

Nasal Septum Surgery

The nasal septum is the wall dividing the nasal cavity into halves; it is composed of a central supporting skeleton covered on each side by mucous membrane. The front portion of this natural partition is a firm but bendable structure made mostly of cartilage and is covered by skin that has a substantial supply of blood vessels. The ideal nasal septum is exactly midline, separating the left and right sides of the nose into passageways of equal size.

Estimates are that 70 percent of all nasal septums are off-center, a condition that is generally not noticed. A "deviated septum" occurs when the septum is severely shifted away from the midline. The most common symptom from a badly deviated or crooked septum is difficulty breathing through the nose. The symptoms are usually worse on one side, and sometimes actually occur on the side opposite the bend. In some cases the crooked septum can interfere with the drainage of the sinuses, resulting in repeated sinus infections. The shape of your nasal cavity could be the cause of chronic sinusitis.

Indications

Septoplasty is the preferred surgical treatment to correct a deviated septum. This procedure is not generally performed on minors, because the cartilaginous septum grows until around age 18. Septal deviations commonly occur due to nasal trauma.

A deviated septum may cause one or more of the following:

Blockage of one or both nostrils

Nasal congestion, sometimes one-sided

Frequent nosebleeds

Frequent sinus infections

At times, facial pain, headaches, postnasal drip

Noisy breathing during sleep (in infants and young children)

In some cases, a person with a mildly deviated septum has symptoms only when he or she also has a "cold" (an upper respiratory tract infection). In these individuals, the respiratory infection triggers nasal inflammation that temporarily amplifies any mild airflow problems related to the deviated septum. Once the "cold" resolves, and the nasal inflammation subsides, symptoms of a deviated septum often resolve, too.

Anaesthetic

It can be done with a local or a general anesthetic, and is usually done under general anesthesia.

Technique

The nasal septum is a thin piece of cartilage that separates each side of the nose internally. Normally it is straight, however it can be deviated naturally during growth or it may become damaged by an injury to the nose. If the septum is deviated then this may result in a blockage in either one, or both, sides of the nose and breathing through the nose may become difficult. Surgery on the nasal septum involves performing a septoplasty or submucous resection.

A septoplasty is performed to reposition the septum within the nose. A submucous resection removes the most deviated portion of the septum. The purpose of both is to allow more air to enter the nose. The operation is performed entirely within the nose there are no external cuts made to the face. The surgery might be combined with a rhinoplasty, in which case the external appearance of the nose is altered and swelling/bruising of the face is evident. Septoplasty may also be combined with sinus surgery.

The time required for the operation averages about one to one and a half hours, depending on the deviation. After the surgery, nasal packing is inserted to prevent excessive postoperative bleeding. During the surgery, badly deviated portions of the septum may be removed entirely, or they may be readjusted and reinserted into the nose.

If a deviated nasal septum is the sole cause for your chronic sinusitis, relief from this severe disorder will be achieved.

Following the operation, packs are placed in the nose to prevent any bleeding. Occasionally plastic splints are inserted to hold everything in place during the healing process.

Time in hospital

The packs in the nose are normally removed the day following surgery. This will always cause some bleeding, however this should cease within 30 minutes. The day following surgery the patient will be discharged, around 2 hours after the packs are removed.

Post-operative discomfort and time off work

The most uncomfortable period is when the packs are in place, although removal of the packs also causes some discomfort. Simple pain relief will be adequate. Most people require 3 days off work following this type of operation.

Risks and complications

Complications are rare, occasionally the bleeding persists following removal of the packs. If this occurs, repacking of the nose might be required. An infection may develop in the nose following the operation. This will be characterised by increasing pain, a nasal discharge and a temperature; antibiotics may be required. Rarely there is collection of blood in septal flap, called septal hematoma and require its drainage and local repacking.

Outcome

A review in outpatient clinic will be arranged approximately one week following surgery. At this time the splints will be removed, if placed. Follow up will be arranged weekly for approximately 1 month. This allows the area to heal and will give a good indication of the success of the operation.