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SEPTOPLASTY

POSTOPERATIVE CARE/INSTRUCTION SHEET and SURGICAL INFORMED CONSENT

Septoplasty is typically performed on patients with nasal obstruction due to a deviated septum. This is often combined with reduction of the inferior turbinate tissue and/or other adjunctive procedures. Depending on your particular needs, the surgery may only last one hour or may last 3-4 hours, and is performed under general anesthesia.

TWO WEEKS BEFORE SURGERY: Stop all non-steroidal anti-inflammatory drugs (NSAIDs) including products containing aspirin, ibuprofen, Advil, Motrin, naproxen and others for two weeks prior to surgery. These medicines increase the risk of bleeding. Also, discontinue all homeopathic alternative medicines such as ginkgo biloba or ginseng. These too may increase bleeding.

NIGHT BEFORE SURGERY: No solid foods (that includes milk, cream, etc.) for eight hours prior to surgery. Typically this means no solid foods after midnight before the surgery. Small volumes of clear liquids may be drunk up to four hours prior to surgery (examples: water, tea, Gatorade, or coffee with NO milk or cream).

HOSPITAL STAY: Septoplasty is usually done as an outpatient and does not require an overnight hospital stay. On occasion, a patient may need to stay overnight. Check with your insurance company to see if hospitalization would be covered by your policy. A decision to admit overnight would be made after surgery, if necessary.

LAB WORK: If lab work is needed, it is done prior to surgery. Labs may be obtained just after the preoperative examination. Your insurance carrier may dictate the lab where the blood is drawn.

The alternative to surgery is not to have the surgery performed and/or continue with medical management. Not having the surgery would leave your nose in the condition that it is in now.

The risks of septoplasty and/or inferior turbinoplasty should be completely understood by the patient prior to surgery:

BLEEDING: The nose may be packed for a couple of days to minimize the chance of bleeding. It is typical to experience some mild bloody discharge down the back of the throat or out the front of the nose for a few days. If it is heavy bleeding, please notify us immediately.

INFECTION: Infection is rare after septoplasty. Antibiotics are typically prescribed for 7-10 days postoperatively. Please take these until completion.

SEPTAL RE-DEVIATION: The septum is made of both cartilage and bone. Some cartilage must remain in order to maintain support of the nose. If the remaining cartilage was deviated, it may have a slight tendency to re-deviate. This usually does not cause problems, but in rare instances, might need further surgery.

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SEPTAL PERFORATION: There is a very small chance of developing a hole through the septum on the inside of the nose. It is rare. If this occurs in the back two-thirds of the nose, it usually causes no symptoms and would not need treatment. If this occurs in the front third of the septum, it may cause a whistling sound as you breathe, nasal crusting or intermittent nosebleeds. If this was to occur and become symptomatic, we would discuss the options available.

NUMB UPPER MIDLINE LIP AND UPPER MIDLINE TEETH: There is a nerve that runs along the bottom of the nose that descends down to the upper lip and upper four middle teeth. If your septum is deviated low in the nose along the bony middle crest, removal or reshaping of this may either temporarily or permanently affect this sensation nerve. You would look no different externally; however, you would feel numbness as if you had an anesthetic shot in this region by your dentist. If this occurs, it is most often temporary. Rarely is it permanent.

NON-RESOLUTION OF NASAL CONGESTION: Although nearly all patients undergoing septoplasty (with or without inferior turbinoplasty) find dramatic improvement in their ability to breathe through their nose, there is a small chance of insignificant improvement or no improvement. If this occurs, this should be discussed with your surgeon so that other options can be entertained. Please also be aware that diminished smell prior to surgery (if this is a problem of yours), won't likely improve.

ALTERATION IN EXTERNAL NASAL APPEARANCE: This is sometimes a desired intentional outcome (especially when the open approach is used), or very rarely an unintentional outcome. If this was to occur and not desired, further surgery would be necessary.

EXCESSIVE DRYNESS OF THE NOSE: This is rare. Typically, patients that undergo surgery for nasal congestion have a wet and/or congested nose. If nasal dryness postoperatively occurs, it is usually temporary. It is rare for this to be permanent. If this is to occur, please discuss this with your surgeon. There are some options to help with this problem.

POST-OPERATIVE CARE AFTER SEPTOPLASTY (WITH OR WITHOUT INFERIOR TURBINOPLASTY):

1. You should anticipate two visits to our office during the first week after surgery. There will be a few other visits over the next three to six weeks until healing is complete.
2. Please avoid lifting more than 15 pounds, excessive bending or straining for one to two weeks following surgery since this may promote bleeding. No vigorous exercise until healing is completed.
3. Do not resume aspirin containing products or NSAIDs for at least one week after surgery, until the majority of your postoperative healing has occurred.
4. If you need to cough or sneeze, please do so with an open mouth since this will help prevent excessive postoperative bleeding. You may blow your nose gently beginning a few days after surgery.
5. Use any saline nasal spray (Ocean Nasal Spray, Simply Saline, etc.), two to four times per day to help cleanse your nose and keep the crusting in the nose soft. In addition, bacitracin antibiotic ointment can be applied inside both nostrils with a Q-Tip two times a day for a week or two after surgery. Steroid nasal sprays may also need to be continued in the postoperative healing period.

Please contact us for any emergencies or postoperative problems or concerns. Our number is 847-259-2530.

At Suburban Ear, Nose and Throat Associates, Ltd., we go to great lengths to try to help you understand your plan of care. If at any time you have questions or concerns please call us at (847)-259-2530.

I have been given an opportunity to ask questions about my condition, alternative forms of treatment, risks of non-treatment, the procedure and the risks and hazards involved. I have sufficient information to give this informed consent. I understand every effort will be made to provide a positive outcome, but there are no guarantees.

Patient PRINTED Name: _____

Patient or Parent/Guardian SIGNATURE: _____

Parent/Guardian Printed name (if applies): _____

Parent Guardian relationship to patient (if applies): _____

Date: _____ Time: _____

Witness: _____ Date: _____