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What is a deviated nasal septum?
The septum is the cartilage and bone inside the nose that divides the nostrils. It is covered by a layer of mucosa (the skin-like lining inside the nose). The septum is usually straight but it can be deviated (bent), causing symptoms of a blocked nose (see figure 1).

![Image](image_url)

**Figure 1**
- a Skull showing a straight nasal septum
- b A bent nasal septum

Your surgeon has recommended a septoplasty or submucous resection operation. Both of these are operations to correct a deviated nasal septum. However, it is your decision to go ahead with the operation or not. This document will give you information about the benefits and risks to help you make an informed decision. If you have any questions that this document does not answer, you should ask your surgeon or any member of the healthcare team.

How does a deviated septum happen?
The septum may have been deviated from childhood or due to an injury. The deviation can happen in the cartilage, the bone or both.

What are the benefits of surgery?
Your septum will be straight, which should relieve your symptoms of a blocked nose.

Are there any alternatives to surgery?
Surgery is recommended as it is the only dependable way to cure the condition. The condition will not go away without an operation.

What will happen if I decide not to have the operation?
Your nose will continue to feel blocked but it should not get worse.

What does the operation involve?
The operation is performed through your nostrils and does not result in any facial scars or black eyes. There are small differences between a septoplasty and a submucous resection – the septoplasty is the more commonly performed. A septoplasty corrects a deviation from the very front of the septum behind the bridge of skin between the nostrils (the columella) right through to the back. If the deviation is only at the back of the nose, a submucous resection may be all that is needed.

The healthcare team will carry out a number of checks to make sure you have the operation you came in for. You can help by confirming to your surgeon and the healthcare team your name and the operation you are having.

A septoplasty and submucous resection are usually performed under a general anaesthetic but a local anaesthetic can be used. Your anaesthetist will discuss the options with you and recommend the best form of anaesthesia for you. You may also have injections of local anaesthetic to help with the pain after surgery. The operation usually takes about three-quarters of an hour.

Your surgeon will make a cut in the lining of the nose over the septum and lift the mucosa off the cartilage and bone. They will remove the parts of the cartilage and bone that are bent and they will put the rest back in a straight position.
Your surgeon may close the cut with dissolving stitches that will fall out in a few weeks. You may be able to feel the stitches at the front of your nose. Your surgeon may place some form of packing in your nose for the first night to prevent bleeding.

**What should I do about my medication?**

You should let your doctor know about all the medication you are on and follow their advice. This includes herbal remedies and medication to control diabetes and blood pressure. If you are on beta-blockers, you should continue to take them as normal. You may need to stop taking warfarin or clopidogrel before your operation.

**What can I do to help make the operation a success?**

If you smoke, stopping smoking several weeks or more before an operation may reduce your chances of getting complications and will improve your long-term health. Smoking stops your nose clearing mucus properly and this can increase the feeling of a blocked nose. Try to maintain a healthy weight. You have a higher chance of developing complications if you are overweight. Regular exercise should help prepare you for the operation, help you recover and improve your long-term health. Before you start exercising, ask a member of the healthcare team or your GP for advice. You can reduce your risk of infection in a surgical wound by keeping warm around the time of your operation. Let a member of the healthcare team know if you are cold.

**What complications can happen?**

The healthcare team will try to make your operation as safe as possible. However, complications can happen. Some of these can be serious and can even cause death. You should ask your doctor if there is anything you do not understand. Any numbers which relate to risk are from studies of people who have had this operation. Your doctor may be able to tell you if the risk of a complication is higher or lower for you.

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**1 Complications of anaesthesia**

Your anaesthetist will be able to discuss with you the possible complications of having an anaesthetic.

**2 General complications of any operation**

- **Pain**, which happens with every operation. The healthcare team will try to reduce your pain. They will give you medication to control the pain and it is important that you take it as you are told so you can move about and cough freely.
- **Bleeding** soon after surgery or a week to ten days later. You may need to have your nose repacked with a firmer pack or a pack placed into the back of your nose. If the bleeding is heavy, you may need a blood transfusion.
- **Infection of the surgical site** (wound). Let your surgeon know if your nose bleeds or if the skin over your nose becomes red, swells or is tender. An infection usually settles with antibiotics but you may need another operation.

**3 Specific complications of this operation**

- **Developing a haematoma (collection of blood) or abscess** between the layers of the septum. This may need treatment with antibiotics or further surgery to drain any blood or pus that has collected.
- **Making a hole in the septum** (risk: less than 5 in 100).
- **Injury to nerves** that supply the skin and the gum over the front upper teeth, leading to a numb patch or persistent pain (risk: 3 in 100 within three months of the operation, 1 in 100 after one year).
- **Change to the shape of the nose** with some loss of height of the bridge or shortening of the columella (risk: less than 1 in 100). This may happen over months or years.
- **Reduced sense of smell** (risk: less than 1 in 100).
- **Toxic shock syndrome**, which is an infection of the bloodstream (risk: 1 in 10,000).
How soon will I recover?

• In hospital
After the operation you will be transferred to the recovery area and then to the ward. You will usually be kept in hospital overnight although you may be able to go home the same day. If you do go home the same day, a responsible adult should take you home in a car or taxi and stay with you for at least 24 hours. You should be near a telephone in case of an emergency.
If you had some packing in your nose, it will be removed on the morning after your operation. You will feel a ‘dragging’ sensation as this is removed and you may have a nosebleed for up to fifteen minutes. Once this has settled you should be able to go home. However, your doctor may recommend that you stay a little longer.
If you are worried about anything, in hospital or at home, contact a member of the healthcare team. They should be able to reassure you or identify and treat any complications.

• Returning to normal activities
You should not drive, operate machinery (this includes cooking) or do any potentially dangerous activities for at least 24 hours and not until you have fully recovered feeling, movement and co-ordination. If you had a general anaesthetic or sedation, you should also not sign legal documents or drink alcohol for at least 24 hours.
You may need to use a nasal cleansing kit (nasal douche) to keep your nose clean. You may be given a course of antibiotics to reduce the risk of infection.
You will need to stay off work and away from groups of people for two weeks after the operation. This is to avoid catching a cold, which could result in an infection. Your nose will feel blocked during the first two weeks and may release some bloodstained fluid. Regular exercise should help you to return to normal activities as soon as possible. Before you start exercising, you should ask a member of the healthcare team or your GP for advice.

Do not drive until you are confident about controlling your vehicle and always check your insurance policy and with your doctor.

• The future
Most people make a full recovery and can return to normal activities. However, the deviation can come back (risk: less than 1 in 100). This can happen because the cartilage can gradually return to its original position.

Summary
Surgery will result in you having a straight septum, which should relieve your symptoms of a blocked nose. However, no serious complications can happen if a deviated septum is left untreated.
Surgery is usually safe and effective. However, complications can happen. You need to know about them to help you make an informed decision about surgery. Knowing about them will also help to detect and treat any problems early.

Keep this information leaflet. Use it to help you if you need to talk to a healthcare professional.

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