

Septoplasty

SEPTOPLASTY:

Septoplasty is an operation to correct a deviated septum. It can be performed under general anesthesia and is an outpatient procedure. Aside from perhaps straightening the nose, a septoplasty generally will not alter the external appearance. There are no associated black eyes with the surgery. The surgery is done through either nostril, and it involves making an incision just inside the nostril on the septum, which is then closed with self-dissolving stitches. The vast majority of patients report only mild-to-moderate pain, which usually resolves within one week. Frequently there is tenderness to touch over the tip of the nose and possibly some upper dental discomfort for several weeks. While some patients notice an improvement in their breathing quite soon in the postoperative period, it can take six weeks or even longer for complete healing. Some patients have even reported an improvement six months to one year postoperatively, as the healing and scarring process matures.

A septoplasty is a common procedure. Most patients tolerate the procedure well without a major disruption in their lives. We have many patients who have experienced a dramatic improvement in their lives after the operation. Many patients have suffered with nasal obstruction, headaches and recurrent infections requiring multiple drugs, sprays and allergy shots. Oftentimes, correcting a deviated septum can have a profound benefit.

DEVIATED SEPTUM:

A deviated septum represents a situation where the septum is deflected into one or both nasal chambers, resulting in a narrower breathing passage. The main symptom patients report is difficulties breathing through one or both sides of the nose. As there are many causes of nasal obstruction, it is important to exclude allergies, enlarged adenoids, polyps or sinus infections as a cause for the blocked breathing. Often times a deviated septum may coexist with other conditions, making it a challenge to identify and treat the overall problem. A deviated septum may be genetic and present at birth, or it may be acquired through trauma to the nose.

RISKS:

Infection: Risk of infection is rare.

Bleeding: Some minimal oozing from the nose is to be expected during the first 24 hours.

Septal Perforation: During the procedure mucosal lined flaps are raised to get to the deviated cartilage and bone to be removed. When these flaps are re-approximated there is a small (1%) risk of perforation within the septum.