



# Septoplasty

## Information for patients from the Ear Nose and Throat (ENT) Department

You have been referred to the hospital for septoplasty surgery. This leaflet will explain:

- what septoplasty surgery is
- why you have been referred for this surgery
- what the alternatives and risks are; and
- what happens before, during and after your surgery.

We hope it will help to answer some of the questions you may have. If you have any further questions or concerns, please speak to a member of your healthcare team.

### What is septoplasty surgery?

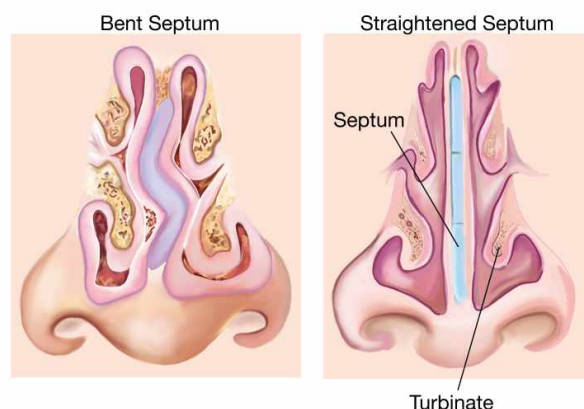
Septoplasty is an operation on the partition inside your nose. The partition is made of cartilage and bone, and it separates your two nostrils.

### Why is septoplasty surgery necessary?

The septum is usually straight and in the middle of the nose. Your septum is bent over, which makes the inside of your nose narrow, so it feels blocked. The lining of the side of your nose (turbinates) may also swell so that both sides feel blocked.

Blockages in the nose can interfere with the drainage of mucus from your sinuses. This can lead to sinus infections, facial pain, and headaches.

Blockages can also interfere with how the Eustachian tube works. The Eustachian tube connects the back of your nose to your ear. If this



A bent septum, and a straight septum after surgery

tube becomes blocked, it can make your ears feel blocked and your hearing muffled.

Straightening your septum will relieve the blockage, and may help relieve problems with your sinuses and ears.

It may be necessary to combine this procedure with a reduction of your nose lining (or turbinates).

### Are there alternatives to surgery?

Nothing other than a septoplasty will relieve a nasal blockage due to a bent nasal septum.

- **Decongestant tablets and nasal drops** shrink the lining of the nose. Using these may help to relieve the blocked feeling, but when you stop treatment the symptoms usually return.

Using decongestant nasal drops for more than 10 days also causes a rebound effect. A rebound effect is when the drops wear off and your nasal lining swells up even more than before. If these nasal drops are used for long periods, they may permanently damage the lining of your nose.

- **Steroid drops and nasal sprays** also reduce the swelling of the nasal lining. However, they may take some weeks to start to work. They are safe to use long-term under the supervision of your doctor.

### What are the risks involved with septoplasty?

- **Bleeding from your nose** may happen in the first few hours after your operation, or in the first 5 to 10 days following surgery. If this happens, you will need to stay indoors or return to the hospital. In hospital, your nose may be packed with nasal tampons, which are usually removed after 24 to 48 hours.
- **Infection in the nose** usually needs antibiotic treatment.
- **Septal perforation.** If your septum does not heal fully following your operation, a hole may be left between one side of your nose and the other. Usually this will not cause any problems, but it may cause:
  - minor irregular nose bleeds or crusting; and
  - sometimes a whistling sound when you breathe through your nose.

If this causes problems, the hole may be repaired later.

- As your septum heals, **scar tissue** may form between your septum and the side wall of your nose. This may need to be treated with more small operations. These operations are usually performed in the Outpatient department under local anaesthetic (your nose is numbed but you are awake). If you need general anaesthetic your operation will be in the operating theatre.
- **The shape of your nose may change** for some months following septoplasty, as your nose heals. There may be small dips or depressions in the:
  - bridge of your nose
  - shape of the tip; or

- in the skin bridge between the nostrils at the bottom of your nose.

These changes are usually small and do not need any treatment. If they are noticeable, another operation can correct them at a later date.

- **Numbness of your upper teeth** very occasionally occurs, but often settles with time.

