

Useful Telephone Numbers

ENT Partnership

Surrey Clinic – 01252 852552
Hampshire Clinic – 01256 377733

Frimley Park Hospital

Switchboard – 01276 604604
Parkside – 01276 604703
FI (Children's Ward) – 01276 604226
ENT Ward – 01276 604130

North Hampshire Hospital

Switchboard – 01256 473202
DTC – 01256 313332

The Hampshire Clinic

Switchboard – 01256 357111
Lyde Ward – 01256 377773
Enbourne Ward – 01256 377772

Clare Park Hospital

Switchboard – 01252 850216

The ENT Partnership – Surrey Clinic

Spire Clare Park Hospital Crondall Lane Crondall Farnham GU10 5XX
T 01252 852552 F 01252 851331
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Also at The ENT Partnership – Hampshire Clinic

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Information for Patients on Septoplasty

Introduction

The inside of your nose consists of a cavity, which is separated by a partition called the nasal septum. The side walls of the nasal cavities contain fleshy-folds called turbinates, which warm and moisten the air we breathe. Thus the nose is an air-conditioner and filter for the lungs providing moist, warm and clean air.

Problems with your nose

There are two common problems with the nose

- 1) A deflection of the nasal septum, causing narrowing of one of the passages of the nose.
- 2) Inflammation or allergies affecting the lining of the nose, which causes stuffiness of the nose.

The treatment of a deflection of the nasal septum is an operation called a Septoplasty. The stuffiness of the nose can be reduced by electric cautery to the lining of the nose, which shrinks the lining.

This is the only treatment to straighten the septum; but it is usually only performed after any swelling of the lining of the nose has been treated with steroid nasal sprays and sometimes antihistamines.

The ENT Consultants are

Jonathan Blanshard FRCS (ORL).

Appointed to North Hampshire Hospital in 1996. Special interest in ear surgery including middle ear reconstruction and also voice problems.

Jonathan Hern FRCS (ORL).

Appointed to Frimley Park Hospital in 2003. Special interest in rhinology including rhinoplasty surgery and also voice problems.

David Jonathan FRCS.

Appointed to Frimley Park Hospital in 1991. Special interest in ear surgery, including implantable hearing aids. Involved in the regional training of ENT surgeons.

Andrew McCombe MD FRCS (ORL).

Appointed to Frimley Park Hospital in 1995. Special interest in head and neck surgery. Involved in the management of NHS services. Special interest in medicolegal work.

Paul Spraggs FRCS (ORL).

Appointed to North Hampshire Hospital in 1998. Special interest in head and neck surgery and facial plastic surgery.

Sources of additional information

The Surrey & Hampshire ENT Partnership

www.entpartnership.co.uk

British Association of Otorhinolaryngologists

www.entuk.org

About the operation

You will attend a preadmission clinic 1-2 weeks before the surgery. If you have a cold or other nasal infection, your surgery may have to be postponed.

You will normally be admitted to hospital on the morning of the operation.

The operation itself takes about one hour. It is carried out through the nostrils. There are no incisions on the outside and little swelling or bruising of the nose. There is very little pain after the operation but some headaches may be experienced for a few days.

After the operation, your nose may have a small sponge or pack inserted into it to stop bleeding. This is usually left in the nose for a few hours or overnight.

Your stay in hospital will usually be for one night and you will be allowed home the next day. You may be discharged by an experienced nurse if there have been no complications.

You will need two weeks off work.

After the Operation – What to Expect

Your nose is likely to be more stuffy than before the operation for a while. There will be some bloodstained discharge from the nose for up to 10 days, which is quite normal. After the first two weeks, the stuffiness will start to become less and at four weeks the nose should be better than before the operation.

However, it can take four to six weeks before the nose is completely settled. Your first post-operative visit to the ENT Clinic will be after six weeks. Occasionally it may be necessary to review you earlier. Depending on the condition of your nose, you may require further follow up.

Risks

Mild oozing of fresh blood from the nose is common and usually stops on its own and does not require any treatment. This commonly occurs for 3 to 4 days following the surgery.

Bleeding

More severe bleeding after the operation may occur anytime up until the 10th post-operative day and may require insertion of packs in the nose. Occasionally a further operation is required to stop the bleeding.

Infection

As with all forms of surgery, infection can occur and requires treatment with antibiotics. Nasal infection often presents with bleeding. Occasionally bleeding can occur within the nasal septum itself. This is called a septal haematoma. If the haematoma becomes infected, a septal abscess may occur.

Both septal haematoma and abscess may require surgical drainage at a further operation, together with intravenous antibiotics.

Unfortunately these problems can affect the cartilage of the septum, compromising the result of the surgery. This is very rare.

Perforation

If the septum does not heal as predicted, a hole can develop in the septum. This is rare.

This may be permanent and result in a lot of crusting of the nose.

Recurrence of Septal Deviation

During the procedure, as little cartilage as possible is removed in order to straighten the nasal septum. Occasionally after the surgery, the septum moves back to its original position and the operation is therefore not successful. Sometimes it is necessary to repeat the procedure.

Change in Shape of the Nose

Very rarely there may be a change in the shape of the nose following septoplasty surgery.