

Do I need to be admitted to the hospital?

A septoplasty will be booked as an outpatient procedure unless you have medical conditions that would require monitoring overnight. The septoplasty procedure itself requires about 1½ hours to perform. You will remain in the recovery area for 2 to 3 hours following the procedure after which you will be able to leave the hospital.

Is septal surgery covered by AHC?

A septoplasty is covered by AHC so there is no out-of-pocket expense to you with regards to the procedure itself. If there is a cosmetic element to this procedure (e.g. septorhinoplasty) it may be covered by AHC. If the septorhinoplasty is not covered by AHC, it will cost out-of-pocket. You may be referred to a facial plastic surgeon if you are interested in a cosmetic septorhinoplasty.

Concerns/Emergencies?

You can contact the office (information below) for emergencies or with questions.

After hours you can contact the hospital switchboard and ask for the ENT resident on call.

Alternatively, you can also go to your nearest emergency room.

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Nasal Septoplasty

Information for Patients

The Alberta Sinus Centre

*“Comprehensive Care for
the Sinus Patient”*

Tel: 780-407-7656

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Nasal Septoplasty

Why do I need a septoplasty?

The nasal septum is made up of cartilage and bone covered with a mucus membrane. It divides the nose into two separate chambers, left and right. Normally, the septum is relatively straight, with right and left nasal cavities of similar size. Occasionally, however, the nasal septum may be severely bent or deviated – enough to encroach on the nasal airway. A deviated nasal septum may develop as the nose grows, or could result from an injury to the nose. Common symptoms associated with this problem are: restricted nasal breathing and a predisposition to sinus infections.

What is a septoplasty?

A deviated nasal septum that interferes with proper function of the nose is corrected by a septoplasty. The surgery takes place under general anaesthesia. This can be done either 'endoscopically' using a nasal telescope or in the traditional manner with an incision inside the nose. In both cases the surgeon lifts up the mucus membrane lining of the septum followed by removal and/or straightening the deviated portions of the septal bone and cartilage.

What should I expect following my septoplasty?

In the early period following surgery there is usually some tenderness and swelling inside the nose. The external nose will not usually show any effects of the surgery but the tip of the nose may remain tender for a week or two after surgery.

What are the risks of septal surgery?

You may experience recurrence or persistence of your symptoms. Over time, because the nasal cartilage has some "memory" there can be a tendency for the septum to reshape itself back toward its deviated position.

Other complications from the surgery are rare, but can include bleeding, change in shape of the nose, or numbness of the front teeth.

Septal perforation (a hole in the nasal septum) can occasionally result after surgery. Symptoms of a perforation can include whistling, crusting, or bleeding from the nose. Rarely this can result in loss of support for the bridge of the nose (saddle nose deformity).

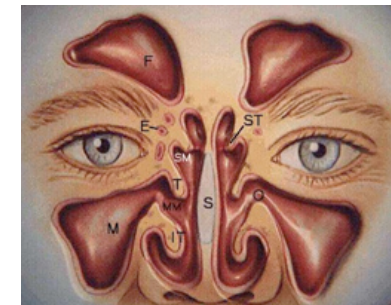
Anaesthetic risks of surgery

With newer medications and techniques, general anaesthesia is generally quite safe. There are, however, potentially serious complications that you may further discuss with the anaesthesiologist.

How do I prepare for surgery?

DO NOT take Aspirin or salicylate containing agents for at least 10 days prior to surgery. This can significantly increase bleeding. The same applies to NSAIDS (e.g. Ibuprofen, Advil, Motrin).

DO NOT smoke for at least 3 weeks prior to your surgery. This can worsen nasal and lung symptoms and impair your healing.



The nasal septum is indicated by an 'S' on the above diagram.