### Will I have an anaesthetic?

Yes. Your operation will be performed under a general anaesthetic (you will be asleep).

### How can I prepare for my surgery?

While you wait for your surgery date, you can start preparing for your operation. Research shows that fitter patients, who are able to improve their health and activity levels before surgery, recover more quickly. Taking an active role in planning and preparing for your operation will help you:

- feel in control
- leave hospital sooner, and
- get back to normal more quickly.

To help with this, you may be contacted by a member of the One You Kent (OYK) team. OYK work in the community, and help patients improve their general health. This includes help and advice on:

- Stopping smoking
- Losing weight
- Getting more exercise

More information can be found on the following web sites.

- One You Kent (<https://www.kentcht.nhs.uk/service/one-you-kent/>) (Kent Community Health)
- Fitter Better Sooner Toolkit (<https://www.cpoc.org.uk/patients/fitter-better-sooner-toolkit>) (Royal College of Anaesthetists)

### What should I do before I come into hospital?

If you have a cold or flu in the week before your operation, please telephone to let us know. If this is the case, it would not be advisable to go ahead with your operation because of a risk of excessive bleeding. It would also make the healing process uncomfortable for you.

### What will happen when I arrive at the hospital?

On admission you will be greeted by a member of the ward team and introduced to your named nurse. They will discuss with you the care you will receive while you are in hospital.

You will also be seen by your consultant or one of their team. Use this time to ask any further questions or raise concerns. Remember that you have the right to withdraw your consent for treatment at any time.

Your nurse may give you a pre-medication injection or tablet to relax you, about an hour before your operation.

### Why do I need to sign a consent form?

All patients must give permission before they receive any type of medical treatment, test, or examination. Consent is usually given when you sign the consent form before your treatment, but we may ask you to give it verbally.

- You must give your consent voluntarily.
- The hospital must give you all the information you need to make a decision about your treatment. This is so you can give us informed consent. If you have not been given this information, or you have but you still have questions, please speak to a member of staff.
- You must be capable of giving consent. This means that you understand the information given to you and can make an informed decision.

When we ask you to give consent, please use this time to ask any questions you may still have. For more information, please go to the NHS Consent for Treatment web page. (<https://www.nhs.uk/conditions/consent-to-treatment/>)

### What will happen during my operation?

- A small incision (cut) is made inside your nose. Your surgeon then straightens the cartilage and moves it into the middle of your nose. There are usually no incisions on the outside of your nose.
- If the shape of your nose is twisted on the outside as well, and to get your septum as straight as possible, your surgeon may take steps to straighten the bones (**septorhinoplasty**). If this is needed, incisions are usually made inside your nostrils.

In difficult cases, the surgeon will approach the nose and septum using a very small incision across the bridge of your nose at the bottom, the columella. This procedure is called **open approach 'extracorporeal' septoplasty**. If you need this, your surgeon will explain the procedure in detail.

- Further back inside your nose, the septum is made of bone. If this bone is crooked and blocking your nose, your surgeon may remove part of it.
- The inferior turbinates form a large part of the nasal lining and could be the reason for your blocked nose. They can be reduced in size by:
  - diathermy or coblation (electric cautery)
  - laser; or
  - by pushing the turbinate sideways in your nose creating more room (outfracture).

Your surgeon may remove this bulky turbinate tissue using a mechanical spinning debrider device. This operation is called **turbinoplasty**.

### **Will I have stitches?**

Yes. The incisions inside your nose are closed with dissolvable stitches. These do not need to be removed after surgery.

### **How will I feel after my operation?**

You will be given pain relief after your operation, either as:

- tablets
- an injection; or
- sometimes patients are given a suppository via their rectum (back passage).

Your nose will feel a little uncomfortable and blocked, so you will have to breathe through your mouth. This will make your throat dry, and you will be offered mouthwashes or drinks.

To stop any bleeding, your surgeon may pack your nose at the end of your operation. They may also need to insert a thin sheet of plastic called a splint. The splint will hold the tissues in the correct position while they heal.

