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SEPTOPLASTY

The intention of this leaflet is to provide you with background information including risks and benefits so that you will be well placed to make a decision regarding your treatment. If you have any outstanding questions after reading this leaflet please ask.

What is a deviated nasal septum?

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

How does a deviated septum happen?

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

What are the benefits of surgery?

Your septum will be straight which should relieve your symptoms of a blocked nose and reduce the likelihood of your suffering with sinusitis.

And the risks...

Bleeding and infection can occur but are fortunately rare. The nasal septum can also be perforated leaving a hole but this is even rarer. There are also reports in the literature of subtle changes in nasal profile but I believe this is only seen when cartilage is removed rather than repositioned and when the repositioned cartilage is not secured in place with sutures.

What does the operation involve?

The operation is performed under general anaesthetic through your nostrils and does not result in any facial scars or black eyes. A mucosal flap is elevated on one side of the nose and the quadrilateral cartilage which lies at the front of the nose is carefully reshaped and repositioned. In the worst cases it will be first necessary to take the cartilage out and occasionally it is necessary to reconstruct the cartilage from fragments on a dissolvable mesh. In older style operations such as a *submucosa resection* deviated cartilage is discarded but this is associated with a number of problems such as septal perforation and loss of dorsal support leading to "saddling" of the nose and is therefore not an operation which I perform. I also like to avoid packing the nose and therefore repair the septum with a dissolvable quilting suture. This means that there generally are no packs or sutures to be removed although patients sometimes notice the dissolving sutures falling out of their nose several weeks after surgery.

What should I do about my medication?

You should continue your normal medication unless you are told otherwise. On the morning of surgery, even when you are fasting please take your usual medication with a small sip of water. The one exception to this is medication for diabetes – tablets or insulin – which should be omitted. A record of your medication will normally be taken when you are seen in my out-patient clinic but please let me know if you are on warfarin or clopidogrel which thin the blood. We

will need to advise you whether or not to stop this medication before surgery. This may involve liaising the physician who first prescribed it.

After the operation

After your operation you will wake up in the recovery room. You might have an oxygen mask on your face; you might also wake up feeling sleepy, both of which are normal.

While you are in the recovery room, a nurse will check your pulse and blood pressure regularly. When you are well enough to be moved, you will be taken to your ward. Sometime, people feel sick after an operation and might actually vomit. If you feel sick, please tell a nurse and you will be given some medicine to stop the sickness and/or vomiting.

For at least the first few minutes you will have a small, plastic tube in one of the veins in your arm. This is often attached to a drip (bag of fluid) which feeds your body with fluid until you are well enough to eat and drink by yourself.

You will need to rest until the effects of the general anaesthetic have passed. When you feel ready, you can begin to drink and eat, starting with clear fluids.

Although nasal surgery is not painful, you may experience some discomfort and so painkillers can be prescribed. Suffering from pain could slow down your recovery, so please discuss any discomfort you have.

Going home

Unless there are medical reasons for keeping you in hospital overnight you will normally be discharged home after a period of observation on the ward. Because you will have had an anaesthetic you will not be insured to drive for up to 48 hours (please check with your insurance company) and so will need to make alternative arrangements. I will see you on the ward to explain how the surgery went and to ensure that you are fit for discharge. I will also reinforce advice on your post-operative care. Although you can expect a small amount of oozing from your nose the following advice will reduce the risk of any more serious bleeding:

- Refrain from vigorous exercise for 2 weeks
- Avoid straining or stooping
- Allow your food and drinks to cool a little
- Avoid excessively hot baths or showers
- Avoid blowing your nose
- If you feel you are going to sneeze do so through your open mouth

After your return home

Even with the above advice you may experience light bleeding from your nose for a day or two. Anything more than this should be discussed with my secretary who will contact me, or the hospital ward if out of hours.

Using an extra pillow to support you when sleeping should help you feel less blocked. You can also use a Neil-Med nasal douche after a day or two to help clear crusts and debris.

You may feel a little “washed out” for a few days after surgery because of the anaesthetic but should be able to do paperwork after a few days. Heavy manual work should be avoided for two weeks.

I will review you in clinic three to four weeks after surgery.