

Patient Education Literature

We recommend that you read this handout carefully in order to prepare yourself or family members for the proposed procedure. In doing so, you will benefit both the outcome and safety of the procedure. ***If you still have any questions or concerns, we strongly encourage you to contact our office prior to your procedure so that we may clarify any pertinent issues. An educated patient is the best patient.***

Septoplasty

Definition

Septo = relating to the septum

-plasty = a surgical procedure for the repair, restoration, or replacement (as by a prosthesis) of a part of the body

This procedure involves moving or removing portions of bone and/or cartilage that separates the two sides of the nose.

Purpose of Procedure

The reason for this procedure is to improve breathing through your nose.

Preparation

As with any procedure in which anesthesia is administered, you will be asked not to eat or drink anything after midnight on the evening prior to your surgery. If you are on medications that must be taken, you will have discussed this with us and/or the anesthesiologist and instructions will have been given to you. The procedure will not be performed if you are currently taking, or have recently taken any medication that may interfere with your ability to clot your blood (blood thinners, aspirin, anti-inflammatory medicines, etc...). ***Please refer to the attached list and tell us if you took any of these within the past 10 days.*** If your new medication is not on the list, alert us immediately so that we may ensure optimal procedure safety. We will have reviewed all of your current medications with you during the pre-operative consultation. You are obligated to inform us if anything has changed (medication or otherwise) since your previous visit.

Procedure

This procedure involves making an incision just inside the nose on the middle partition of the nose, or septum. Before the incision is made, packing moistened with an anesthetic solution is placed in the nose. Local anesthetic is also injected into the septum, the tissue surrounding the septum, and through the roof of the mouth to help control bleeding and immediate post-operative discomfort. The soft tissue overlying the septum is then separated from the cartilage and bone. This exposes the damaged portion of the septum. Any pieces that are out of place or causing obstruction are either restored to their normal position or removed. A temporary drainage site is created in the soft tissue on one side of the nose to prevent blood accumulation in the operative site. The incision is closed with suture material and some form of packing is usually required.

Post Procedure

Following this procedure ice packs may be used to reduce the swelling and chances of bleeding. Discomfort will be managed with pain medication. If packing is used, it is usually removed within two to three days after the operation. Strenuous activity, lifting, and blowing your nose are not allowed for two weeks. Temporary use of over-the-counter nose sprays may be recommended. Antibiotics may be

prescribed. Post-operative pain medications may include a codeine type medication that may cause drowsiness. Operation of motor vehicles or machinery is not allowed while using this medication. Returning to work or school can occur as soon as pain medication is no longer needed during the day.

Expectations of Outcome

This procedure should allow air to pass more freely through both sides of the nose. It is not expected to replace the need for allergy medications if they were previously required.

Possible Complications of the Procedure

This is a safe procedure, however, there are uncommon risks that may be associated with it. While we have discussed these and possibly others in your consultation, we would like you to have a list so that you may ask questions if you are still concerned. It is important that every patient be made aware of possible outcomes that may include, but are not limited to:

- Anesthesia complications: There is always a small risk with general anesthesia. This risk is increased if there is any family history of trouble with anesthesia. The risks can range from nausea and vomiting to very rare life threatening problems. You can discuss any questions with your anesthesiologist.
- Bleeding
- Infection
- A hole in the septum that doesn't heal
- An accumulation of blood in between the layers of the septum
- Persistence, recurrence, or worsening of the obstruction
- Perforation of nasal septum with dryness and crusting
- A change in the outer appearance of the nose may also occur

We provide this literature for patients and family members. It is intended to be an educational supplement that highlights some of the important points of what we have previously discussed in the office. Alternative treatments, the purpose of the procedure/surgery, and the points in this handout have been covered in our face-to-face consultation(s).