NHS
Royal Cornwall Hospitals
NHS Trust

Septoplasty and/or reduction of inferior turbinates

affix patient label

What is a septoplasty?

A septoplasty involves straightening the wall that separates the inside of the nose into right and left to improve breathing. The nasal septum is made of cartilage and bone and can be bent due to previous trauma or may have grown in this way naturally. There are fleshy turbinates (pieces of tissue from side wall of nose) that lie on either side of the septum that often overgrow in size and contribute to the blockage. During a septoplasty these may be reduced in size and moved away from the septum to improve breathing.

Why do I need this procedure?

If you have nasal obstruction because of the shape of your septum then a septoplasty should improve this. This operation may also be done to improve access to the rest of your nasal cavity as part of another procedure.

Are there any alternatives?

Nasal steroid sprays may improve breathing if there is inflammation and swelling inside the nose. However, if the blockage is due to a bent septum then only surgery to correct this will improve your breathing.

How do I prepare for it?

Do **not** eat anything for at least **6 hours** before your operation. This is to make sure your stomach is empty when you have your anaesthetic. Drinks containing fats (e.g. tea or coffee with milk) and sweets all count as food. You **can** drink water or a drink without fats in it (e.g. black coffee) until **2 hours** before your operation. You may also have small sips of water to take tablets. There is a hospital leaflet about having an anaesthetic. Ask the staff for a copy if you would like one.

Patient copy

You will be given a general anaesthetic during the operation which will keep you asleep. The anaesthetist will come and see you before your operation to discuss this with you. You will be able to ask them any questions you may have about the anaesthetic.

A member of the surgical team will also see you on the ward. This is usually the surgeon that will perform your operation. Feel free to ask any questions you have about the operation or what will happen afterwards. The surgeon may examine you again. They will also check that the consent form has been completed and signed.

What does it involve?

You will be asleep under a general anaesthetic and the operation takes from 30 to 45 minutes. All the incisions are made from inside your nose so you should not see any external scars on your skin. The septum is straightened by excision (removal) and/or re-modelling the parts of the cartilage and bone that are bent. To hold the cartilage in place self-absorbable stitches are placed on the inside of the nose. These do not need to be removed. Sometimes two plastic splints are sutured (stitched) on either side of your septum, which will need removing after one week following your operation. The surgeon will inform you if this has been done. Please do not remove them by yourself. The fleshy turbinates that lie on either side of your septum are reduced by heat generated from electro-cautery (heat-based treatment). These turbinates may also be manipulated to create extra space for breathing. At the end of the operation the surgeon may place two sponge packs to hold things in place and to prevent bleeding. These will be removed a few hours after waking up from the general anaesthetic.

Please be aware that a surgeon other than the consultant, but with appropriate training or supervision, may perform your operation.

© RCHT Design & Publications 2019

RCHT1944 V4
Revised 11/2024 Review due 11/2027

What happens afterwards?

You will usually go home on the same day. You may be kept in overnight if there are medical reasons for doing so or if you had the operation late in the afternoon. Your nose may feel blocked for a few weeks following the operation. To speed up recovery and reduce crusting, you may be given saline nasal rinses to use regularly three times a day.

The absorbable stitches on the inside of your nose may fall out on their own. To reduce the risk of bleeding, please do not blow your nose for a week after the operation. If you need to sneeze then do this through your mouth. It is normal to get a blood stained discharge from both nostrils for up to two weeks following the operation, but if there is any bright red bleeding or large clots you should seek medical attention. You are advised to refrain from work for two weeks to allow for healing. Sports are best avoided for three weeks afterwards. To prevent the risk of infection, avoid dusty environments and people who have a cold or cough.

Are there any risks or complications?

Septoplasty is a safe operation but as with all procedures there are risks, including:

Common:

- **Nasal obstruction.**
- **Crusting and dry blood:** Nasal saline irrigation helps to reduce this. Most symptoms related to crusting should clear within one to two months.
- **Failure of treatment:** Cartilage has memory, and occasionally the cartilage may revert to its previous bent position. This may cause recurrence of the symptoms of nasal obstruction.
- **Bleeding:** Bleeding may occur directly after the operation, or may happen 5 to 10 days post-operatively. Most bleeds settle on their own, however, rarely a second general anaesthetic may be required to stop a nasal bleed. It is common to have blood stained discharge after the operation that settles in one to two weeks. **It is important to stop any blood thinning medications such as aspirin or clopidogrel – please inform the pre-assessment team of your medication and they will advise you appropriately.**
- **Infection:** An infection may cause a smelly green nasal discharge and this needs to be treated with antibiotics. If there is increasing pain and nasal blockage, contact the surgeon **urgently** as this may signify a more serious infection. Unless treated, this may cause extensive damage to the cartilage and result in a deformity of your nose. Treatment will be advised by the surgical team and on rare occasions may require a further general anaesthetic.

Less common:

- **Septal perforation:** A perforation (hole) in the septum may not cause any symptoms at all if it is located in the back part of the septum. Perforations at the front of the nasal septum may cause whistling, crusting, and nose bleeds.
- **Change in nose shape:** The septum gives structural strength to the external nose and rarely, if extensive cartilage needed to be removed to straighten the septum, the shape of your nose may change slightly. In most cases this is not very noticeable.
- **Reduced sense of smell:** One of the functions of the nose is olfaction (sense of smell). Very rarely following a septoplasty your sense of smell may be reduced.
- **Numbness:** Rarely, there may be numbness of the upper teeth, lips and gums following septoplasty due to a nerve that runs close to the septum that may may be bruised. This usually settles within a few months, but may last longer.
- **Risk from the anaesthetic:** The risk to a healthy patient of problems arising from an anaesthetic is very small. However each year in the UK several healthy people will die or suffer serious heart, lung or brain injury following an anaesthetic. This can be from problems or mistakes made during the anaesthetic or because of patient health problems. We will always take every possible step to keep you safe during your operation.

Patient copy

Contact us

If you have any administrative queries, please contact your consultant's secretary via the hospital switchboard on 01872 250000.

If you have any post-operative issues, please contact Wheal Coates Ward: 01872 256340 / 252828.

Patient copy

If you would like this leaflet in large print, Braille, audio version or in another language, please contact the General Office on 01872 252690