

Septoplasty

This leaflet explains more about septoplasty, including the benefits, risks and any alternatives and what you can expect when you come to hospital.

If you have any further questions, please speak to a doctor or nurse caring for you.

What is a septoplasty?

The partition between the nostrils in the middle of your nose is a thin piece of cartilage and bone called the nasal septum. In some people, the septum is deviated (bent) to one side and as a result, the nasal airway is narrower on one side than the other. When a septal deviation is severe, the patient may feel that it is consistently more difficult to breathe through one nostril. Sometimes this can happen after an injury but often there is no obvious cause.

A septoplasty is an operation performed to make the nasal septum straighter. It aims to improve your ability to breathe through your nose by making both nasal airways the same size.

Why have a septoplasty?

If you have a blocked nose (usually more on one side) because of a deviated septum, this operation can help you to breathe more easily through your nose.

It is important to remember that not all nasal blockage is caused by a deviated septum. Most people do have a small deviation of the nasal septum but most of the time this does not cause any symptoms. Patients with mild deviations of the septum generally do not require a septoplasty and in these cases, any nasal blockage may be due to a different problem. If your symptoms change over time or affect both sides of the nose equally, it is less likely that a septoplasty will help you, even if you do have a small deviation of the septum. Your doctor will examine you in order to determine the reasons for the symptoms you are experiencing.

What are the risks?

Septoplasty is generally straightforward, but every operation has some risks. Your surgeon will let you know about the likelihood of problems in your case before you give your consent to your operation. The risks of septoplasty include:

- A small amount of bleeding after septoplasty is normal. Rarely, your nose may bleed more significantly after the operation and we may need to insert packs to stop it.
- In a few cases, blood can collect under the lining of the septum (a septal haematoma). Patients with a septal haematoma generally experience a sudden increase in their nasal blockage, often with pain. If this happens it needs to be drained urgently and you should attend your nearest A&E.
- Infection is very rare after this operation but if it happens it can be serious. If your nose is becoming more painful, blocked or red, get in contact or attend your nearest A&E.
- Rarely, the operation may cause a hole in your septum, called a septal perforation. A perforation often will not cause significant symptoms. Sometimes, a perforation can

cause crusting, whistling, bleeding or a sensation of nasal blockage. A very small number of patients requires further treatment because of this.

- Septoplasty does not aim to alter the shape of your nose. However, because the septum supports the bridge of your nose, a few patients find that the shape of their nose changes slightly after septoplasty. This can include a small dip above the nasal tip or between the nostrils. It is rare for these changes to be severe but if you are concerned, it is possible to address this with further surgery.
- There is a very small chance that the operation may affect your sense of smell.
- You may experience some numbness of the nose, top lip or top teeth and this should improve with time.

Are there any alternatives?

A deviated septum does you no harm, so you can leave it unchanged if you want to. Only you can decide if it is causing you enough concern so that you would like it straightened.

Only an operation can fix a deviated septum. However, if there are other problems with your nose such as inflammation (e.g. rhinitis), this can be treated with medications, which may also improve your symptoms.

How can I prepare for a septoplasty?

You will be given an appointment date to attend pre-assessment clinic. This is to ensure that you are fit enough to have the anaesthetic and the surgery.

The nurse will check your general health and may have to carry out further tests. The nurse will also give you verbal and written fasting instructions and inform you about the medication you should or should not take prior to your procedure.

Asking for your consent

It is important that you feel involved in decisions about your care. You will be asked to sign a consent form to say that you agree to have the treatment and understand what it involves. You can withdraw your consent at any time, even if you have said “yes” previously. If you would like more details about our consent process, please ask for a copy of our policy.

What happens during septoplasty?

Septoplasty usually takes between 30 and 60 minutes and is performed under a general anaesthetic (i.e. you will be asleep). It is all done inside your nose so there will be no scars on your face. The surgeon makes a cut inside your nose and straightens the septum by repositioning or removing small parts of the cartilage and bone. The cut is then closed with dissolvable stitches.

What happens after endoscopic sinus surgery?

The vast majority of patients go home on the same day as their operation.

Nasal packs are rarely used following septoplasty. If packing is required, it will usually be dissolvable.

