

TE★AS
EAR, NOSE & THROAT
SPECIALISTS, L.L.P.

Charles H. Railsback, M.D.

John C. Ponder, M.D.

James D. Gonzales, M.D.

Peter T. Janicki, M.D.

Natalie A. Roberge, M.D.

Courtney A. Noell, M.D.

817-540-3121

Nasal Septoplasty

The nose is divided into two chambers by a partition called the nasal septum. This dividing wall within the nose is made up of bone and cartilage that is surrounded by the membrane that lines the nose, much as a letter is inside an envelope. When this cartilage is in the proper position, it divides the inside of the nose into two equal cavities. If for some reason, the septum becomes displaced, the nasal cavities are no longer equal. This means that one side is then larger than the other. This obstruction may result in sinus infections, snoring, headaches and ear symptoms. As this is an anatomical blockage within the nose, the only way to correct it is to perform a surgical procedure called a NASAL SEPTOPLASTY.

Another structure found within the nose is the NASAL TURBINATE. The nasal turbinate is shaped like an upside down "J" and is attached to the outer wall of the nasal cavity. Their function is to warm, humidify and filter the air. There are three of these turbinates on each side of the nose. When the nasal septum is deviated, the nasal turbinates on the larger side becomes enlarged to compensate for the increased flow of air. If the nasal septum is straightened and brought back to the midline, it pushes against the enlarged turbinates on the previously unobstructed side now making it the obstructed side. To prevent this from occurring, a surgical procedure may be done to prevent this.

The surgical procedures mentioned above are performed in the hospital or day surgery center, as an outpatient. Observation of the patient for a few hours at the hospital after the procedure ensures that there are no complications such as nausea, excessive bleeding or excessive drowsiness after the anesthesia. The surgical procedures will not require any incisions on the face as all incisions are made within the nose where they will not be visible. The sutures used are the dissolving type that do not usually require removal.

If splints are used, there will be a stitch placed to hold the splints in place. This nasal splint is a thin sheet of rubber type material that is placed on either side of the nasal septum at the conclusion of the procedure. The purpose is to help keep the septum in place during the early stages of healing, much as the cast is placed on a broken nose. This splint does not cause blockage of the nasal air passage while it is in place. However, due to the natural swelling of the tissue after surgery, it will make it very difficult to breathe through the nose for the first week to 10 days. Do not become discouraged, as this will improve markedly when this splint is removed. Removal is done in the office at the first postoperative visit. This is accomplished by removing a single suture inside the nose that is anchoring the splint in place and then gently pulling this splint out through the nostril. This is usually not a painful procedure, but each person has his or her own level of pain tolerance. If sensitive to pain, it is suggested that the pain medication prescribed when discharged from the hospital be taken at least 30 minutes prior to the appointment and have someone drive you.

Expect congestion often for a full week after surgery. Some oozing is normal. Crusting is also expected . Use a saline spray every 4 to 6 hours while awake. Irrigate as often as you would like. You cannot hurt yourself with saline spray. The irrigation helps wash clots and mucus plugs out without blowing your nose.