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PATIENT EDUCATION ON SEPTOPLASTY AND ENDOSCOPIC SINUS SURGERY

Surgery in the nose is performed to cure or reduce difficulties in nasal breathing, to treat chronic sinus infections, to remove nasal or sinus polyps, to remove other growths or tumors, and/or to decrease headache, facial, or sinus pain.

Septoplasty: A procedure done to straighten the septum, which is the structure that divides the two nostrils inside the nose.

Turbinoplasty: A procedure done to reduce the size of the nasal turbinates. The procedure can be done in a number of ways including submucous resection, laser, outfracture, and heat reduction based on findings at the time of surgery.

Endoscopic Sinus Surgery: A procedure done using a sinus “telescope” and special instruments working through the nostrils to open the openings of some or all of the eight sinus cavity openings, draining sinus infections, or removing polyps.

Balloon Dilation: A procedure that uses tiny balloons (like those used in angioplasty in the heart) to permanently dilate sinus openings.

Patients may have one or all of these procedures done depending upon the specific diagnosis (ie. septal deviation, nasal obstruction, chronic sinusitis, sinonasal polyps, turbinate hypertrophy, etc).

There are no incisions on the face with these procedures.

Recovery

Patients generally go home after surgery. There is often packing in the nose which is removed the next day. The packing may be uncomfortable and it may be more comfortable to sleep in a recliner or with the head elevated.

Pain is generally well controlled with the prescription pain medications

Soft plastic splints are placed in the nose that are generally removed after 1 week. Generally, patients may return to work after one week, unless the patient has a job that involves heavy lifting or working in a dusty environment.

There is another 4-8 weeks of healing during which the patient irrigates the nose at home and comes into the office every 1-2 weeks for evaluation and possible cleaning. There may be numbness of the palate and/or front teeth, due to the removal of bone inside the nose. This area of numbness will gradually shrink over 6-8 weeks.

Risks

Oozing of bloody mucus is common after nasal surgery. A moustache nasal dressing may be helpful to manage this. However, heavy and continuous nasal bleeding can occur as well.

If you have a nose bleed, sit upright, and pinch the lower on-half of the nose together (the soft portion below the bone), for ten minutes by the clock. If you have Afrin or Neosynephrine nasal spray you may use this before pinching the nose. Applying ice packs over the nose may also help. Release and observe. If bleeding continues repeat the same process, but hold pressure for 20 minutes.

Other potential complications include the formation of scar bands in the nose, a hole or perforation in the septum, sinus infection, swelling and/or bruising around the eyes, double vision (which usually resolves in days to weeks). Occasionally the sense of smell is affected.

Rare complications include brain fluid leak, orbital bleeding, and damage to the optic nerve.

In addition, the risks of general anesthesia (heart attack, stroke, death, etc) are present, but fortunately rare.

Results

The majority of patients have improvement in breathing. Sometimes there is a “memory” in the cartilage that can cause recurrent narrowing. It is common that the two nostrils will not end up being the same size. With sinus surgery infections are controlled or eliminated. The incidence of reoperations is low. In the case of nasal polyps, which often recur, modern endoscopic techniques allow for more thorough removal.