

Septoplasty-A brief note

Septum means partition. Nasal passage is divided by a bony cartilaginous partition. It is called nasal septum. Though it divides nasal passage it is often unequal because of its deflection to one side resulting in nasal block on narrower side. Septoplasty is a surgical procedure designed to make Septum central thus relieving nasal obstruction. It is also done for cosmetic reasons where deflected nasal septum causes crooked nose.

Sub mucous resection (SMR) of septum is also a procedure designed for deflected nasal septum. Though it is technically easy it's application is limited to deviations in back and floor of the nose.

Prior to surgery it is better to do nasal endoscopy to assess the nasal block. Health status of the patient is assessed by blood investigations and ECG. Details regarding past and present ailments, medications, allergies should be shared with the doctor. There will be restrictions regarding intake of food and fluid before and after surgery. It should be complied with. Please read document named **instructions to patients posted for surgery** for more information.

Surgery is done under local or general anaesthesia. It takes half an hour to one hour usually. Deviation/deflection of septum is corrected by reshaping it with minimum possible removal of cartilage and thus not jeopardizing support of the nose.

After surgery the patient is kept in post operative ward under observation for 3 hours and then shifted to room. In cases where further monitoring is required, the patient is shifted to ICU. Oral feeds can start 5 hours after surgery.

Analgesic and antibiotic are given usually. Patient is kept in the hospital for one day.

He or she is advised to stay at home for 1 week. Body bath can be taken. Head bath is deferred for 7 days. Bleeding and pain can occur. Bleeding can happen on the day of surgery or as late as 2 weeks. But usually it occurs within the first week. Nasal block is more common and it may last for one week. Rarely septal hematoma can occur. It can cause severe nasal obstruction. It usually occurs within the first week. Early detection is very important to prevent formation of septal abscess and deformed nose later. First postoperative visit is on the 7th day. Further follow ups are required only if patient has any symptoms.