

SEPTOPLASTY AND BILATERAL INFERIOR TURBINATE REDUCTION

Indications: It has been recommended that you have a septoplasty and bilateral inferior turbinate reduction. This is usually recommended if your septum is deviated and causing congestion, headaches, pressure, disruptive sleep and / or post nasal drip. The inferior turbinate is a structure that is located on the outer, lower portion of the nasal cavity. It is responsible for warming and humidifying air as it passes through the nasal passage. Often times as a result of a deviated septum, infections, allergies, or simply sensitivity, the inferior turbinate will hypertrophy and contribute to nasal congestion and post nasal drip. There is no alternative to surgery to straighten the septum, but the continued use of medications such as nasal sprays, decongestants, antihistamines, and possibly more aggressive allergy management such as desensitization shots when appropriate may help to improve symptoms. The above stated medical therapies may also help with symptoms related to inferior turbinate hypertrophy.

Material Risk of Surgery: There is a risk of bleeding, numbness of the teeth, crusting, septal perforation which could lead to nasal whistling, failure to completely improve breathing, nasal drying, scarring, nasal odor, anesthesia, and very rarely a change in appearance of the nose.

What to expect:

You will be discharged the day of surgery. You will have splints in your nose which in theory you should be able to breathe through, although they often clog easily. You are to start using nasal saline nose drops the day of surgery (These can be obtained at any pharmacy), this will help to prevent crusting and improve the chance of you being able to breathe through the splints. You cannot overdose on the saline nose drops and they should be used at least 4 times a day. You should not blow your nose. You will have your first postoperative appointment 3 – 7 days after your surgery to have the splints removed. This may cause some discomfort and if someone can drive you to the appointment then you should take the prescribed oral pain medication in preparation for this. Once the splints are removed you will be instructed to continue to use the nasal saline drops 2 – 3 times a day for 3 weeks to minimize the risk of crusting and improve healing. You should not blow your nose for two weeks after the surgery, but if you feel congested you can use the saline mist spray purchased at the pharmacy and sniff in as much as you like. If you are also instructed to be using intranasal steroid spray, the spray should be applied after the nasal saline. You should refrain from smoking since this will affect the healing and long term success of nasal surgery.

You will be given a prescription for an antibiotic to start the day you have the procedure and pain medicine to use as needed. You should expect some bloody discharge from your nose, facial swelling, facial discomfort, and nasal congestion early in the postoperative period. You should use a drip pad as needed depending on the extent of the drainage and intermittent ice packs to your face if there is swelling. Sleeping with your head elevated will help improve some of these symptoms. If there is sudden increase in swelling, fever, severe headache, or excessive bleeding call the office immediately for instructions (215 – 757 – 7300 or 609 – 890 – 7800). If the doctor cannot be reached in a timely fashion you should go to the nearest emergency room.

You can return back to work or school within a week after the procedure. Please refrain from heavy lifting or exercise for 2 weeks after the surgery.

I have read the above and I had the opportunity to discuss and ask my doctor and/or staff any questions and I fully understand my alternatives and the risk of the procedure.

Patient Signature (Or authorized signature) _____ Date

Witness _____ Date