Any nasal packaging is removed on the ward between 6 to 24 hours after surgery. If there is no excessive bleeding, you should be able to go home approximately 1 to 2 hours after it is removed. Slight bleeding may occur. Try to rest quietly in bed for 24 to 48 hours after the packing is removed.

If you have a splint, this is removed in the Outpatients department 7 to 10 days after your surgery.

### **How long will it take for my nose to heal?**

Healing can take several weeks. At first your nose feels quite blocked and there is a slight blood-stained discharge. This slowly settles over 6 to 8 weeks.

### **How long will I stay in hospital?**

The operation takes between 45 and 60 minutes. It is usually performed as a day case and you are able to go home 2 to 3 hours after your operation. When you go home will depend on:

- whether there are any packs in your nose
- whether you wake up quite quickly after your anaesthetic; or
- if you have other medical problems that prevent you having day case surgery.

If any of these apply to you, you may have to stay in hospital longer, possibly overnight. This will usually be discussed with you before your operation.

### **How do I look after my nose at home?**

- Your nose may feel **blocked** for the first few weeks after your surgery; this is normal. There may be some crusting inside your nose. You can help clear this by douching your nose. To do this, use a salt water solution or sit over a bowl of steaming water and inhale the steam 2 to 3 times a day.
- Your surgeon may tell you to apply **antiseptic cream** to each nostril twice a day.
- There may be some **stitches inside your nose**; these will dissolve within a few weeks.
- You may notice a **slight blood-stained discharge** at first. You can wipe this away, but do not place any material up your nostrils, as this may cause an infection. Some blood-stained discharge from your nose is normal and nothing to worry about.

If you get a large amount of bright red blood, this is not normal. You should sit down and pinch your nostrils together and breathe through your mouth. If someone is with you, ask them to put some ice in a plastic bag and hold it over the bridge of your nose. Sucking ice can also help. If this bleeding does not stop within 20 minutes, contact the hospital for advice. The contact numbers are at the end of this leaflet.

- **Do not blow your nose** in the first week after your surgery.
- **Avoid heavy physical exertion**, which could cause a nosebleed.
- You may wish to take **painkillers** such as paracetamol for the first few days after your surgery. **Do not take painkillers that contain aspirin, as they can make bleeding worse.**
- **Avoid crowded places** in the first week after your operation. Mixing with other people increases your risk of catching a cold or flu. These illnesses would be especially uncomfortable while your nose is healing. Avoid smoke if possible.

### What do I do if I feel unwell at home?

If you feel unwell at home, please telephone the hospital between 7:30am and 8pm on one of the phone numbers below. If you need advice outside of these hours, please speak to your GP.

- Day Surgery Centre, **Kent and Canterbury Hospital**, Canterbury  
Telephone: 01227 783114
- Day Surgery, **Queen Elizabeth the Queen Mother (QEQM) Hospital**, Margate  
Telephone: 01843 234499
- Channel Day Surgery Centre, **William Harvey Hospital**, Ashford  
Telephone: 01233 616263

### Further information

If you have further queries, please speak to your GP or consultant.

**This leaflet has been produced with and for patients.**

**Please let us know:**

- If you have any accessibility needs; this includes needing a hearing loop or wanting someone to come with you to your appointment.
- If you need an interpreter.
- If you need this information in another format (such as Braille, audio, large print or Easy Read).

**You can let us know this by:**

- Visiting the Trust web site (<https://www.ekhuft.nhs.uk/ais>).
- Calling the number at the top of your appointment letter.
- Adding this information to the Patient Portal (<https://pp.ekhuft.nhs.uk/login>).
- Telling a member of staff at your next appointment.

**Any complaints, comments, concerns or compliments**, please speak to a member of your healthcare team. Or contact the Patient Advice and Liaison Service on 01227 783145 or email ([ekh-tr.pals@nhs.net](mailto:ekh-tr.pals@nhs.net)).

**Patients should not bring large sums of money or valuables into hospital.** Please note that East Kent Hospitals accepts no responsibility for the loss or damage to personal property, unless the property has been handed into Trust staff for safe-keeping.

**Further patient information leaflets** are available via the East Kent Hospitals' web site (<https://www.ekhuft.nhs.uk/patient-information>).

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