

# Septoplasty and Submucous Resection Inferior Turbinates

## Information Brochure

Please keep this as a reference for after surgery

### **About the Nasal Septum and Inferior Turbinates:**

The nasal septum is a thin, usually flat structure made of cartilage and bone that separates the nose into its two sides. This structure can be deviated (crooked) and cause difficulty breathing through one or both sides of the nose. The cause of this deviation is often trauma to the nose, sometimes in childhood. Newborn babies often experience nasal trauma from the birth process and this is a possible cause of septal deviation later in life.

There are three turbinates on each side of the nose that function to warm and humidify inspired air. The inferior turbinate is closest to the floor of the nose and can enlarge and, like a septal deviation, cause difficulty breathing through the nose.

### **What is Septoplasty:**

This is a surgery that straightens the septum and improves nasal breathing. A surgical incision, which is not visible externally, is made in the interior of the nose, usually on the left side. The bone and cartilage of the nose is then altered in order to straighten the septum. The support of the nose is not altered and no external changes of the nose occur.

### **What is Submucous Resection Inferior Turbinates:**

This is a surgery that decreases the size of the inferior turbinates. It is often combined with septoplasty to improve nasal breathing.

### **Indication:**

This surgery is most often necessary when a septal deviation and/or inferior turbinate enlargement cause difficulty breathing through the nose. Other reasons include straightening the septum to improve drainage from the sinuses, as a surgical approach to the sinuses, to prevent recurrent nosebleeds, to relieve facial pain, and in conjunction with cosmetic surgery on the external nose (septorhinoplasty).

### **Prior to Surgery:**

The doctor's examination determines if a septal deviation and/or inferior turbinate enlargement is present. Usually medicines that treat allergies or sinus infections are first tried to potentially improve nasal breathing. If this treatment does not work, then surgery is recommended.

Once the decision is made for surgery, a date will be arranged for the procedure. In most cases the surgery can be performed on an outpatient basis with discharge from the surgery facility on the same day.

### **Risks and Complications:**

This type of surgery is usually safe and is not often associated with complications. The chance of infection is usually low and severe bleeding is uncommon. There is a possibility of no noticeable improvement in nasal breathing, but generally some improvement will be accomplished. Rarely, a perforation or hole in the septum can occur and would give signs of dryness, crusting and

occasionally a whistling sound with breathing. Again, this is not common. The current surgical technique maximally preserves the cartilage of the septum; therefore, an external deformity of the nose is also rare.

**After Surgery:**

The nasal packing placed during surgery is dissolvable and does not need to be removed. An initial follow-up appointment will be scheduled 5-7 days after surgery to remove the septal splints (plastic splints placed on each side of the septum during surgery). This causes very minimal discomfort. Additional follow-up appointments will be scheduled over the next 2-6 weeks. For a few weeks after surgery, it is common to experience a small amount of bloody drainage and crusts from the nose.

A saline spray such as Ocean nasal spray or Ayr saline spray should be instilled into the nose several times per day for 3-4 weeks after surgery. To lessen nasal congestion, instill two sprays of Afrin nasal spray into the nose several times per day for a few days after surgery. **DO NOT BLOW YOUR NOSE** for 2 weeks after surgery, instead just “sniff in.”

If you have any problems or questions, please call the office at (806) 791-0188.