



Mr Glenn Watson

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Ear, Nose and Throat – Head and Neck Surgeon

SEPTOPLASTY TURBINECTOMY A guide for Mr Watson's patients

During your consultation with Mr Watson, the contents of this pamphlet will be discussed. Reading this pamphlet in your own time will allow you to further understand your condition and the option of Septoplasty Turbinectomy, as well as the risks and benefits of this procedure. If, after reading this pamphlet (also obtainable from Mr Watson's website), you do not understand all of the risks of your impending operation, please make another appointment with Mr Watson so your questions may be further discussed and clarified prior to proceeding.

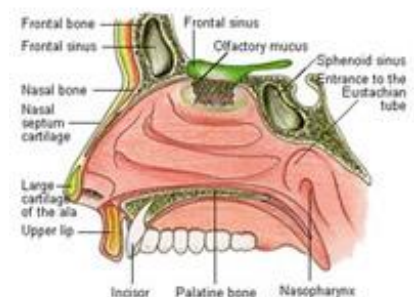
1	Septoplasty Correction of a bent middle partition of the nose
2	Turbinectomy Partial or complete removal of swollen turbinate bones (humidifying scrolls)

Definitions

The septum is the midline partitioning wall that divides the two sides of the nose. If this wall is bent, it can block the air flow through the nose. The patient feels the nose to be blocked and they may snore and mouth breathe as a result. This midline wall can be bent by the nose being broken. However, in others, it grows in a bent fashion.

On the side walls of the inside nose are turbinates. These turbinates (scrolls) are like a curtain hanging down from the side of the nose. Their function is to humidify the air that is breathed through the nose. In many patients these swell to enormous size and also block the nose. These commonly swell in people with hay fever.

In turbinectomy, we trim these curtains so they are less bulky and therefore do not block the nose.



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Reason for Operation

To improve breathing through a blocked nose or to improve snoring and mouth breathing, an operation to straighten the midline wall (septum) and trim the inferior turbinates (curtains) is done (Septoplasty, Inferior Turbinectomy). This is an easy tolerated operation for patients. The nose is the first level of snoring. There are three levels of snoring, the nose, the throat and the body shape. If overweight, snoring often occurs. Given that the nose operation is extremely well tolerated by patients, with little inconvenience to their work and social life, it is an excellent option for the improvement of snoring.

In general, approximately 85% of patients will be happy with the snoring improvement obtained after the operation on the nose (Septoplasty Turbinectomy). Those who require further improvement need to consider a UPPP Tonsillectomy (see handout on website), or other treatment options, such as mandibular advancement splints, operations on mandible or extensive weight loss. Also the institution of CPAP (machine that blows air into the lungs via the nose) may be required.

Operation

The operation is performed under a general anaesthetic (patient asleep) generally as a day case in hospital. Generally Mr Watson uses either no packing within the nose. If however there is excessive bleeding, then packing may be necessary. Packing, if used, will either be dissolvable or alternatively it will be removed the following morning after the operation.

The operation is done through the nostrils, so there are no visible scars. The midline wall (septum) is straightened by removing cartilage and thin bone from the septum by way of a small incision inside the depth of the nose. The incision is then stitched with dissolvable stitches so nothing needs to be removed from the nose after the operation. The inferior turbinates are reduced in size by trimming them down. This is done by the bone from within the turbinates and leaving the outer lining to heal.

Possible Complications of this Surgery

All surgical procedures have possible complications. General problems of surgery include pain and discomfort, nausea and vomiting and possible reaction to the anaesthetic medications provided. Other potential problems are associated with healing and infection, particularly in patients with other problems such as diabetes.

Specific Complications

- Bleeding can occur in any patient. It is more common in patients that snore or blow their nose aggressively. Avoid this after the operation at least for 2 weeks. Severe bleeding (approximately 2%) may require re-admission to hospital with possible packing of the nose to stop the bleeding.
- Infection and abscess formation of the septum may occur very infrequently.
- A septal perforation (hole in septum) can occur in approximately 2% of cases. Rarely it causes problems to the patient. Septal perforations may be permanent.
- Cosmetic deformity of the nose is extremely uncommon.

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- Crusting in the nose commonly occurs after the operation. Salt water is essential to keep this to a minimum.
- Persistent deviation may occur. Cartilage tissue has a memory, that is it can move back to its original position after the operation. This may require a revision operation.

Post-Operative Information

- Discharge from hospital is usually on the day. Occasionally discharge can be the day after surgery.
- Please arrange for someone to take you home after the operation. You will not be able to drive.
- Please arrange a follow up appointment with Mr Watson. This appointment is generally 4 to 6 weeks following surgery.
- Avoid blowing your nose aggressively after the operation for about 2 weeks.
- If you sneeze, do so with you mouth open.
- In general no bruising and swelling occurs around the eyes and nose.
- Your nose may drip or feel blocked for up to a month after the operation.
- Complete internal healing may take several months and your nose may be 'tender' over this period.
- The nose may drip blood and blood stained mucus after the operation.

Nasal Cleaning

One of the best ways of cleaning the nose after nasal surgery and allowing it to unblock and to heal well is to irrigate the nose. There are numerous irrigation kits available but most of them rely on irrigating the nasal cavity with a saline solution. These are best done with a bottle rather than a nasal spray.

Mr Watson suggests that when you irrigate your nose with salt water to put a dessert spoon of Johnson's baby shampoo into the solution as this acts as a degreaser and it breaks up the clots inside the nose. The analogy is that if you try to wash dirty dish plates in the sink without any soap, then it does not break up the grease on the plate. By adding soap, it dissolves the grease into the water. In the same way by adding Johnson's baby shampoo to your salt water irrigation of the nose, it will help to break up the nasal clots and mucous which forms within the nasal cavity.

Johnson's baby shampoo has been designed for babies so it is safe in the eyes, nose and throat.

Activity

- Avoid strenuous activities and sport for 4 weeks after the operation.
- It is advisable to rest at home for one or two weeks depending on your occupation. Please remember to ask for a work certificate if you need one.

Diet

- Maintain a light diet for the first few days.
- Drink plenty of fluids.

Pain Management

- You may experience some discomfort. If so, take Panadol or Panadeine, NOT ASPIRIN
- If you normally take aspirin or anticoagulant therapy, please check with Mr Watson about continuing this therapy.
- Use salt water nasal spray to wash out your nose of clots that occur during the 4 weeks following the operation. Saline irrigation or Fess spray can be bought over the counter of your pharmacy or alternatively 1 litre of boiled water with 1 teaspoon of salt and 1 teaspoon of bicarbonate soda can be squirted into the nose as much as possible.

Please contact your Surgeon, Local doctor or the Emergency Department if:

- Bright, persistent bleeding occurs from the nose.
- You are experiencing persistent pain not relieved by pain medication.
- You experience signs of fever that persist eg. elevated temperature, flushing, sweating, chills or shivering.
- You have an offensive discharge from the nose.

Please read this entire document carefully and if there is anything which is not understood, then Mr Watson would like you to reschedule another appointment with him to discuss your concerns or questions.

This information cannot be copied or reproduced unless authorised by Mr. Glenn Watson

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