National University Hospital

SEPTOPLASTY

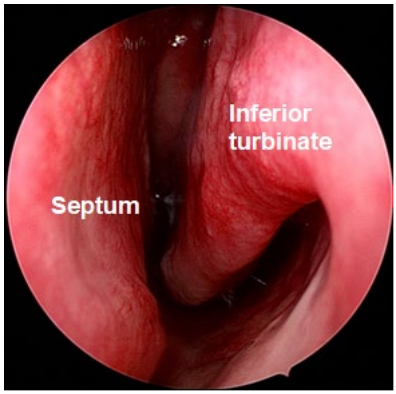
Patient and Family Information

Information is correct at time of printing [Jun 2026] and subject to revision without prior notice.

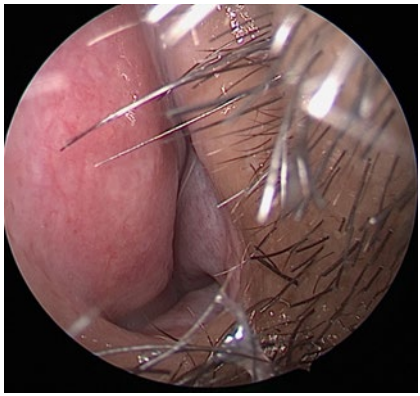
What is septoplasty?

The nasal septum is the partition of cartilage and bone in the middle of your nose, separating the right from the left side. A deviated nasal septum may contribute to blocked nose.

Septoplasty is the surgical correction of any deviation or deformity of the septum. It may be performed in conjunction with inferior turbinate reduction to optimise improvement in your blocked nose.



Normal septum (left nasal cavity)


Septum deviated to the left

Why do I need this surgery?

There are different reasons for undergoing septoplasty. One or more of the following reasons may apply to you:

- Your septum is deviated, contributing to blocked nose.
- You have obstructive sleep apnoea (OSA). Septoplasty may be performed as part of your OSA surgical treatment, or to facilitate the use of a continuous positive airway pressure (CPAP) device.
- You require endoscopic sinus surgery, and the deviated septum is obstructing the surgical instruments from reaching the affected sinuses.

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.
- Septal haematoma: instead of having nosebleed, the blood builds up and clots within the space of the septum. The clotted blood can be drained in the clinic with minimal discomfort.
- Temporary numbness of upper gums and teeth.
- Temporary reduced sense of smell.
- Septal perforation: a hole in the septum. It may not cause any problems for some patients. However, some patients may experience whistling sounds during breathing, bleeding, or mucous to crust around the hole. Surgical repair may be necessary if symptoms are bothersome.

- Nasal saddling: the shape of the nose appears “flat”. This occurs when the remaining septal cartilage is not strong enough to support the structure of the nose, leading to the collapse of the nasal bridge. To minimise this risk, your surgeon has to preserve enough supporting septal structures whilst removing the bent part of the septum. As a result, there may be a slight residual bend of the septum after surgery. not worry about this, as most patients will still experience improvement in the blocked nose.

What are my alternative options?

Nasal steroid sprays, oral medication or immunotherapy (if you have allergic rhinitis) are alternative options. Although these options will not treat the septal deviation itself, it may improve nasal obstruction.

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 the hospital for observation. The nasal packs will be removed before you go home.

You may have septal splints within the nose. This is a small piece of plastic stitched together on each side of the septum. Your surgeon will 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 the formation of scar tissue.

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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