HELENA EAR, NOSE & THROAT CLINIC
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Dr. Pargot Dr. Sanders

A **Septoplasty** is done to straighten/correct the septum or the center wall in the nose that divides the left from the right side of the nose. It is usually done to correct nasal obstruction, snoring, sleep apnea, sinus drainage, chronic crusting and ulcerations in the nose, chronic nose bleeds, etc.

The incision is made inside the nose and there are no external scars. The nose will be very congested and there may be clear mucus and sometimes crusting after surgery. This is relieved by using saline nasal spray and saline gel as well as Afrin nasal spray the first week. **If you have packing in your nose, it will be removed the following day in the office. If stents are placed, they will be removed in the office 7-10 days following your surgery date.**

It is common to feel numbness in the upper incisor teeth and adjacent palate because delicate nerve endings between the palate and floor of the nose may need to be transected. The numbness is temporary and short lived.

Submucous reduction of the inferior turbinates: The nasal turbinates are large important structures in the nasal airway. Attention to the turbinates and correctly dealing with them can be the difference between success and failure in nasal surgery. The procedure is done by passing a small probe, like a wire, under the surface of the turbinate. On the tip of the wire is an electrode that in conjunction with a very special frequency and voltage of electricity, forms a sodium ion plasma from the electrolytes in your tissues. This plasma cloud acts to vaporize tissues and coagulate vessels. It accomplishes this with less heat than standard cauterization techniques that have been used for decades. There is very little discomfort and the results may be seen in just a week or two.

Before Surgery:

- Nothing to eat or drink, including water, after midnight the night before surgery.
- All forms of aspirin should be stopped two weeks before surgery. This includes Bufferin, Anacin, Excedrin, and Alka-Seltzer.
- All Ibuprofen (Motrin, Advil) and Naproxen (Alieve) products should be stopped one week prior to the surgery.
- Anticoagulants (blood thinners) usually need to be stopped several days before surgery. Oral medications may need to be replaced with injected or intravenous (IV) medications. It is extremely important that both your surgeon and your physician (who has ordered the anticoagulants) discuss the optimum timing for stopping these medicines. Please be aware that many drugs and herbal products may be anticoagulants (blood thinners) although they are not used for that purpose.
- Tylenol (acetaminophen) can be used.

- The Hospital or Ambulatory Surgery Center will contact you about any prescription medication you might be taking. They will also inform you of what time they would like you to arrive for your surgery.

SEPTOPLASTY and/or Submucous reduction is performed under general anesthesia in the operating room usually on an outpatient surgery basis. It is sometimes done under local anesthesia with sedation. Nothing should be taken by mouth (including water) the night before surgery after midnight. After surgery, time is spent in the recovery room (usually 45 minutes to an hour or more) followed by several hours in the outpatient surgery area. Family members are allowed in the waiting room but not in the recovery room.

POST-OPERATIVE INSTRUCTIONS

ACTIVITY: Do not blow your nose until after your first post-operative visit. Also, if you have to sneeze or cough, do so with your mouth open. No bending, pushing, or lifting over 20#'s, or straining should be done.

PAIN/CONGESTION: Pain and congestion often go together. Nasal saline/salt water should be used 4-6 times a day, 2-4 sprays in each side of the nose. There are various brand names from which to choose. Also, saline gel such as Ayr Gel provides relief. These products can essentially be used as often as needed. In addition, Afrin nasal spray is effective for nasal congestion and headache. Afrin may be used 2-4 times a day for the first 3 days. Decongestants (not antihistamines) may also provide relief from nasal congestion. For pain, the prescription pain medicine prescribed to you or Tylenol may be used (no aspirin or NSAIDs). Also, an ice pack or bag of crushed ice helps significantly with the post-op discomfort. If the pain becomes intense and/or swelling occurs inside the nose or upper lip, contact the office or physician on call immediately.

DIET: There are no specific diet restrictions related to this procedure. If there is mild nausea post-operatively, the diet should be adjusted accordingly. If nausea persists, please contact the office

BLEEDING: It is not unusual to have some dripping of blood from the nose the first couple of days. Serious bleeding is unusual, but if it does occur, contact the office or the physician on call immediately. **Nosebleed care**

- **Sit upright and lean forward.** By remaining upright, you reduce blood pressure in the veins of your nose. This discourages further bleeding. Sitting forward will help you avoid swallowing blood, which can irritate your stomach.
- **Pinch your nose.** Use your thumb and index finger to pinch your nostrils shut. Breathe through your mouth. Continue to pinch for five to 10 minutes. Pinching sends pressure to the bleeding point on the nasal septum and often stops the flow of blood.
- **To prevent re-bleeding,** don't pick or blow your nose and don't bend down for several hours after the bleeding episode. During this time remember to keep your head higher than the level of your heart.
- **If re-bleeding occurs,** blow out forcefully to clear your nose of blood clots and spray both sides of your nose with a decongestant nasal spray containing oxymetazoline (Afrin, Mucinex Moisture Smart, others). Pinch your nose again as described above and call your doctor

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RISKS/COMPLICATIONS OF SURGERY: *SEPTOPLASTY*

The following are possible complications and risks associated with this procedure. As with any operative procedure, there is a possibility of unforeseen complications and general anesthesia risks in addition to those listed.

- Hematoma: A hematoma (collection of blood) in the septum rarely occurs after septal surgery. If it occurs, it will be necessary to drain it and remove the clot. This may be done either in the office or in the operating room. The hematoma may deprive the septal cartilage of its blood supply and cause loss of cartilage and nasal deformity.

- Bleeding: Significant nasal bleeding after septal surgery is also a rare occurrence. If it does occur, packing may be required; and less likely: reoperation.

- Infection: Infection in the nose after surgery is infrequent. Usually, it is treated effectively with antibiotics.

- Septal Perforation: Occasionally a hole in the septum may develop post-operatively. This may be caused by infection, hematoma, or poor healing of the tissue. Healing may be significantly delayed or permanently compromised if you smoke. If the hole is near the front of the nose, you may develop whistling and crusting in the nose. If it is toward the back of the nose, it is usually not symptomatic. Treatment for this is usually good nasal hygiene and keeping the nose moist. There are also septal buttons which can be placed either in the office or in the operating room. Surgical closure may be attempted in certain cases.

- Nasal Obstructions: After the normal post-operative swelling has resolved, occasionally nasal obstruction may persist to some degree. This may result from mucosal scar bands that need to be released in the office, turbinate swelling, allergies, or infection. Also it can result from septal cartilage bending to some degree, caused by pulling of the surrounding tissues of the nose on the pliable cartilage during the healing process.

- Anosmia: The alteration or the loss of smell after surgery has been reported but is rare.

If you have read this completely and agree to proceed with surgery, please place your signature below.

Patient or Legal Guardian_____

Date_____

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