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Nasal Surgery

What is the surgery and why is it performed?

Nasal septoplasty is designed to straighten the nasal septum, the midline nasal structure that separates the nasal cavities. Turbinectomy is the partial excision of tissue on the lateral walls of the nasal cavities. Both of these procedures are intended to relieve nasal airway obstruction and to improve nasal airflow. Rhinoplasty improves external deformities of the nose by making alternations to the bone and cartilage of the nose. One or more of these procedures may be performed at the same time.

Hospital Stay

Septoplasty, rhinoplasty, and/or turbinectomy are scheduled on an out-patient basis, meaning that you go home after surgery.

Anesthesia

Surgery will be scheduled with general anesthesia. Prior to your surgery the anesthesiologist will talk with you about anesthesia and what to expect.

Risks

As with any surgery there are not only benefits but also risks. The following information will help you understand the risks of sinus surgery. As with any operation, there may be some unanticipated complications in addition to those listed here.

- Although infection is not common, it is a risk with any surgical procedure. If infection does occur, usually it can be treated with antibiotics. Rarely drainage is required if an abscess develops.
- Substantial bleeding requiring transfusion is extremely rare. After surgery, it is normal to have some bloody discharge from your nose. This usually stops on its own. Occasionally additional measures including nasal packing or additional surgery is needed to control excessive bleeding.
- Crusting in the nose may last from two to about six weeks after surgery. Prolonged crusting is rare. It can occur and may last up to one year. Crusting is usually reduced by the use of humidification and saline irrigations. Bacitracin ointment or Vaseline can be used sparingly as well.
- Nasal surgery may alter your sense of smell and consequently, your appreciation of tastes. This is usually temporary due to postoperative swelling and nasal crusting and improves with healing. Rarely there may be severe loss of smell that does not return.
- Other risks are loss of nasal structural support, septal perforation (a hole in the septum), or a blockage of the tear duct. All operations, in the area of the nasal cavity, carry a slight chance of creating a spinal fluid leak (the fluid that surrounds the brain). This is a rare complication, but should it occur it may lead to meningitis (an infection).
- Other potential risks include swelling, bruising, and temporary numbness of the upper lip or front teeth.
- There is also the potential that the problems you were experiencing will not be relieved, they may remain the same or even become worse after the surgery.
- If a rhinoplasty is performed, There will be some facial swelling for 4-6 weeks after surgery that may cause difficulty when breathing through your nose. This should improve as the swelling decreases. Ice packs can be applied to this area during the first 48 hours following surgery.
- Bleeding may occur following surgery. Packing is rarely but sometimes placed in your nose overnight and removed in the ENT clinic the next day. Excessive bleeding may require that additional packing be placed in your nose. This would extend your hospital stay or require re-admission. Some bloody discharge from the nose will occur for approximately two weeks,

mostly in the first two days. It is best to wear a gauze type drip pad under your nose to absorb this drainage. You should not have free flowing blood from your nose or mouth. If this does happen:

- Remain calm.
 - Sit with your head at a 45-degree tilt backwards. Do not lie flat.
 - Place a towel under your nostrils to absorb the blood. Do not insert anything in your nose.
 - If this does not stop the bleeding, report to the nearest emergency room.
- **Please call the clinic if you experience any of the following symptoms:**
 - **fever over 101 degrees**
 - **pain not managed by your pain medication**
 - **increased swelling in the nose or thick odorous discharge**
 - **persistent bleeding**

Dressings and Packs:

Packs are avoided if possible in the nose. A soft silicone nasal splint is placed internally in the nose after septoplasty. It holds the septum in place as it heals. It is usually not easily visible from the outside. It causes some nasal obstruction when in place and can hold debris or crust. Sometimes it precipitates headache or irritation. Take the pain medicine if this occurs. The splint is usually removed after the first week. Once it is removed symptoms from the splint disappear immediately. Most patients do not realize how large the splint is. If a rhinoplasty is performed, an external splint is placed. It can come off easily if it becomes wet. Avoid water contact with the splint or sweating which can loosen it. If it feels loose, reinforce the splint with adhesive tape over the top to the cheeks. Try not to remove it since the nose can be reset improperly by side to side pressure.

Postoperative activity

- Sleep with your head elevated. This can be achieved by using 4 inch wood blocks under the posts of the headboard or sleeping with 2-3 pillows. It is best to sleep sitting up as far as possible to help decrease the swelling or pain and lessen the possibility of bleeding.
- You should avoid bending, stooping, straining, lifting anything greater than 10 pounds, stair climbing, and any other strenuous exercise for two weeks. Walking is allowed but do not over do it. Avoid running or "pounding" type exercises for one month. These might dislodge the surgical repair.
- Do not blow your nose for at least ten days. When you sneeze try to direct the force out your mouth. Gentle sniffs backwards will help clear the drainage.

Postoperative diet

Initially drink liquids until the postoperative nausea has resolved. Broths are good. Then advance your diet to regular foods. Liquids are important to maintain your hydration level and to ensure rapid healing without complications. Your upper lip and upper front teeth may feel numb due to numbing the nerves in the floor of your nose. This is rarely permanent but may take several weeks to go away.

Post-operative appointment

A post-op appointment is necessary following surgery. Your post-op appointment will be scheduled at the time surgery is scheduled. If your post-op appointment has not been scheduled, call the office to do so.