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SURGERY FOR DEVIATED SEPTUM AND TURBINATES

What is the nasal septum?

The septum is a thin dividing wall that is made up of bone and cartilage in the midline of the nose. No one has a septum that is perfectly straight but sometimes the septum is particularly irregular or crooked and it causes trouble breathing through the nose. This may be because there was prior trauma to the nose or because it just grew that way.

What are turbinates?

Turbinates are a series of ridges that are present on the outer wall of each side of the nose. They are made up of bone and like the septum, they are covered with a lining of tissue called mucosa. Sometimes the lower turbinates can get too big so that they contribute to problems breathing through the nose.

What happens during surgery for the septum and turbinates?

This type of nasal surgery is done under general anesthesia in the operating room. It is usually done as day surgery, meaning that you will be able to go home on the same day as the surgery. Your doctor may perform a preoperative assessment including lab work, an EKG, or a chest x-ray. ***You may not eat or drink anything after midnight prior to the surgery.*** After surgery you will need a friend or family member to drive you home.

To straighten the septum, the surgeon makes an incision at the front of the septum on the inside of the nose. The mucosa is gently elevated off of the septum to expose the bone and cartilage. The deviated portions of the bone and cartilage are removed or reshaped to straighten the septum. The incision is closed with absorbable stitches. The turbinates are treated if they are enlarged. A small incision is made in the front end of the turbinate and the underlying bone is exposed. A portion of the bone is then removed. The incision does not usually require stitches. At the end of the procedure, small rubber splints are placed on either side of the septum and held in place with a stitch. These splints will be left in place for 5-7 days and removed in the office. The surgery typically lasts about one hour.



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What should I expect after surgery?

It is normal to have a sore stuffy nose and possibly a headache for several days after surgery. You will be given pain medicine for this. You will also experience some oozing of blood-tinged mucus. If needed, you may place a piece of gauze under your nostrils with tape. You should avoid strenuous activity or heavy lifting for 2 weeks but you may be ready for light-duty work in 3-5 days. You will also be given antibiotics for 5-7 days after surgery.

After surgery you should start to use saline (salt water) irrigation. Add one teaspoon of table salt to eight ounces of warm water. Obtain a bulb syringe from a pharmacy and gently irrigate your nose on both sides with the saline. Spray each side 2-3 times over a sink and do this at least 3 times a day for 2 weeks.

You will have a follow-up appointment about one week after surgery. The splints will be removed and your nose will be examined. Usually, you will feel a lot better when the splints are removed.

What are the possible complications?

Surgery on nasal septum and turbinates is considered to be very safe. It is possible that the appearance of the nose is changed but this is extremely rare unless additional surgery is performed on the nasal bones and cartilages. It is possible to have a bad nosebleed that requires attention from your surgeon. Rarely, a hole may develop in the septum as it heals. A hole in the septum may not cause any symptoms at all or it may cause build up of mucus crusting that is ongoing. If the hole is causing significant problems it can be repaired with another surgery.

Texas law requires that we disclose the following risks for septoplasty: (1) Persistence, recurrence or worsening of the obstruction. (2) Perforation of nasal septum (hole in the bone and/or cartilage dividing the space between the right and left halves of the nose) with dryness and crusting. (3) External deformity of the nose.

When should I call my surgeon?

Call your surgeon immediately if you have:

- Profuse nasal bleeding
- Change in mental status
- Vision loss or double vision
- Any other concerns



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