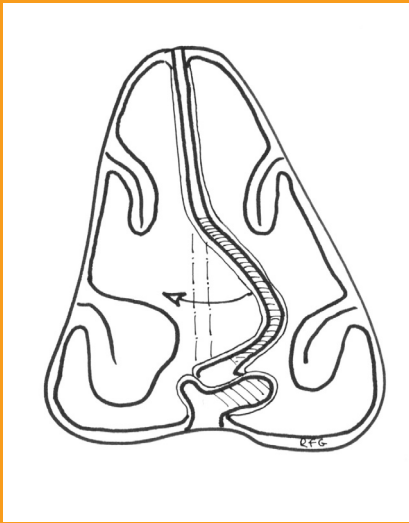


## What is septal surgery?

The septum is a thin piece of cartilage and bone inside the nose between the right and left sides. It is about 7 cms long in adults. In some people this septum is bent into one or both sides of the nose, blocking it. Sometimes this is because of an injury to the nose, but sometimes it just grows that way. We can operate to straighten the septum.



## Why have septal surgery?

- If you have a blocked nose because of the bend in the septum, an operation will help.
- Sometimes we need to straighten out a bent septum to give us room to do other things, such as sinus surgery. The operation is not meant to change the way your nose looks.
- In some cases a bent septum may occur with a twist in the outside shape of the nose. In these cases septal surgery may be combined with nose re-shaping surgery (septorhinoplasty) to straighten the nose.

## Do I have to have septal surgery?

A bent septum will not do you any harm, so you can just leave it alone if you want to. Only you can decide if it is causing you so much bother that you want an operation. You may change your mind about the operation at any time, and signing a consent form does not mean that you have to have the operation. If you would like to have a second opinion about the treatment, you can ask your specialist. He or she will not mind arranging this for you. You may wish to ask your own GP to arrange a second opinion with another specialist.

## How is the operation done?

The operation takes about 30-45 minutes. You might be asleep although some cases can be performed with only your nose anaesthetised. The operation is usually all done inside your nose - there will be no scars or bruises on your face. We make a cut inside your nose and straighten out the septum by taking away some of the cartilage and bone and moving the rest of the septum back to the middle of the nose. Then we hold it all in place with some stitches. Complex cases may require a cut across the skin between the noses and may be combined with rhinoplasty procedures.

## Packs and splints

- We may need to put a dressing in each side of your nose to keep things in place and prevent bleeding. The dressings are called 'packs', and they will block your nose up so that you have to breathe through your mouth. We will take them out the morning after your operation. You may get a little bit of bleeding when the packs come out - this will settle quickly.

- Sometimes we put small pieces of plastic in your nose to prevent scar tissue from forming. They are called 'splints' and we will take them out after about a week.

## Does it hurt?

Not really, but sometimes the front of your nose can be a bit tender for a few weeks.

## After the operation

We may give you some drops or spray to help this. It may take up to three months for your nose to settle down and for your breathing to be clear again. Try to stay away from dusty or smoky places.

There will be some stitches inside your nose - these will dissolve and usually fall out by themselves.

- Do not blow your nose for about a week, or it might start bleeding.
- If you are going to sneeze, sneeze with your mouth open to protect your nose.
- You may get some blood coloured watery fluid from your nose for the first two weeks or so - this is normal.
- Your nose will be blocked both sides like a heavy cold for 10-14 days after the operation.

## How long will I be off work?

You can expect to go home the day after your operation. Sometimes it is possible to go home the same day. You will need to rest at home for at least a week.

If you do heavy lifting and carrying at work, you should take two weeks off. You should not play sports where there is a risk of your nose being knocked for about a month. Ask your nurse if you need a sick note for your time in hospital.

## Possible complications

Septal surgery is safe, but there are some risks. Sometimes your nose can bleed after this operation, and we may have to put packs into your nose to stop it. This can happen within the first 6 – 8 hours after surgery or up to 5 – 10 days after surgery. Rarely you may need to return to the operating theatre with another general anaesthetic to stop the bleeding.

Infection in your nose is rare after this operation but if it happens it can be serious, so you should see a doctor if your nose is getting more and more blocked and sore. Rarely, the operation may leave you with a hole in your septum inside the nose going from one side of your nose to the other. This can cause a whistling noise when you breathe, crusting with blockage or nosebleeds. Most of the time it causes no problems at all and needs no treatment. Further surgery can be carried out if necessary to repair a hole in the septum.

Very rarely you may find that the shape of your nose has changed slightly, with a dip in the bridge of your nose. Most people do not notice any change, but if you are not happy with it, it can be fixed with surgery.

Very rarely, you can have some numbness of your teeth, which usually settles with time.

## Is there any alternative treatment?

Only an operation can fix a bent septum, but nose spray or drops can help treat swelling in the nose which might be making your nose feel blocked.

If septal deformity is the cause of your nasal blockage there is no treatment other than surgery to correct the shape of the septum.

*If you have any problems or questions, please contact:*

*Please insert local department routine and emergency contact details here*

**Disclaimer:** This publication is designed for the information of patients. Whilst every effort has been made to ensure accuracy, the information contained may not be comprehensive and patients should not act upon it without seeking professional advice.

Last updated: November 2009 - Review due: November 2011

# ABOUT SEPTAL SURGERY

**By Julian Rowe-Jones**

ENT-UK is the professional Association for British Ear, Nose and Throat Surgeons and related professionals. This leaflet provides some background information about septal surgery. It may be helpful in the discussions you have with your GP or specialist when deciding on possible treatment. This information leaflet is to support and not to substitute the discussion between you and your doctor. Before you give your consent to the treatment, you should raise any concerns with your GP or specialist.



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