

Septoplasty & Turbinoplasty

Understanding Septoplasty and Turbinoplasty

Septoplasty is a surgical procedure aimed at correcting a deviated septum, the wall of cartilage and bone that separates the two nasal passages. Turbinoplasty, often performed alongside septoplasty, involves reducing the size of the nasal turbinates—structures that help warm and humidify the air we breathe.

Straightening the septum and reducing the size of the turbinates is useful to help improve nasal obstruction and downstream issues with snoring or sleep apnoea. A septoplasty is also often done to improve access for sinus surgery (FESS), or less commonly to address nose bleeds.

Procedure

Both procedures are performed under general anaesthesia. They are done through the nostrils with no cuts on the outside. The outer nose doesn't change shape – unless it's specifically included in the procedure as a rhinoplasty. Bone and cartilage are removed to allow the septum to sit straight in the midline and the turbinates to be reduced in size. Occasionally, cartilage is repositioned to reinforce the structure of the nose. It takes roughly an hour, but this can vary a lot depending on the complexity of the case.

Recovery

Nasal Packing: Almost all patients will have some dissolvable nasal packing (made from cellulose) placed in the nose to help prevent bleeding. Often, silicon sheets called splints will also be stitched to the septum to aid in healing. Together these can block the nose and be uncomfortable, however they are an important part of the surgery. They will be removed at your first postop appointment. Expect congestion and difficulty breathing through the nose initially, which should improve gradually over the following weeks. Regular rinsing with saline will help ease the congestion and improve healing. Pain is generally well-controlled with oral pain relief.

Nasal Rinsing: Regular saline rinsing, at least 4 times a day for the first 2 weeks, is essential for keeping the nasal passages clean and promoting healing. Your nose will be full of dissolvable nasal packing (made of cellulose) and old blood. Rinsing this out will help clear your nose and prevent issues with scarring. If you run out of saline solution, more can be purchased at the pharmacy, or you can make your own with 250ml boiled (then cooled) water, 1 teaspoon salt and ½ teaspoon baking soda.

Bleeding: A little occasional bleeding is normal post-surgery and can happen off and on for several days. However, severe or prolonged bleeding requires medical attention. If you bleed, try the first aid measures below. If these do not work, please contact us if it's during business hours or go to your nearest urgent care or emergency department.

First Aid for Nose Bleeds

Sit up straight: Lean forward slightly to prevent blood from flowing down the back of your throat.

Pinch the nostrils: Use your thumb and index finger to pinch the soft part of your nose, just below the bridge. Maintain pressure for at least 10 minutes without releasing to allow the blood to clot.

Apply ice: Applying a cold pack or ice wrapped in a cloth to the bridge of the nose and back of the neck may help constrict blood vessels and reduce bleeding.

Nasal spray: If you have a decongestant nasal spray such as Otrivin (xylometazoline) or Sudafed (oxymetazoline), spray 4 sprays in each nostril. This helps constrict blood vessels.

Complications and Post-operative Course

Complications can occur in any case but overall they are rare. Some of the most common complications are discussed below. We will discuss complications in more detail during your consultation, and if you have any questions please don't hesitate to get in touch.

Bleeding: As mentioned above, a little bleeding is normal. However, severe or prolonged bleeding requires medical attention. This can usually be controlled in the emergency department or clinic with nasal packing and medication, but occasionally it will require a return to theatre or a blood transfusion.

Infection: In many cases, the sinuses are infected at the time of surgery. This is best managed with regular saline rinsing. Antibiotics may also be started immediately after surgery. However, if you notice fevers, increasing pain or swelling or become very unwell, please contact us or go to your nearest urgent care or emergency department.

Septal perforation: Occasionally, a hole can form in the septum. This is more likely when the septum starts off very deviated or with certain underlying medical problems. In many cases, a septal perforation causes no issues but some may cause bleeding, crusting, discomfort or very rarely a change in the external nose. In these cases, repair of the perforation may be considered.