

Septoplasty and Turbinate Reduction

What is the nasal septum?

The septum is the midline structure in the nose that separates the nose from right and left. Many people have a deviated septum. In lots of people, a deviated septum causes no symptoms. However, in some people, a deviated septum may significantly impair the ability to breathe through the nose.

What are the inferior turbinates?

The inferior turbinates are little bones that are present inside the nose. They can often become enlarged due to inflammation caused by allergies or excess stimulation. Because they tend to take up a significant amount of room in the nose when they are swollen, they can cause nasal obstruction.

How is a septoplasty and turbinate reduction performed?

A small incision is made on the inside of your nose so that we can identify the deviated portions of the septal cartilage. Using special instruments, we are able to remove the portions of the septum that are deviated. Generally, there is no need for incisions on the face—although in very rare instances of severely deviated septums, an external approach may be required. Your doctor will discuss this with you if this is the case.

There are a variety of ways to perform an inferior turbinate reduction. Some doctors prefer to cut a portion of the inferior turbinate away in order to maximize space in the nose. Others prefer to use a special instrument that shrinks the swollen tissue overlying the inferior turbinate bone. Both techniques have been used for many years and produce good results. Again, this is all done through the nose with no incisions on the face.

What is the goal of septoplasty and inferior turbinate reduction?

Generally, the goal of the procedure is to improve your ability to breathe through the nose.

How do I prepare for surgery?

Some patients may require a CT preoperatively to ensure that your sinuses are not contributing to your trouble breathing. Your doctor will discuss this with you if it is necessary.

Depending on your overall health, routine preoperative testing may include blood work, EKG and CXR. Additional testing may be necessary. If testing is performed at another institution, we will need the results here to add to your medical record.

Typically, you will have a preoperative visit shortly before your planned surgery. Pre-operative studies may be scheduled for this day.

In some cases, your physician will prescribe medications for you to take before your surgery. Please start these treatments as directed.

If you have asthma, please continue to take all of your asthma medications, even if your asthma seems under good control.

Of course, please continue to take all of your other medications, unless you are directed not to do so.

Also remember:

- If you are on aspirin, warfarin (Coumadin), anti-platelet drugs (clopidogrel, or Plavix, plus many others) and/or any other blood thinner, be sure to discuss this with your surgeon, who will coordinate with your other physicians and make recommendations for holding these prior to surgery.
- Stop vitamin E supplements as well as herbal remedies 1 week prior to surgery, since these are associated with an increased risk of bleeding.
- If possible, do not smoke for at least 2-3 weeks prior to surgery. Smoking increases the risks of anesthesia, and it may increase the risk of failure of the sinus surgery.
- Do not eat or drink anything after midnight before surgery. If you are taking medications, ask if these can be taken on the morning of surgery. Finally, it is important to schedule your post-operative visits before surgery. These visits are an important part of the surgical plan.

What will happen during surgery?

Most of the time, septoplasty and turbinate reduction is performed under general anesthesia. If local anesthesia with intravenous sedation is an option, your surgeon will discuss this.

The surgery will only begin after the anesthesiologist administers the anesthetic drugs. Your surgeon will proceed as discussed in the office. Of course, intra-operative findings may require adjustments to the surgical plan so that the procedure may be completed to give you the best possible result.

At the end of the surgery, small plastic/silastic stents are often placed inside your nose. Don't worry, they usually cannot be seen unless you look very closely in a mirror. The stents can itch sometimes, but do not generally cause pain. They are important, because they help prevent scar tissue from developing in your nose.

What can I expect after septoplasty?

Some bloody discharge may occur for approximately two weeks after this procedure. This is normal and slowly improves. You should not blow your nose for at least two weeks following surgery.

After surgery, you will receive detailed instructions for your postop care. The details may vary, but in most instances, these measures include nasal irrigations, oral antibiotics and pain medicine.

In addition, routine post-operative office visits are necessary. During these visits, the stents will be removed and the surgical cavity is cleaned and inspected. Early scar tissue may be removed.

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Although complications from the manipulations performed during the post-operative visits are very rare, the theoretical risks are the same as the surgery itself.

Consent for surgery includes consent for post-operative care, since the surgery and post-operative care are so closely related.

What are the risks of septoplasty and turbinate reduction?

Bleeding. Although the risk of bleeding appears to be reduced with this type of surgery, bleeding following surgery could require placement of nasal packing.

Infection. Any surgical procedure carries the risk of post-operative infection. If an infection develops after surgery, antibiotics will be likely be initiated.

Pain/Scarring/Perforation. You can experience numbness of the front teeth or over the lips. This generally resolves slowly over time. It is possible to develop scar tissue, and this may prevent you from having a significant improvement in your nasal breathing. This is one reason why postoperative care is so important. It is also possible to develop a septal perforation after surgery. A septal perforation, which is simply a hole through the septum, may cause nasal obstruction, crusting and bleeding; in some instances, surgical repair of a septal perforation will be necessary. Since the cartilage in the septum has a “memory,” it may shift post-operatively and result in a renewed deviation. There is also a small risk of a change in shape of the nose, loss of sense of smell, and CSF leak. Subtle changes in the sound of your voice are common.

Visual Problems. Although extremely rare, there are occasional reports of visual loss after sinus surgery. Usually, the loss of vision only involves one side and the chance for recovery is not good. Temporary or prolonged double vision has also been reported after sinus surgery.

Cerebrospinal Fluid (CSF) Leak. All operations on the ethmoid, sphenoid, and frontal sinuses carry a small chance of cerebrospinal fluid (CSF) leak. CSF is the fluid that surrounds the brain, and if the barrier that separates the sinuses from the brain space is disrupted (due to disease or due to surgical manipulation), CSF may leak into the nose. If this rare complication occurs, it creates a potential pathway for infection that can spread from the nose and sinuses to the brain. Today, most sinonasal CSF leaks are repaired using the nasal telescopes. If a CSF leak were to occur, additional hospitalization and possibly surgery may be required.

Decreased Sense of Smell. Permanent loss or decrease in the sense of smell can occur following nasal and sinus surgery. However, in patients who report decreased sense of smell before surgery, the sense of smell will often improve.

Anesthesia Risks. General anesthesia is associated with occasional but possibly serious risks. Adverse reactions to general anesthesia should be further discussed with the anesthesiologist.