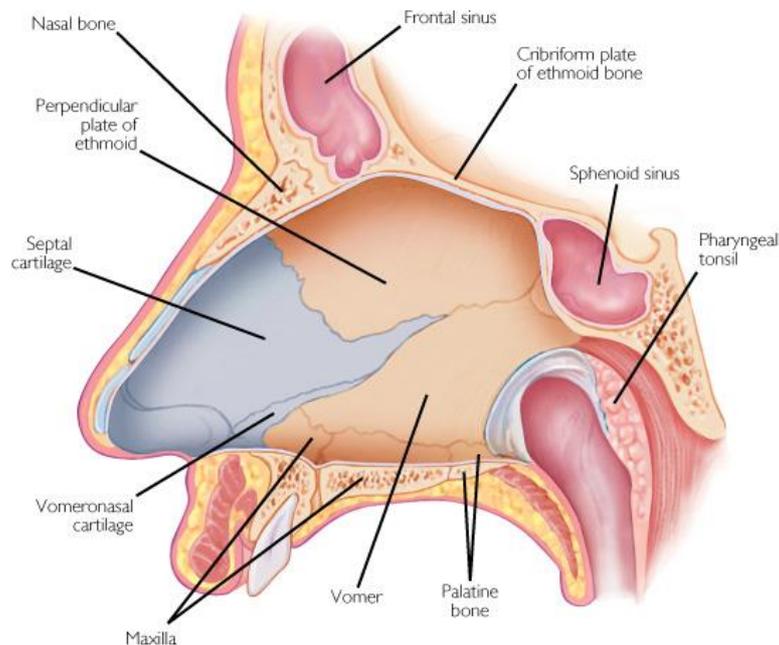


RHINOPLASTY (and Complex Septoplasty)

Relevant Anatomy



<http://allaboutmedicalscience.blogspot.com/2013/03/treatment-of-deviated-nasal-septum.html>

Relevant Terms

Septoplasty: A surgical straightening of the partition dividing the inside of the nose in to the left and right sides, with the goal of *improving nasal breathing*. Occasionally this procedure is undertaken as a part of sleep apnoea surgery to improve the nasal airway or to allow you to use your CPAP mask and sometimes it is done to allow access to structures deeper within the nose such as polyps or the sinuses.

Rhinoplasty: A surgical alteration to the outside of the nose. It may be performed for both functional (airway) and cosmetic (appearance) reasons.

What the day of the operation is like

You will be admitted on the day of your surgery and may need to stay overnight in hospital. If you use a CPAP machine, please bring it with you.

The operation is performed under a general anaesthetic, where you will be asleep and medications for pain relief will be given. For the septoplasty, a small cut is made on the inside of your nose, and any bent or obstructing bone/cartilage is removed or straightened. The reconstructed nasal septum is secured with internal stitches that usually dissolve on their own over several weeks.

You will wake up in the recovery room and there is usually minimal pain. Specific discharge instructions and postoperative appointments will be included in your post operative information packet.

Medications vary but will include pain relief tablets, antibiotic tablets in some instances, and usually a saline nasal rinse to help ease the degree of crusting in the nose. Please follow the directions give and if you are unsure, call your doctors rooms.

How will I feel afterward?

Most patients feel blocked and 'crusty' after the operation. This can be improved temporarily by using saline rinses and gently cleaning the nostrils with warm water and applying a thin layer of Vaseline afterward. In time, this crusting will settle down as the lining of the nose heals.

To reduce the risk of significant bleeding it is recommended that vigorous exercise be avoided for 2 weeks.

If there is any bleeding that doesn't stop with conservative measures, please call/return to the rooms or hospital for advice.

Some Risks of Septoplasty and Rhinoplasty:

General risks:

- Infection can occur, requiring antibiotics and further treatment.
- Bleeding could occur and may require a return to the operating room. Bleeding is more common if you have been taking blood thinning drugs such as Warfarin, Aspirin, Clopidogrel (Plavix or Iscover), Dipyridamole (Persantin or Asasantin), or newer drugs such as Pradaxa.
- Small areas of the lung can collapse, increasing the risk of chest infection. This may need antibiotics and physiotherapy.
- Increased risk in obese people of wound infection, chest infection, heart and lung complications, and thrombosis.
- Heart attack or stroke
- Blood clot in the leg or lungs.
- Death as a result of this procedure is possible.

Specific risks:

- Bleeding. This may occur either at the time of surgery or in the first few weeks after surgery. Bleeding after surgery may require packing of the nose under local anaesthesia or may require another operation to stop the bleeding. A blood transfusion may be necessary depending on the amount of blood lost.
- Persistence or recurrence of the original problem with an unsatisfactory cosmetic appearance or lack of satisfaction with the new cosmetic appearance of the nose.
- Rhinoplasty may lead to a poorer nasal airway which may require revision surgery in 10-20% of cases.
- Abnormal healing of external wounds with abnormal scar formation.
- Impaired or lost sense of smell and taste.
- Adhesions or scar tissue forming inside the nose requiring further surgery.
- Numbness of the top lip and / or upper front teeth
- CSF leaks/Orbital Haematoma/Septal Abscess/Haematoma (bruising).
- May cause increase in snoring or sleep disturbance.
- Septal perforation or hole in the partition inside the nose. This is often asymptomatic but may result in whistling crusting or bleeding and may require further surgery to close the hole. This applies to septoplasty.

Risks of not having this procedure:

- Unchanged clinical condition; in some cases nasal obstruction can worsen over time

Risks of Anaesthetic

- Local anaesthetic agents are required, including a numbing agent, and adrenalin, which may cause damage to vessels, nerves, changes in heart rate and blood pressure. Rare cases have been reported of cardiac events and death due to administration of these agents.
- General anaesthesia has several risks that your anaesthetist will discuss with you, but some of these include (but are not limited to) injury to mouth/teeth/throat, allergy to anaesthetic agent given, nausea and vomiting, and rarely, death.

Please note the above information is for general education ONLY.

For other specific risks and benefits of surgery please speak to your specialist, anaesthetist, and refer to the patient information sheet provided by your surgeon.