National University Hospital

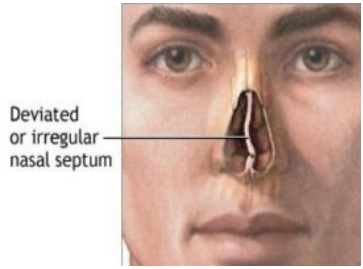
OPEN SEPTORHINOPLASTY

Patient and Family Information

What is an open septorhinoplasty?

The nasal septum refers to the partition of cartilage and bone in the middle of your nose.

An open septorhinoplasty refers to the surgical correction of any deformity of the septum, accompanied by a surgical alteration of the external shape and appearance of the nose.



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This may be combined with inferior turbinate reduction surgery in the same setting. Information about inferior turbinate reduction surgery is available in a separate leaflet.

Why do I need this surgery?

There are different reasons for undergoing a septorhinoplasty.

One or more of the following reasons may apply to you:

- Nasal obstruction with external nasal deformity: for patients with nasal obstruction in association with an external nasal deformity, surgery may help to improve the nasal breathing which has been compromised by a narrowed airway secondary to a crooked nose and a deviated nasal septum. The nose may be straightened, and sometimes bumps may be removed in the same setting.

- Chronic rhinitis with nasal obstruction: for patients with a significantly deviated nasal septum that may not be amenable to a closed septoplasty alone, open surgery may help to improve the nasal breathing and facilitate the administration of nasal steroids.

- Obstructive sleep apnoea: this refers to a sleep disorder where breathing is arrested due to the soft tissues of air passages becoming narrowed or collapsed. For patients with a significantly deviated nasal septum that may not be amenable to a closed septoplasty alone, open surgery may help to improve the nasal breathing and facilitate the administration of continuous positive airway pressure (CPAP) devices.

What does this surgery involve?

Photographs will be taken to record and document how your nose looked before the surgery. This will assist the surgeon to plan your operation.

This surgery is performed under general anaesthesia. After the administration of general anaesthesia, an incision is made across the columella (a bridge of skin that separates the nostrils at the bottom of your nose) along with two separate incisions performed within the nostrils. The lining of septum is then identified and lifted off. Any septal deformity is subsequently corrected. The nasal bones may be fractured to realign them, and pieces of bone or cartilage from the nasal septum may be removed or added to the nose to smoothen out any external deformities. Sometimes, cartilage may be obtained from the external ear or rib to augment the surgical correction of the nasal septal deviation.

At the end of surgery, nasal packs will be placed inside the nose to prevent the buildup of blood within the septum. These nasal packs are generally removed on the first post-operative day.

What are the risks associated with this surgery?

There are potential complications associated with any surgery. This may pertain to the administration of anaesthesia or the surgical procedure itself. You should speak to your doctor about these risks. Some of the potential complications following an open septorhinoplasty include:

- Pain
- Bleeding: small amounts of blood stains in nasal discharge or saliva can be expected after surgery. Rarely, excessive bleeding may occur, and you will have to be admitted to the hospital for surgery or insertion of nasal packs into the nose, to stop the bleeding.
- Septal hematoma: in rare cases, a buildup of blood within the septum may occur, requiring another procedure to drain the collected blood. Failure to do so may lead to further complications such as a secondary bacterial infection (septal abscess), development of a hole in the partition inside of the nose (septal perforation), and deformity of the nose (saddle nose).
- Septal perforation: this can result from a primary injury to the lining of the septum during surgery or a secondary consequence from a septal hematoma. This may be asymptomatic or may result in crusting, whistling sounds, recurrent bleeding or deformity of the nose (saddle nose) which requires further surgical repair.
- Inadequate correction of the blocked nose: this is generally uncommon as most patients demonstrate significant improvement in nasal breathing post-surgery. Revision surgery may be required in approximately 10% of cases.
- Persistence or recurrence of the original problem with an unsatisfactory cosmetic appearance or the new cosmetic appearance of the nose is unsatisfactory.

- Numbness of the upper front teeth/upper lip: this may occur infrequently post-surgery and usually settles with time.
- Impaired or lost sense of smell and taste.
- Abnormal healing of external wounds with hypertrophic scarring or keloid formation.

If cartilage is harvested from the external ear, some of the potential complications include:

- Abnormal healing of the scar at the back of the ear, including hypertrophic scarring or keloid formation.
- External deformity of the ear which is generally uncommon.
- Numbness at the operative site.
- Seroma/Hematoma: rarely, a build-up of blood within the cartilage harvest site of the ear may happen and require a small procedure to drain the collected blood/fluid.

If cartilage is harvested from the rib, some of the potential complications include:

- Pneumothorax: a condition in which air leaks into the space between the lung and chest wall.
- Infection of the rib cartilage harvest site: this is usually managed by antibiotics prescribed by your doctor.
- Seroma of the chest wound: collection of fluid at the rib harvest site.
- Chest scar: abnormal healing of wound leading to hypertrophic scars or keloid formation.
- Pain which can affect general mobility post-surgery.

- Warping, bending, fracture, resorption or displacement of the rib cartilage after it is placed within the nose can lead to unsatisfactory cosmetic appearance.

What are my alternative options?

Using topical medications such as nasal steroid spray may reduce nasal obstruction. You may opt for conservative management as such before deciding on surgery.

What can I expect immediately after surgery?

You will be observed overnight in the hospital.

Small amounts of blood stains in nasal discharge or saliva can be expected after surgery.

If nasal packs are inserted, they will likely be removed the next day (prior to discharge).

An external nasal splint is usually placed post-surgery. This will be expected to remain for approximately one week before being removed by your doctor. This splint aims to protect external structure of the nose during the recovery phase.

An internal nasal splint may be placed to prevent scar formation in the nose. This is expected to remain for approximately one week before being removed by your doctor.

It is important to eat and drink as instructed, as well as use your medications as prescribed. Doing otherwise may lead to an increased risk of complications such as bleeding.

Swelling of the nasal tip is expected post-surgery. This is expected to improve gradually over the next few weeks. Complete resolution of this swelling may take up to six months post-surgery. The nasal tip may feel firm after the surgery, and this may be permanent due to additional support provided to the nasal tip.

Post-operative care

- Change outer nasal dressing if it gets wet.
- Do not eat or drink during the first six hours after the surgery if feeling unwell or nauseous.
- Do not strain or blow the nose forcefully during the first week post-surgery. You will be given nasal douches/sprays to help clear your nose. Sneeze with your mouth open to protect your nose.
- Elevate head with additional pillows while sleeping.
- Rest at home.
- Avoid all moderate and high intensity exercises for at least two weeks after the surgery.
- Patient will be reviewed in the ENT clinic at approximately one-week post-surgery.

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.

References:

- A.D.A.M:
  http://www.adam.com
  http://slu.adam.com/graphics/images/en/7166.jpg

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