



PAEDIATRIC ENT SERVICES

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SEPTOPLASTY, SMR OF THE TURBINATES, CAUTERY OF TURBINATES

Septoplasty is performed to straighten a deviated septum. Reduction or cautery of the turbinates is done to improve the airway as well, by reducing the turbinate enlargement often seen in allergic rhinitis. The main aim is to improve a blocked nose or as part of the surgical treatment of sinusitis.

The main complications of the operation involve bleeding postoperatively, later redevelopment of the septal deviation due to the "cartilage memory", or further injury. If the nasal septum has been severely damaged by previous injury, problems with further growth of the nose will occur. Rarely some people develop a perforation in the septum which may have no consequence or may cause a whistling noise with breathing and may cause nose bleeding. The turbinates regrow to some extent in all patients.

Following septoplasty, your nose may be packed for a day. This will be uncomfortable but not painful. After you leave hospital, your nose will probably still be congested for a few weeks. You should not blow your nose for 7 days, but rather sniff the secretions back. The crusts and debris in your nose will be cleaned out at your postoperative visit. Also avoid bumping your nose.

It is not unusual to have some blood stained discharge on and off for a month after the operation. Swimming in the ocean a week after the operation may help clean the nose out. Panadol rather than aspirin should be used for discomfort and pain. You may also be given a prescription for antibiotics.

Saline nasal spray and sometimes Drixine nasal spray, should be used for congestion with the use of 2-3 pillows at night if needed.

In the case of SEVERE bleeding, which occurs in 2% of patients, please contact me, or if this is not possible, go to the emergency department.