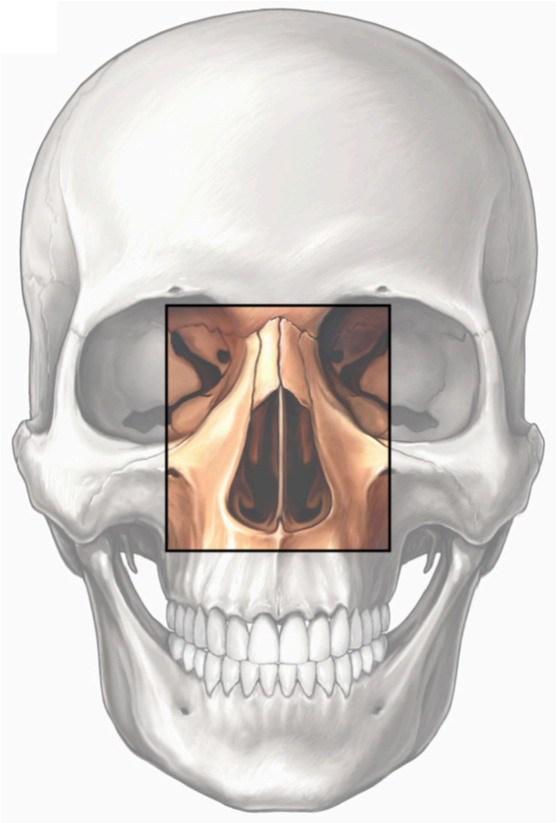
- A runny nose.
- A nose bleed.
- Pain.
- A change in your sense of smell.
- Hearing loss.

What does the procedure involve?

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

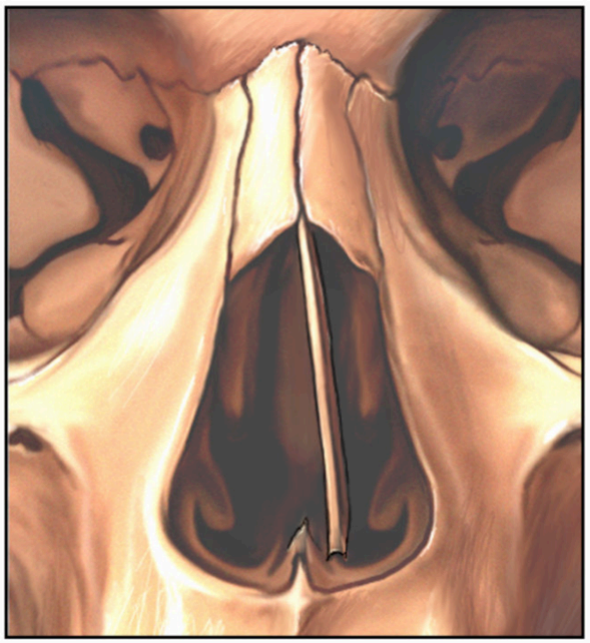
The healthcare team will ask you to confirm your name and the procedure you are having.

A straight nasal septum



 Illustrator: www.nucleusinc.com

A bent nasal septum



 Illustrator: www.nucleusinc.com

The procedure 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 procedure. The procedure 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 procedure.

What should I do about my medication?

Make sure your healthcare team know 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 buy over the counter.

How can I prepare myself for the procedure?

If you smoke, stopping 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 you prepare for the procedure, help you recover and improve your long-term health. The healthcare team may give you specific advice if you have certain health problems.

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

When you come into hospital, wash your hands regularly and wear a face covering if asked.

What complications can happen?

The healthcare team are trained to reduce the risk of complications.

Any risk rates given are taken from studies of people who have had this procedure. 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, you are obese, you smoke or you have other health problems. Health problems include diabetes, heart disease or lung disease.

Possible complications of this procedure are shown below. Some can be serious and may 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 procedure

- Bleeding soon after the procedure 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 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 you may need another procedure. Do not take antibiotics unless you are told you need them.
- Allergic reaction to the equipment, materials or medication. The healthcare team are trained to detect and treat any reactions that may happen. Tell them if you have any known allergies or if you have reacted to any medication, tests or dressings in the past.
- Venous thromboembolism (VTE). This is a blood clot in your leg (deep-vein thrombosis, or DVT) or one that has moved to your lung (pulmonary embolus, or PE). DVT 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 encourage you to get out of bed soon after the procedure and may give you injections, medication, or special stockings to wear. Tell the healthcare team 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. Your risk is lower if you have stopped smoking and have not had a recent cough or cold.

Specific complications of this procedure

- 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 procedure 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).
- The problem coming back (risk: less than 1 in 100). You may need another procedure to fix it.

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.

What happens after the procedure?

In hospital

After the procedure you will be taken 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 a sedative or a general anaesthetic and you 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
- you must not drive, operate machinery or do any potentially dangerous activities (including cooking) for at least 24 hours and not until you have fully recovered feeling, movement and co-ordination, and
- you must not sign legal documents or drink alcohol for at least 24 hours.

Follow any instructions the healthcare team give you to reduce the risk of a blood clot, such as taking medication or wearing 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 procedure, 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. The healthcare team may give you specific advice if you have certain health problems.

Do not drive a car or ride a bike until you can control your vehicle, including in an emergency. Ask the healthcare team about this and always check your insurance policy.

You may need to wait a while before you can fly. Please check the website of your national aviation authority for information about flying after surgery or speak to your airline or a member of the healthcare team.

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. Being aware of them will help you make an informed decision about surgery. This will also help you and the healthcare team to notice and treat any problems after your procedure as quickly as possible.

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 treatment options.

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

Reviewer

Matthew Campbell (MBBS, FRACS)

Illustrator

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