

# **Patient Information**

## **Septoplasty and Turbinectomy**

### **What is a septoplasty and turbinectomy?**

This operation is performed to treat a chronically blocked nose. Your surgeon will have assessed the cause to be due to a bend in the nasal septum (plate of bone and cartilage separating your left from right nostril), and or due to enlarged turbinates. Occasionally this procedure is undertaken as a part of sleep apnoea surgery to improve the nasal airway or to allow you to use your CPAP mask and sometimes it is done to allow access to structures deeper within the nose such as polyps or the sinuses.

### **What is the operation like?**

You will be admitted on the day of your surgery and will stay overnight in hospital. Before the operation you will see a member of the surgical team and the anaesthetist. The operation is performed with you asleep under a general anaesthetic for approximately 30 minutes to 1 hour. For the septoplasty, a small cut is made on the inside of your nose on the septum and any bent or obstructing bone/cartilage is removed or straightened. The reconstructed nasal septum is secured with internal stitches. The stitches used inside the nose are designed to dissolve on their own over a few weeks when the nose lining has healed. The turbinates (“air-conditioning fins of the nose”) may be trimmed to reduce their size.

You will wake up in the recovery room usually with some packing in the nose to prevent early post-operative bleeding. The nose is not usually very painful. After an overnight stay you will be reviewed by the surgical team in the morning and any non-dissolving nasal packing is removed (uncomfortable for a few seconds). Specific discharge instructions and postoperative appointments will be included in your discharge pack. Discharge medications will be supplied by the ward pharmacist. Medications vary but will include pain relief tablets, antibiotic tablets in some instances, and usually a saline nasal rinse to help ease the degree of crusting in the nose. Please follow the directions from the pharmacist.

### **What is the recovery like?**

This is generally not a very painful operation from which to recover. For the first few weeks your nose will feel quite blocked and you will have increased mucus and some dried blood in the nose. Saline rinses may be recommended. The front of the nose may be tender from the small dissolvable sutures just inside the nostril. It is important to follow the prescribed rest period at home. Vigorous exercise should be avoided for at least 2 weeks. You may need up to 2 weeks off work (a medical certificate will be supplied if needed). By approximately 6 weeks after the surgery your nose should have healed.

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### What can go wrong?

The surgery is usually safe and uncomplicated however it is important that you are aware of the risks of the procedure.

**General complications** such as nausea, vomiting, sore throat and drowsiness uncommonly occur and usually resolve in the first 48 hours. Anaesthetic complications are very rare (specific information can be provided by the anaesthetic department or your anaesthetic doctor).

### Specific problems:

- **Bleeding** - can occur occasionally and, if severe, a nasal pack will need to be reinserted to stop bleeding.
- **Infection** - can occur in the skin or mucosa of the nose or the septum. If you have any pus-like discharge, fevers or are concerned about infection please report this to the surgical team.
- **Numbness** - around the nasal tip or front teeth is usually only temporary but can persist.
- **Nasal Adhesion** - (where the turbinate heals to the septum) – can be checked for and dealt with at your review appointment. Incidence of <5%
- **Septal Perforation** - (a hole in the nasal septum between the left and right side) is often asymptomatic or can lead to crusting and intermittent small volume nose bleeds. There are ways of dealing with this complication, sometimes with another operation, if it occurs and is a problem. Incidence of < 2%
- **Change in external appearance of the nose** - Incidence of <1%
- **No improvement in Nasal Air flow** - Incidence of 5%

### Discharge Instructions:

#### DO

- Keep well hydrated
- Take regular analgesia (paracetamol, oxynorm)
- Use nasal sprays and lubricants if prescribed
- Rest adequately & avoid excessive exertion
- Attend your review appointment

#### DO NOT

- Aggressively blow the nose
- Pick your nose

### How to get help:

If you are concerned about your recovery, you can contact the ENT surgical team through the hospital switchboard on 9496 5000 or present to your GP or Emergency department for help. In an emergency call 000.