
Septoplasty

General information: The nasal septum is the structure between the nostrils that separates the nasal passages. It supports the nose and directs airflow. The septum is made up of thin bone in the back and cartilage in the front. A deviated septum occurs when the cartilage or bone is not straight. A crooked septum can make breathing difficult. The condition also contributes to snoring and sleep apnea, frequent nosebleeds, nasal congestion, frequent sinus infections, and at times, facial pain and headaches.

Procedure: Septoplasty is a surgical procedure to straighten the septum. It is performed entirely through the nostrils; accordingly, no bruising or external signs occur. The external appearance of the nose is not altered unless combined with rhinoplasty.

Preoperative instruction: Arrive at the hospital 1½ hours before the scheduled time of surgery. It is important not to have anything to eat or drink after midnight the night before the procedure. Otherwise, the procedure will be cancelled because there is a risk of anesthesia complications. Avoid intake of any pain medications other than Tylenol within 14 days of surgery (most can thin the blood and predispose to bleeding).

The day of the procedure: Go to the registration area of the facility. They will have some paperwork for you to complete. You will then be instructed to go to the second floor. You will be admitted into the preoperative area where the staff will orient you. The anesthesiologist and Dr. Said will meet with you in the pre-op area prior to proceeding with surgery. You will then be brought to the operating room by the nursing staff. The procedure will last approximately 90 minutes from start to finish. During that time, family will be asked to wait in the waiting area. At the completion of the procedure, Dr. Said will meet with family in the waiting area. You will be taken to the post-op area until you are feeling comfortable and the hospital staff is satisfied with your recovery. You will then be able to go home. (Usually 1-2 hours postoperatively.)

Postoperative course: Patients who have received general anesthesia may experience some nausea and occasionally, vomiting. It is therefore preferable to eat a bland light meal or a liquid diet on the first day after the surgery. Regular diet may be resumed the next day. An antibiotic is usually prescribed for seven to ten days following the procedure. You will also receive a prescription for pain medication in the form of codeine or hydrocodone. Expect stuffiness, congestion, light bleeding, tearing from eyes, headache.

Wound care and other information:

- Keep head elevated for the first few days. Sit in a recliner or use two or three pillows when sleeping. Head elevation reduces bleeding and swelling.
- Take the pain medication with some food or a piece of toast. This reduces nausea.

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- You may take a shower with lukewarm (not hot) water. Make sure you have someone with you in the house in case you feel drowsy or faint from taking pain medication.
 - Do not remove packing or splints if present unless instructed otherwise. You may have to breathe from your mouth if the splints get occluded with mucous or clots. This may cause a dry mouth. It is therefore very important to drink a lot and maintain adequate hydration. Using a humidifier is also recommended.
 - Light bleeding is expected for two to three days after surgery. Just change the drip pad as needed and keep the nostril clean. Clean the dried blood and secretions from the nostrils with hydrogen peroxide 3% and Q-tips.
 - Irrigate with saline solution 2-3 times daily. (See attached)

Care after removal of packs or splints:

- Do not blow your nose with full force for at least one week from the day of surgery. Avoid heavy lifting or straining. These activities will increase the likelihood of nasal bleeding.
- If you have to sneeze, do it with your mouth open. This prevents excessive pressure build-up and bleeding from the nose.
- Do not take Aspirin or products containing acetyl salicylic acid for 2 weeks post op. Aspirin prevents clotting and increases the bleeding. Same for other over-the-counter pain medications except Tylenol.
- If excessive bleeding occurs, try spraying the nose with Afrin spray to constrict the vessels.
- Saline irrigation twice daily for 2 weeks.

Call our office if you have any of the following symptoms:

- Fever of 101°F or higher
- Severe headache
- Vomiting
- Diarrhea
- Sunburn like rash
- Chills
- Signs of very low blood pressure, such as dizziness and fainting

Please contact our office to schedule an appointment to be seen 1-week post op. (925) 516-4368

SALT WATER IRRIGATION FOR THE NOSE

(Buffered Hypertonic Saline Irrigation)

WHY?

Salt water is a solvent – it cleans mucous, crusts, etc. from the nasal passages.

It decongests the nose – because of the salt content, fluid is pulled out of the membranes and lends to their shrinkage.

It improves nasal drainage – improves the beating and effectiveness of the nose cilia-hair cells.

If you are using a nasal spray – like Nasonex, Flonase or Astelin, you should rinse your nose first then use the spray.

Let your Doctor know how this works or about any problems.

Recipe

- Fill a 1-quart jar with distilled water.
- Add 2 to 3 heaping teaspoons of salt (Use Morton Coarse Kosher Salt, Springfield plain salt or Sea Salt). Table salt is not recommended because of unwanted additives or preservatives like iodine or sugar.
- Add 1 teaspoon of baking soda.
- Stores at room temperature.
- Stir or shake before each use.

*If the mixture is too strong, use less salt or more baking soda.

How to irrigate your nose with salt-water

- Rinse your nose with the salt-water mixture 2 to 3 times each day.
- Pour some of the salt-water mixture into a clean container.
- Fill the syringe with the salt-water.
- Stand over the sink and squirt or irrigate the salt-water into each side of your nose. Aim the stream towards the back of your head, not the top of your head.
- Most people notice a mild burning sensation the first few times that they use the salt-water mixture. This usually goes away in a few days.

For young Children

You can put the salt-water into a small spray container. Squirt it many times into each side of the nose. Do not force your child to lie down. This rinse is easier to do when sitting or standing.

If you Use Nasal Steroids

You should always use the salt-water mixture first, then use your nasal spray (E.g. Nasonex, Flonase, or Astelin). The spray works better when it is sprayed onto nasal tissue that has been cleaned and decongested first by irrigating your nose.