In some cases, your surgeon may insert soft plastic splints inside your nose after your operation to support the nose and aid healing. These will be taken out in the outpatient clinic after about a week.

What do I need to do after I go home?

- You will need to rest at home for at least a week afterwards. If you do heavy lifting and carrying at work, you should take off two weeks. Ask your nurse if you need a sickness note for your employer. You should not play sports for about a month.
- Avoid hot food and drinks as they can increase the chance of bleeding.
- Let baths and showers cool down as these, along with steam, can make you bleed.
- Do not blow your nose for the first 48 hours. After this you can blow your nose gently one side at a time.
- Do not bend over or lift anything heavy.
- If you need to sneeze, do so with your mouth open to prevent your nose from starting to bleed.
- Avoid congested, smoky areas and being around people with coughs, colds and flu.
- No flying for two weeks after surgery.

Can I exercise normally after septoplasty?

- Exercise is a good way of getting back to normal after an operation. However, in the first few weeks after a nasal operation, too much exertion can cause bleeding.
- We recommend limiting exercise to gentle walking only in the first one to two weeks.
- In the third and fourth weeks after surgery, you can resume gentle cardiovascular exercise such as running, walking, cycling or using elliptical/cross-training equipment. However, you should **avoid** lifting weights, doing yoga or Pilates, heavy cardiovascular exercise or swimming during this time.
- After four weeks, you can resume any form of exercise.

What is/is not normal after my operation?

NORMAL - You may experience this after surgery.

- **Your throat** will be slightly sore for a few days after the operation.
- **You will have some blood-stained discharge** from your nose for the first two weeks. This is normal and will resolve itself.
- **You will have crust and dark blood-stained crust in the nose.** The crust will gradually fall off and after a few days you can clean the area with a clean cotton bud.

- **Your nose will be uncomfortable and blocked**, like having a heavy cold, for 10 to 14 days after the operation. You may get a dry mouth; take sips of water regularly to help with this.
- **You may have some aching in your face or some headaches.** This usually improves with paracetamol. Ensure you are well-hydrated and avoid excessive caffeine.

CAUTION - Please go to your GP or call the ward for advice

- **Increase in pain.** If, despite taking all your medication regularly, you are still in a lot of pain, you need to ring your GP practice and arrange an appointment. The hospital will no longer supply medication once you have been discharged.

EMERGENCY

- **If your nose becomes significantly more painful or blocked** or there is increasing redness of the skin, seek urgent medical attention.
- **If you have heavy bleeding**, pinch the lower part of your nose for 10 minutes whilst sitting upright and tilt your head forward. It will also help to apply ice to the back of your neck and forehead. Sucking ice also helps. **If the bleeding does not stop within 20 minutes, please call an ambulance.**

Will I have a follow-up appointment?

Patients are usually seen again in clinic approximately six weeks after their operation, often at the same clinic they attended before the operation.

Contact us

If you have questions or concerns, please contact your consultant's medical secretary on 020 8725 2052 or 020 8725 2493 or use the ENT secretarial email address:

stgh-tr.entsecretariesadmin@nhs.net.

If you have more urgent concerns or feel unwell, see your GP, an urgent care service or your nearest Emergency Department.

For more information leaflets on conditions, procedures, treatments and services offered at our hospitals, please visit www.stgeorges.nhs.uk

Additional services

Patient Advice and Liaison Service (PALS)

PALS can offer you on-the-spot advice and information when you have comments or concerns about our services or the care you have received. You can visit the PALS office between 9.30am and 4.30pm, Monday to Friday in the main corridor between Grosvenor and Lanesborough wings (near the lift foyer).

Tel: 020 8725 2453 **Email:** pals@stgeorges.nhs.uk

NHS Choices

NHS Choices provides online information and guidance on all aspects of health and healthcare, to help you make decisions about your health.

Web: www.nhs.uk

NHS 111

You can call 111 when you need medical help fast but it's not a 999 emergency. NHS 111 is available 24 hours a day, 365 days a year. Calls are free from landlines and mobile phones.

Tel: 111

AccessAble

You can download accessibility guides for all of our services by searching 'St George's Hospital' on the AccessAble website (www.accessable.co.uk). The guides are designed to ensure everyone – including those with accessibility needs – can access our hospital and community sites with confidence.



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