

Septoplasty

Septoplasty is a surgical procedure performed entirely through the nostrils, accordingly, no bruising or external signs occur. The surgery might be combined with a rhinoplasty, in which case the external appearance of the nose is altered and swelling/bruising of the face is evident. Septoplasty may also be combined with sinus surgery or nasal turbinate surgery.

The time required for the operation averages about 30 to 60 minutes, depending on the deviation. It will be performed under general anesthesia, and is usually done on an outpatient basis. After the surgery, two plastic splints are inserted in the nose to stabilize the septum and nasal packing is inserted to prevent excessive postoperative bleeding.

The day after surgery, during a visit to the outpatient clinic, the nasal packing will be removed and 5 to 7 days after surgery the plastic splints will be removed. A few weeks after surgery one more check will be done.

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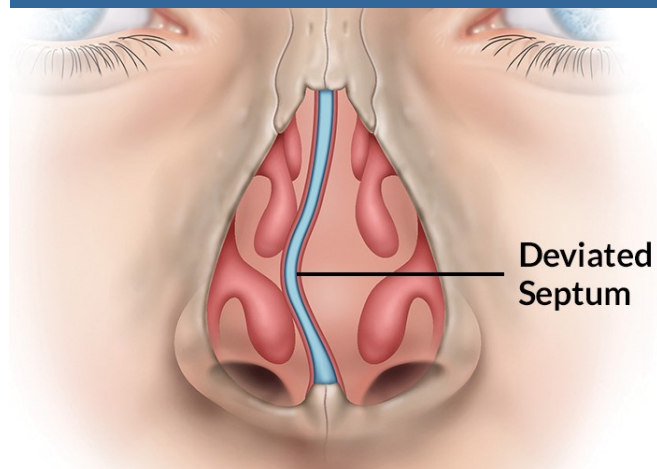
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Deviated Septum



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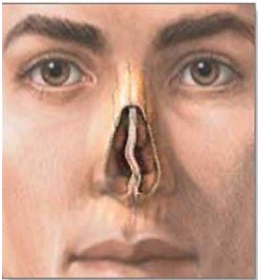
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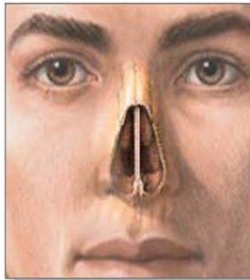
Deviated Septum

The nasal septum is the wall dividing the nasal cavity into halves; it is composed of a central supporting skeleton covered on each side by mucous membrane. The front portion of this natural partition is a firm but bendable structure made mostly of cartilage and is covered by skin that has a substantial supply of blood vessels. The ideal nasal septum is exactly midline, separating the left and right sides of the nose into passageways of equal size.

Deviated Septum



Normal Septum



Estimates are that 80 percent of all nasal septums are off-center, a condition that is generally not noticed. A "deviated septum" occurs when the septum is severely shifted away from the midline. The most common symptom from a badly deviated or crooked septum is difficulty breathing through the nose. The symptoms are usually worse on one side, and sometimes actually occur on the side opposite the bend. In some cases the crooked septum can interfere with the drainage of the sinuses, resulting in repeated

sinus infections.

Septoplasty is the preferred surgical treatment to correct a deviated septum. This procedure is not generally performed on minors, because the cartilaginous septum grows until around age 18. Septal deviations commonly occur due to nasal trauma.

A deviated septum may cause one or more of the following:

- Blockage of one or both nostrils
- Nasal congestion, sometimes one-sided
- Frequent nosebleeds
- Frequent sinus infections
- At times, facial pain, headaches, postnasal drip
- Noisy breathing during sleep (in infants and young children)

In some cases, a person with a mildly deviated septum has symptoms only when he or she also has a "cold" (an upper respiratory tract infection). In these individuals, the respiratory infection triggers nasal inflammation that temporarily amplifies any mild airflow problems related to the deviated septum. Once the "cold" resolves, and the nasal inflammation subsides, symptoms of a deviated septum often resolve, too.

Diagnosis of a deviated septum

Patients with chronic sinusitis often have nasal congestion, and many have nasal septal deviations. However, for those with this

debilitating condition, there may be additional reasons for the nasal airway obstruction. The problem may result from a septal deviation, reactive edema (swelling) from the infected areas, allergic problems, mucosal hypertrophy (increase in size), other anatomic abnormalities, or combinations thereof. A trained specialist in diagnosing and treating ear, nose, and throat disorders can determine the cause of your chronic sinusitis and nasal obstruction.

Your first visit

After discussing your symptoms, the primary care physician or specialist will inquire if you have ever incurred severe trauma to your nose and if you have had previous nasal surgery. Next, an examination of the general appearance of your nose will occur, including the position of your nasal septum. This will entail the use of a bright light and a nasal speculum (an instrument that gently spreads open your nostril) to inspect the inside surface of each nostril.

Surgery may be the recommended treatment if the deviated septum is causing troublesome breathing or recurrent sinus infections. Additional testing may be required in some circumstances.