



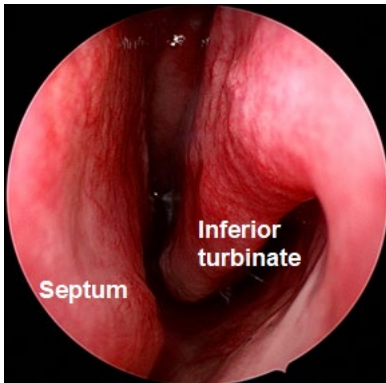
INFERIOR TURBINATE REDUCTION SURGERY

Patient and Family Information

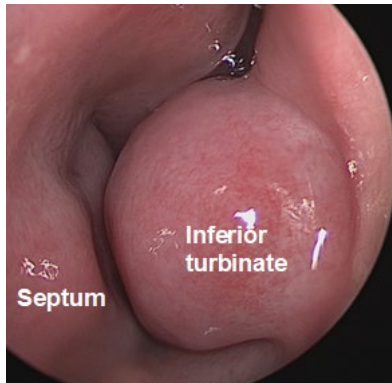
What is inferior turbinate reduction surgery?

The turbinates are shelves of tissue arising from the sidewall of the nose. They warm and humidify inhaled air, directing airflow into the nasal passages.

The inferior turbinates can become abnormally enlarged (hypertrophic) as a result of inflammation. Allergic rhinitis is a common cause. This can result in nasal obstruction.



Normal inferior turbinate
(left nasal cavity)



Hypertrophic inferior turbinate

In inferior turbinate reduction surgery, the inferior turbinates are trimmed. This will reduce the tissue volume of the inferior turbinates to improve the nasal space. This may be performed with septoplasty in the same setting.

Why do I need this surgery?

There are two main reasons for undergoing the inferior turbinate reduction surgery:

- Enlarged inferior turbinates can cause nasal obstruction. Surgery is performed to improve nasal breathing. It may also facilitate the administration of nasal steroid sprays to better manage allergic rhinitis.
- Obstructive sleep apnoea is a sleep disorder which affects one's breathing due to collapse of soft tissue in the upper airway. For patients with enlarged turbinates, surgery may improve nasal breathing, the quality of sleep and facilitate the use of continuous positive airway pressure (CPAP) devices.

What are the risks associated with this surgery?

- Nose bleeding: small amounts of blood stains in the mucous or saliva is normal after surgery. In the rare event of severe bleeding, you may need to be admitted for observation or surgery to stop the bleeding.
- Nasal crusting: this is common for about two weeks after surgery. It improves as the turbinate wounds heal.
- Reduced sense of smell: this is usually temporary.
- Nasal dryness: this is not unexpected due to a more patent nasal passage.
- Empty nose syndrome: a rare complication whereby patient experiences a paradoxical sensation of nasal obstruction and dryness after surgery despite having a more patent nasal passage. This may be due to the turbinate dysfunction of the remaining turbinate tissue, as it may not be able to warm, humidify, and regulate nasal airflow as well as it used to.

What are my alternative options?

Medication alternatives such as nasal steroid sprays can reduce nasal obstruction. We do not recommend using regular topical nasal decongestants as they will worsen the blocked nose over time. Immunotherapy is also a treatment option for those with severe allergic rhinitis.

A procedural alternative is radiofrequency. This is a minimally invasive procedure that uses radiofrequency-generated heat waves to shrink the turbinate soft tissue. The primary advantage of this procedure is that it can be performed in the clinic under local anesthesia, although its effects are not as long-lasting as inferior turbinate reduction surgery. You may wish to discuss with your surgeon which is the best option for you.

What can I expect immediately after surgery?

Your nose may be packed during the surgery to stop the nose from bleeding. This means that when you wake up from general anaesthesia, your nose will feel blocked. You will usually stay one night in hospital for observation. The nasal packs will be removed before you go home.

You may have septal splints within the nose if septal surgery is performed. This is a small piece of plastic stitched together on each side of the septum. Your surgeon will usually remove them one week after surgery.

Blood in the mucous or saliva, blocked nose and reduced sense of smell are common for the first two weeks or so after the surgery. This will improve as the nasal wound heals.

Post-operative care

Do not strain or blow your nose forcefully. Sneeze with your mouth open.

Use the nasal irrigation as instructed to rinse the nose. This keeps your nose clean and prevent mucous and blood from causing a blockage in your nose.

Avoid strenuous activities (e.g. weightlifting, aerobic exercise, contact sports) for at least two weeks after surgery, as this can cause the nose to bleed.

If you experience nose bleeding, you should pinch the soft part of your nose for five to ten minutes and gargle some ice water. If the bleeding persists, you may need to visit the emergency department.

It is important for you to attend post-operative outpatient visits. Your surgeon will clean your nose to prevent crusts from accumulating.

Should you have any pre or post operation queries, please call us at 6772 4551 or email us at ent_fc@nuhs.edu.sg.

For urgent medical attention, please walk into the clinic during operating hours (Monday to Friday, between 8.30am to 5.30pm) or visit the Emergency Department after clinic hours.

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