NHS
Royal Cornwall Hospitals
NHS Trust

Septorhinoplasty

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What is a septorhinoplasty?

The nasal septum is a thin piece of cartilage and bone inside your nose between the left and right nasal passages. In some people this septum is bent into one or both sides of the nose, which can lead to blockage. This may be due to an injury to the nose, or sometimes it just grows that way. This can be straightened as part of this operation by removing parts of the bent cartilage or bone. The nasal bones make up the top part of the external nose and can contribute to a septal deviation. If nasal bones are deviated, this may require straightening in order to improve the nasal airway.

A septorhinoplasty is a combination of a septoplasty and rhinoplasty procedures. A septoplasty is a procedure to straighten the nasal septum. A rhinoplasty is a procedure to correct the shape of the nose.

Why do I need this?

The aim of this operation is to improve nasal breathing. The shape of your nose may contribute to nasal obstruction, so improving the shape of the nose is a part of this procedure. Sometimes the shape of the nose is deviated due to previous trauma. This operation can also be done to straighten the nose for this reason.

Are there any alternatives?

If you have a blocked nose only caused by a deviated septum, you may be able to have septoplasty surgery in isolation.

A rhinoplasty is the only way to change the appearance of your nose. If you have a blocked nose because your nasal bones are crooked or damaged, a rhinoplasty at the same time as a septoplasty can be performed to improve the way you breathe.

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What happens before the procedure?

The procedure is performed under general anaesthesia. You will usually need to attend a face to face or telephone pre-assessment clinic before your operation. You may have some routine blood tests and a heart trace (ECG). You will also be screened for MRSA. **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.

You will be asked not to eat anything for **6 hours** prior to coming into hospital (including chewing gum, mints, milk, yogurt etc) and be asked not to have anything to drink except water for **2 hours** prior to coming into hospital. There is a hospital leaflet about having an anaesthetic. Ask the staff for a copy if you would like one.

On the day of the operation, the anaesthetist will come and see you before the operation to discuss the anaesthetic with you. You will be able to ask them any questions you may have about the anaesthetic. A member of the surgical team that will perform your operation will also see you. 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.

Despite our best efforts to perform your operation on the day as planned, we have no control over bed availability in the hospital. Occasionally, we may not be able to perform the operation on the date and time planned, and this may not be apparent until a patient has already arrived at the hospital – please be prepared for all eventualities.

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What happens during the procedure?

Septorhinoplasty usually takes between 2-3 hours and is performed under general anaesthesia (you will be asleep). During the procedure, your surgeon will make an incision to either the inside or outside of your nose, and make adjustments and repairs to the parts of cartilage or bone to improve your breathing and alter the appearance of your nose. What you hope to gain from surgery will be discussed and agreed upon with your surgeon prior to your procedure.

What happens afterwards?

- You will be seen by either the surgeon or another member of the team who will explain how the operation has gone. You should be able to go home the same day.
- You will have a nasal splint over your nose to protect it. This will usually be removed in clinic by your surgeon after one week. If it falls off beforehand, please replace it and stick it down with Micropore tape, which can be obtained from any pharmacy.
- If you have had any sutures (stitches) in the skin of your nose these will be removed by the surgeon at one week.
- If you have had a nasal splint inserted into your nose this will be secured with a suture (stitch) which will be removed in clinic at one week.
- You may have some dissolvable sutures inside your nose.
- You will need to stay off work and away from groups of people for two weeks. This is to avoid catching a cold, which could result in an infection.

You will also need to avoid:

- strenuous activity, hot baths or bending down for two weeks, as this may trigger a nose bleed
- sports for three weeks, to prevent knocks to the nose whilst healing.

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Are there any risks or complications?

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

General risks

Anaesthetic – the general risk to a healthy patient of problems arising from an anaesthetic is very small, but serious general medical conditions do occur, despite best efforts to prevent them, such as thromboembolic events (eg blood clots of legs, lungs, brain) and other heart, lung and neurological conditions. The risk of death for a healthy person having non-emergency surgery is not known exactly but is thought to be 1 in 100,000. Risks are higher for those with existing medical problems. We will always take every possible step to keep you safe during your operation.

Risks specific to septorhinoplasty

Common

- **Pain** – this can be managed with pain killers.
- **Bruising** – there may be temporary bruising around the eyes and nose.
- **Nasal obstruction** – this is to be expected after the operation due to blood clots, tissue swelling and sometimes temporary packs inside the nose. This is usually temporary.
- **Crusting and dry blood** – nasal saline irrigation helps to reduce this. Most symptoms related to crusting should clear within one to two months.
- **Bleeding** – this may occur directly after the operation, or may happen 5 to 10 days post-operatively. Most bleeds settle on their own, however, rarely a packing of the nose is needed to stop it. It is common to have blood stained discharge after the operation that settles in one to two weeks.

- **Infection** – this may cause a smelly green nasal discharge and needs to be treated with antibiotics. If there is increasing pain and nasal blockage, seek medical attention 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.
- **Graft failure** – sometimes cartilage grafts are taken from other areas of the body such as the ear to reinforce the nasal structure. The graft may be rejected by the body and there may be problems at the donor site such as infections.
- **Scar / skin changes** – there may be a few small scars on the side and underneath of the nose. This should fade with time. Very rarely abnormal healing occurs with thickened scar formation. It is very difficult to predict who may be affected by this, but a previous history of poor scar healing should be discussed with your surgeon. Some patients may have some skin discolouration, particularly with sun exposure.
- **Adhesion formation** – this is scar tissue forming inside the nose, which could lead to nasal obstruction and require further surgery.
- **Persistence or recurrence of the original problem** – there is always a small risk that the procedure fails to improve nasal obstruction or improve the cosmetic outcome of the nose.
- **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 be bruised. This usually settles within a few months, but may last longer.

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Will I need any follow up?

You will be seen in clinic after the operation. Your surgeon will update you on your follow up schedule.

What should I look out for?

- **Bleeding** – if you have any significant bleeding from the front of your nose that does not stop with simple first aid measures (pressure on the front, soft part of the nose), you should attend the Emergency Department for review.
- **Infection** – this can occasionally develop after surgery in the nose and can present with symptoms of worsening pain and swelling of the skin of the nose as well as pus-like discharge from the nasal passages and nasal blockage. If this is the case please contact your GP or attend the Emergency Department.
- **Nasal trauma** – if the nasal bones have been fractured as part of your operation they may remain mobile for up to three weeks. If you suffer any nasal trauma in the first few weeks after your operation this could affect the final outcome. Please contact your consultant's secretary urgently if this occurs.

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.

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