EAR, NOSE & THROAT
ALLIANCE
HEARING & BALANCE CENTER

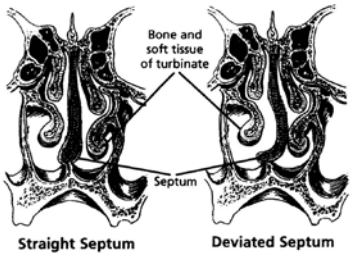
Septoplasty & Turbinate Surgery

Some people need nasal surgery because they have trouble breathing through their noses. This problem is often treated by straightening the nasal septum (septoplasty) or by reducing the size of the turbinates (turbinoplasty) or both.

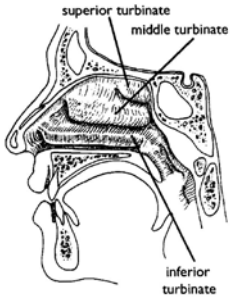
What are the septum and turbinates?

The nostrils are the entrance into two separate narrow, long passageways with a high roof. Each nasal passageway is a triangular space about the size of your palm.

These passageways are divided by a straight, flat wall of cartilage and bone called the septum. The septum can grow unevenly which may cause a bend or spur that interferes with the normal airflow.



The sidewalls of the nasal passageways have three thin, curved bones that are covered by tissue that contains many blood vessels. This tissue acts like a heater and humidifier for the air as it passes through the nose and are called **turbinates.** The size of the turbinates is unconsciously controlled so that they swell on one side at a time and shrink on the other side.

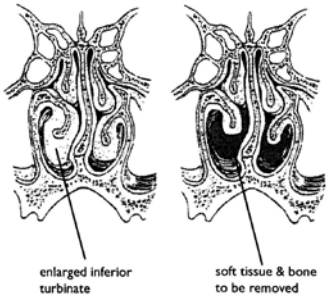


Some people are annoyed by the congestion which shifts from side to side several times a day. Others notice that they get nasal congestion when the lie down because lying down allows more blood to collect in the turbinates. This is also the tissue that shrinks when we use topical decongestants, such as Afrin or NeoSynephrine, or an oral decongestant, such as Sudafed. Overuse of topical decongestants results in even more swelling of the turbinates after the medication has worn off.

Nasal Surgical Procedures

SEPTOPLASTY

To fix a deviated septum, the surgeon trims and removes a small portion of the misshapen cartilage and bone through an incision inside the nose that cannot be easily seen.



TURBINATE SURGERY

In this procedure, a portion of one or both inferior turbinates is cut and removed. An alternative procedure is cauterization of the inferior turbinates. This controlled heat causes shrinking of the turbinate tissue.

Usually the surgery is performed without hospitalization. The surgery is often performed under general anesthesia or with the patient made sleepy and forgetful by some IV medication.

WHAT TO EXPECT

At the end of the operation. Often a small, soft packing inside the nose is left in place to reduce the amount of bleeding. The packing is somewhat uncomfortable because of the pressure and complete blockage of the nose. It is removed in 1-3 days.

There may also be a 2-inch thin piece of plastic that is sutured on either side of the nose which is usually removed at one week. This may add some temporary congestion and crusting. Occasionally patients experience pain, tingling, or numbness of their front teeth for days after a septoplasty.

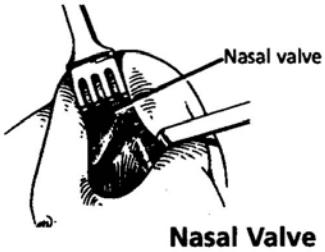
Most patients are given a prescription for antibiotics to prevent an infection which should be taken faithfully after arriving home on the day of surgery and pain medication which needs to be taken only if uncomfortable.

A septoplasty usually does not cause black eyes or facial swelling.

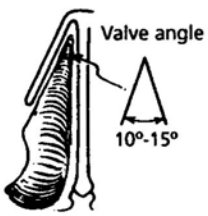
Limitations of surgery

Nasal congestion may persist even after surgery. There are several aspects of nasal anatomy and function which cause nasal obstruction. Your surgeon will try to identify the most important problems, but this judgment is difficult to make correctly in all cases.

An example of this problem is illustrated. The diagram shows the opening between the septum and external nasal cartilages. When some people breathe in this narrow space closes and the nose blocks.. This is called the nasal valve and it is a difficult problem to fix.



Nasal Valve



- Your surgeon will use techniques which attempt to produce a lasting, satisfactory result, but there are aspects of would healing that are unpredictable.
- Nasal surgery cannot cure allergies.
- A septoplasty rarely is an effective treatment for sinusitis, snoring or sleep apnea.
- In general, nasal surgery is ineffective in reducing the amount or thickness or nasal secretions. In other words, it rarely helps postnasal drip or problems with phlegm.

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Risks

Anesthetic Reaction: During any surgical procedure there are certain stresses placed on the patient and a number of medications used. A patient may develop an unexpected reaction, such as an allergy, heart attack, or difficulty breathing.

Instrument Injury: Unintentionally, tissue can be bruised, burned or cut by any one of the many instruments the surgeon uses.

Excessive Bleeding: There is a concentration of blood vessels in the nose. It is normal to have blood oozing from the nose for the first day. Occasionally, patients need attention after a surgical procedure to control heavy or persistent bleeding.

Infection: This might be an infection of the sinuses or septum. Nasal padding does have a risk for toxic shock syndrome. It occurs in less than 1% of cases.

Perforated Septum: A complicated septoplasty has a small risk of healing with a hole in the wall between the nasal passages. In most cases this can be repaired.

Treatment options

Nonsurgical treatments of nasal congestion include a humidifier, a nasal saline (saltwater) spray , and elevation of the head (and lying on one's back). Antihistamines such as Allegra, Claritin or Zyrtec can be effective for people with allergies. Daily use of topical corticosteroids such as Nasonex, Rhinocort , Beconase or Flonase can relieve nasal congestion. Some people may find better long-term success with surgery. Finally, there are mechanical devices: Breathe Right (CNS, Inc., Chanhassen, MN 55317)—a disposable, external nasal dilator, and Nose Brace—a reusable internal nasal dilator which requires ordering and fitting by a physician.