



## Septoplasty or Turbinate Reduction

Septoplasty and turbinate reduction are generally performed to improve airflow through your nose. Much less commonly, they are performed for bleeding issues or atypical headaches (e.g., Sluder's syndrome). An examination of the inside of your nose will determine whether either of these areas is a contributing factor to your nasal issues.

These surgeries take less than an hour to perform, and the majority of patients go home the same day. Prior to surgery, most patients have tried various medications to improve nasal airflow, such as intranasal steroids (e.g., Flonase), oral decongestants or even Afrin. Allergy testing may also be utilized to determine if other factors are relevant to the situation. A CT scan may also be performed to evaluate for concurrent sinusitis.

The septum is comprised of cartilage and bone. It separates the right and left nasal passage and is about four inches in length. Septal deviation refers to a crooked or bent portion that can either be due to a previous injury to the nose (e.g., a broken nose) or just part of 'how you are built.' The result of this is impeded airflow. Either way, the repair is similarly performed. Surgery to address a deviated septum generally requires removing some portion of bone or cartilage from the septum.

Turbينات are normally present in the nose. They function to provide additional surface area in the nose to help humidify and filter the air you breathe. Ideally, they are the 'perfect size' and are able to do their job effectively without impeding airflow significantly. However, for various reasons, they sometimes become overly large and end up causing a lot of congestion. Typically, we try to shrink them with medications such as Flonase. This doesn't always work. When that is the case, we consider mechanically shrinking them by removing a portion of them surgically.

General risks of surgery include complications related to anesthesia, bleeding, scarring and infections. Risks specific to septal and turbinate surgery include destabilizing the nose such that the external appearance changes. This is very rare. Another risk is causing a hole in the septum, called a septal perforation, which is also quite rare. These are generally not a problem but can cause some whistling or bleeding that could require a subsequent procedure to repair. Because of the proximity of the surgery to your top front teeth, you may feel some numbness in the roof of the mouth or teeth for two to three months. Sometimes, for unanticipated reasons, the septum just doesn't heal right during the recovery period and has an unwanted, persistent deviation.

# Post-Operative Instructions & Information

1. Apply cold compresses to the nose and eyes 48–72 hours after surgery to minimize bruising and swelling. Most patients breathe better in the recovery room, but that is short lived as the nasal passages swell and some blood accumulates. Often, airflow then gets worse than it was prior to surgery. Don't worry. That is normal and only temporary.
2. Bloody oozing should slow significantly within 24 to 48 hours. You can use topical Afrin decongestant spray as needed to reduce oozing. **Do not use it for more than four days** unless directed by Dr. Litvack. Try not to swallow the blood or post-nasal drip fluid, as it causes severe nausea.
3. Nasal rinses are very important in the post-operative period. They have a tremendous effect on recovery and long-term success. Begin them the day after surgery until told to stop. Use nasal saline rinses two to three times per day during the recovery period. This can be with a neti pot, NeilMed SinuRinse bottle or any other convenient nasal saline system.
4. Smoking markedly impedes the healing process. Avoid contact with irritants for 14 days as the tissues are healing.
5. The gauze beneath your nostrils can be changed throughout the day and night as needed should it accumulate excess blood or mucous.
6. Nausea and vomiting are not unusual in the early post-operative period. Unfortunately, the use of pain medicine often worsens both. If severe nausea persists after 24 hours, you should notify your doctor. You may need to switch pain medicine or use suppositories for relief.
7. Avoid the use of aspirin, Motrin, Advil and other such medications unless directed by your doctor. They can result in bleeding.
8. You may gently clean the outside of your nose with tissue or cotton tip applicators moistened with hydrogen peroxide. You can apply Vaseline or Neosporin to your nostrils a few times per day for comfort.
9. Do not blow your nose vigorously for seven to 10 days after surgery. Many patients have stents placed in the nose that help keep things healing in a good position. Heavy blowing may dislodge them. They are sutured in place, and Dr. Litvack will remove them in the office at the post-operative visit.
10. Restrict your activities. You should avoid strenuous activities. Bending over or lifting heavy objects may induce bleeding in the first two weeks after surgery.
11. Sleep with your head elevated, preferably in a lounge chair, for the first few days. This minimizes bleeding.
12. Schedule a post-operative appointment 10-14 days after surgery.