


NASAL SURGERY GUIDE



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 **TUSCALOOSA**
EAR NOSE & THROAT
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The nose is made up of many different parts. The bone, cartilage and skin give the nose its size and shape. The nasal cavity, septum, mucous membrane, turbinates and sinuses give the nose its function.

The turbinates and the septum can block air from moving properly through the nose, and surgery often help clear the blockage.

There are two types of surgery used that will remove blockages from inside the nose and create a larger breathing space inside the nose.

SEPTOPLASTY

is one type of surgery that repairs the blockage by repairing a deviated (crooked) septum. Incisions are made inside the nose, then cartilage and sometimes bone are removed, reshaped or moved leaving more breathing space.

TURBINATE SURGERY

repairs the blockage by reducing swelling or enlargement of the turbinates by removing bone or membrane from inside the nose. Incisions are made under the lower turbinate inside the nose, then excess bone and sometimes membrane are removed. This decreases the size of the turbinates resulting in more breathing space.

GENERAL ANESTHESIA

will be given during surgery to keep you from feeling any pain during the procedure and to keep you sedated. An anesthesiologist gives you medicine through an IV in your arm and a breathing tube is place in your throat to assist breathing during surgery.

Risks and Complications

1. Scars may occur as a result of this surgery, but this should be rare. The incisions or cuts made during surgery are inside the nose and are hard to see from the outside.
2. There is a risk of bleeding and infection associated with this procedure.
3. Continued nasal obstruction or blockage can occur after this procedure.
4. There is a slight risk of a septal perforation or hole occurring after this procedure.
5. Bloody mucus drainage from the nose is common for the first 2 to 3 days.
6. There will be crusting/scabs over the turbinates if these are operated on. This crusting lasts for about 4 weeks. There may be some bleeding from these areas when the scabs come off and this may require packing to control bleeding. This bleeding is not a common problem.

AFTER SURGERY

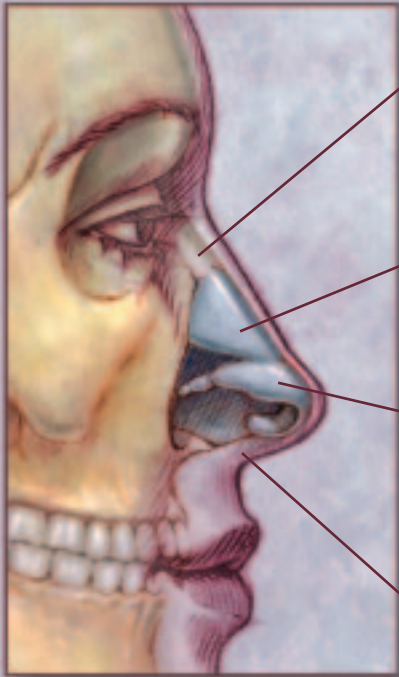
1. Usually soft, flexible, plastic splints are placed into each nostril at the time of surgery. The splints are to help line up structures inside the nose during the healing process, much like a splint or cast is placed on a broken bone to help line up the way it heals. The splints will stay in usually 7 to 14 days. While the splints are in, the nose will feel stuffy/ congested but, usually not very painful.
2. Pain medicine will be prescribed for you. The pain medicine can help you rest even if you don't have much pain.
3. Please keep your head elevated when lying down to sleep or rest. Use extra pillows or rest in a recliner. This will help reduce the amount of swelling in the nose after surgery.
4. Expect some bloody mucous drainage from the front of the nose and down the back of your throat for the first 2 or 3 days. You will be given some gauze pads to keep taped under your nose to collect that drainage.
5. Usually, patients are given antibiotics to take for the first week or so after surgery.
6. Please call our office for fever higher than 101.5 degrees F orally (or 102.5 rectally) or if you feel you have an unusual amount of drainage.
7. You may gently clean the front of the inside of your nose, around the splints, with hydrogen peroxide on Q-tips and/or by squirting nasal saline spray into each nostril. The spray can be purchased at most drug stores. Saline nose drops may be used to loosen bloody crusts and clean nose as well.
8. A cool mist humidifier used by the bedside can help moisten the air you breathe and reduce throat irritation.
9. Please put a small amount of Polysporin ointment with a Q - tip into the front of your nose to help prevent bloody crusting/scabbing around the splints.

NASAL SURGERY INSTRUCTION

This booklet is designed to help patients understand what to expect and what to do before and after nasal surgery. We hope this booklet will answer many of your questions. If you have further questions, you may call our office and one of our nurses may be able to help you. If not, she will ask your doctor to return your call or she may instruct you to come to the office to see him.

BEFORE SURGERY

1. You will need to come to our office for a pre-operative exam and review of your planned surgery. This is usually done a few days before surgery,
2. Patients should not take aspirin, Advil, Motrin, Aleve, Goody Powder or many other types of arthritis pain medicines (a longer list of these medicines will be given to you) for 2 weeks prior to surgery. These types of pain medicines have a "blood thinning" side-effect which may cause severe bleeding after surgery.
3. You may take Tylenol (acetaminophen), Codeine, Darvocet, Tylox, or Lortab before surgery because these medicines do not affect bleeding.
4. Please bring all of your regular medicines with you to your pre-operative visit.
5. Notify our office if you (the patient) become ill before surgery.



Bone supports the upper third bridge of the nose

Upper Cartilage supports the side of the nose

Lower Cartilage adds support, width and height, and helps shape the nostrils and tip of the nose

Skin also helps shape the nose

The Septum is a thin wall made of cartilage and bone that divides the inside of the nose into two chambers.

The Nasal Cavity is a hollow space behind the nose that air flows through.

The Turbinates are curved, bony ridges lined with mucous membrane that warm and moisten the air you breathe.



The Mucous Membrane is a thin tissue that lines the nose. It makes the sticky mucus that helps clean the air you breath of dust and other small particles.

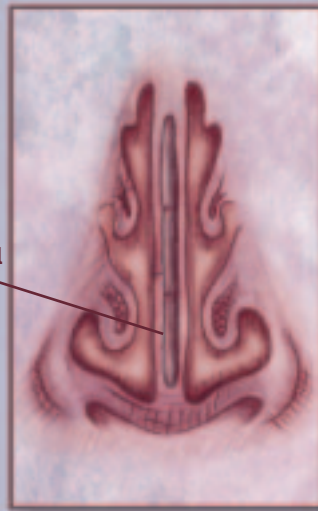
The Sinuses are hollow air filled chambers in the bones around your nose. Mucus from the sinuses drains into the nasal cavity.

Septoplasty

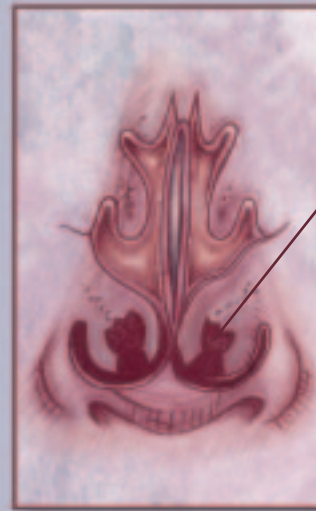


Cartilage Removed

Septum Reshaped



Turbinate Surgery



Bone

Bone Removed

