

Septoplasty & Septorhinoplasty

Brad Mechor MD FRCSC

Rhinology - Endoscopic Sinus and Skull Base Surgery - Rhinoplasty

What is a septoplasty and septorhinoplasty?

Septoplasty is a surgery that is performed to straighten a deviated nasal septum.

Septorhinoplasty is a surgery that is used to alter the external appearance of the nose for both cosmetic and functional reasons.

How is the surgery done?

Both surgeries are performed under a general anesthetic in an operating room setting. During surgery you will be asleep and under drapes to keep the operating field sterile. Small incisions are made on the inside of the nose for a septoplasty and the mucous membranes covering the nasal septal cartilage and bone are lifted off of to allow the crooked piece of nasal septum. This piece may be straightened and replaced. Dissolvable sutures are used inside the nose to close the incisions. Small plastic splints may be used to keep the septum straight after surgery. The splints will be removed in the office at your followup appointment.

During rhinoplasty surgery, a small incision is made under the tip of the nose and then incisions are made inside the nose to allow a surgeon to elevate the skin off of the cartilage and bone that makes up the nose. This allows the surgeon to directly see the area that require correcting plus rebuild the nose to make it stronger as it heals. Sutures are used to close the incisions and a cast is placed on the outside of the nose. Plastic splints maybe used inside the nose if the septum has been repaired. The cast and splints will be removed at the postoperative appointment.

The inferior turbinates may need to be reduced in size to improve nasal breathing. This can be done using a submucosal debrider or coblation probe.

What are the indications and benefits for surgery?

- Obstructed nasal breathing from a deviated septum
- Improve access to the sinuses during endoscopic sinus surgery
- Straighten a crooked nose
- Reduce the size of the nose
- Improved nasal breathing
- Improve the nasal appearance and function
- Snoring may be improved
- Studies have shown that over 2/3rds of patients undergoing rhinoplasty will have a functional problem with their nose (deviated septum, turbinate hypertrophy, allergies, sinus disease) which must be treated

What is the success rate of surgery?

- Studies have shown approximately 85% of patients improve from septoplasty

- Occasionally a second surgery is needed to fully correct nasal breathing or external deformity of the nose. This varies between 1-5% depending on the degree of abnormalities found
- A very small percentage of patients do not improve or worsen after surgery (ie. no improvement in nasal breathing, worsened nasal breathing or, very rarely, feeling too open after surgery).

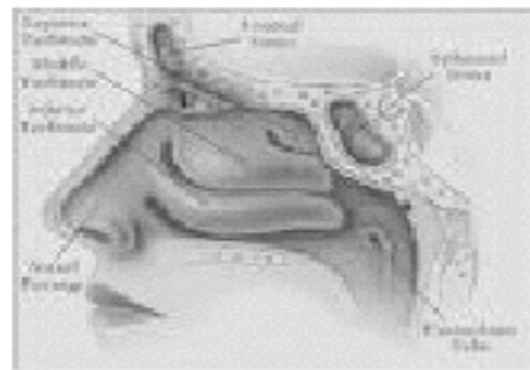
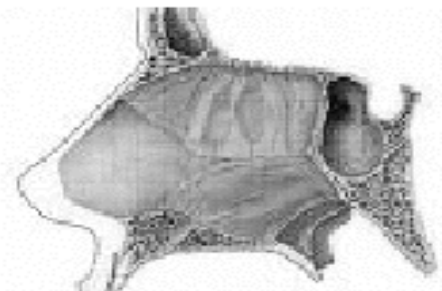
What are the risks and potential complications?

- Post operative bleeding and infection
- Risk of developing a hole, or perforation, in the nasal septum
- Improper healing of the nasal septum with a residual deviation
- Improper healing of the external part of the nose which may require a second surgery
- The feeling of increased congestion on the side of the nose that was more open before surgery
- A very rare feeling of your nose being too open
- Drooping of the tip of the nose or a depression on the bridge of your nose

What can be expected after surgery?

- A small amount of bleeding is normal in the first few days after surgery
- Tenderness to the tip of the nose
- Your nose may run and feel dry for a period of time after surgery
- You will need to use a sinus rinses or saline spray for several months after surgery
- You may need to continue to use nasal steroids after surgery
- You may resume normal activity about 10-14 days after surgery
- You can blow your nose gently and shower after your surgery

If you have any questions, please call Dr. Mechor's office at (403)270-8060¹



¹ March 2014 - Brad Mechor MD FRCSC