

SEPTOPLASTY/TURBINATE REDUCTION

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Septoplasty is one of the most common nasal surgeries. It is done to straighten the septum in patients who snore, have sleep apnea, or just have difficulty breathing through the nose. The septum is formed from cartilage (in the front half), and bone (in the back half), and divides your nasal passage into two sides. Although the septum's ideal position is in the middle, it is extremely common to have a deviated septum. This can be a result of genetics (born that way), trauma or previous surgery on the septum.

Septoplasty is the surgical term used for correction/straightening of the septum. Surgery is done through the nostrils to eliminate any external scars.

The inferior turbinates are located inside the nose on the sides of your nose, and swell and produce mucus which can lead to nasal congestion. During the surgery a radiofrequency instrument is used to shrink down the tissue of the turbinates to make more room in your nose.

Most septoplasty surgeries will take under 1 hour. This may be longer, depending on the complexity of the surgery, particularly if you have already had a previous septoplasty or other nasal surgery. Most of these procedures are done in an outpatient surgery center while you are asleep with a general anesthetic. This is the safest and most comfortable approach for you.

Typical recovery time is one week. Although you will be feeling well within the first couple of days, you will be tender and may have a stuffy nose for up to 6 weeks as the internal swelling resolves.

The following information serves as a guide for what to expect should you wish to proceed. Please try to follow these instructions as best as you can. Failure to do so may jeopardize your final result.

BEFORE SURGERY

1. Only take Extra Strength Tylenol® for aches and pains, starting at least 10 days before surgery. It is very important NOT to use any aspirin, aspirin containing compounds or non-steroidal anti-inflammatories (i.e. ibuprofen, Motrin®, Advil®, Aleve®, Celebrex®, naproxen, etc.). These medications thin your blood and increase bleeding and bruising.
2. Do not take vitamin E supplements, fish oils, omega-3 supplements, or herbal supplements such as garlic, ginkgo, glucosamine or ginseng for at least 14 days prior to surgery. These supplements may also increase the likelihood of bleeding and bruising. A prepackaged multivitamin product (such as One-A-Day® or Centrum®) is okay.
3. Please discuss use of any blood thinners (Coumadin®, warfarin, Plavix) with Dr. Berens. Blood thinners are usually held for several days before surgery.
4. Discuss any previous use of Accutane, radiation therapy above the shoulders, and/or immunosuppression (long term steroids, immunomodulators, HIV, chemotherapy) with Dr. Berens to help stratify your risk of poor wound healing.

5. Avoid alcoholic beverages the night before surgery.
6. Prescriptions may include antibiotics, pain medications, anti-nausea medication and/or medicated ointment to put on the incisions. It is helpful to bring your prescriptions with you the day of the procedure so Dr Berens can explain how to use them appropriately.
7. Drinking one glass of pineapple or blueberry juice each day for two weeks before surgery may help to decrease bruising. You can also purchase arnica tablets and/or creams for bruising.
8. Smoking impairs wound healing. Stop smoking 4 weeks before and after surgery. Use of nicotine substitutes (patches/gum/vape) should be avoided because the nicotine causes narrowing of the small blood vessels responsible for wound healing.
9. Do not wear makeup or hair products the day of your procedure.
10. You will be taking pain medicine after your surgery. The pain medication requires a written prescription, so that will be given to you on the day of surgery. You should also purchase nasal saline spray (Ocean, Ayr), and a tube of antibiotic ointment (Bacitracin, Neosporin or Polysporin) which you will use after the surgery.

ON THE DAY OF SURGERY

1. Wear something that is easy to get on and off- such as a button down or zippered shirt which you do not have to pull over your head.
2. Make sure you have someone to drive you home and stay with you for the first 24 hours.

IMMEDIATELY AFTER SURGERY

1. Nasal obstruction may initially be worse due to the splints. Your mouth and throat may feel sore and dry since you must breathe only through your mouth.
2. Change the mustache dressing/gauze pad taped under your nose as needed overnight. You should expect to have bloody drainage on the gauze when you change it. Changing this gauze up to every ½ hour is normal. The drainage will slow down in the first three days after surgery.
3. Keep the nasal splint/cast in place.
4. Keep your head above your heart and avoid strenuous activity for the first 1-2 weeks. Sleep with your head elevated for the first 3 days.
5. Ice the surgical area for the first 48 hours after surgery to reduce swelling, bruising and pain. Consider using one of the following for ice: commercially available eye shaped ice packs, frozen peas, or a washcloth soaked in ice water. Attempt icing 20 minutes on and 20 minutes off while awake.
6. If antibiotics were given, finish the entire course.
7. Pain will be well controlled with Tylenol and ibuprofen. Each medication should be taken every 6 hours and alternated so that you are taking pain medication every three hours. Maximum dose is 4000mg Tylenol in 24hours and 2400mg ibuprofen in 24 hours.
8. Narcotics have serious side effects such as nausea, vomiting and respiratory depression. Use of narcotics can increase your risk of complications such as hospitalization and death, particularly if you have sleep apnea. Avoid alcohol or other drug use while taking prescribed pain medications.

9. The day after surgery you should start to use a nasal saline spray (generic or Ocean, Ayr, etc.) four times a day. This is used to rinse out the inside of your nose and remove any old blood or mucus since you should NOT blow your nose during the first week after surgery.
10. You should also use a Q-tip with antibiotic ointment (Bacitracin/Neosporin/Bactroban) to clean the inside of your nostrils. The Q-tip should NOT go in further than the end of the cotton portion. Only the cotton portion of the Qtip should go inside the nose. You should do this at least 2 times daily to keep the stitches on the inside of your nose clean- never let the area dry out. Apply ointment to any external incisions
11. You may restart your aspirin, fish oil and any other medications you stopped prior to surgery, the day after your procedure.
12. Try to sneeze with your mouth open. Afterward, gently dab around your nose with a tissue. Any aggressive cleaning or blowing of your nose can damage your results.
13. It is okay to shower the day after surgery.
14. Avoid shirts with crewnecks or turtlenecks for one week. Try to wear loose clothing with buttons or zippers that do not have to go over your head. Any inadvertent bumps could affect your result.
15. Depending on the amount of swelling you have, it may be difficult to put your contact lenses in. You may wear glasses while you have the cast on, but they may need to be taped to your forehead for stability.

AFTER THE CAST IS REMOVED

1. Your nose will be very swollen after the cast is removed. Do not be concerned by any irregularities or swelling or skin discoloration immediately after the cast is removed. We expect significant swelling. This will resolve dramatically one week after cast removal and most people do not notice much swelling after a month. For patients looking for more subtle changes nasal swelling may be obvious for 3-6 months.
2. The ability to breathe through your nose will fluctuate after surgery. Some days will be better than others, but it will continually improve as the swelling on the inside of your nose resolves. You may resume any nasal sprays after the case is removed.
3. Your nasal skin may be oily, and your pores may be clogged after the tape and cast come off. It is okay to gently wash your face with your usual facial soap or cleansing creams. Alcohol pads (bought from the local pharmacy) will also help remove residual adhesive and help dry out your skin.
4. Do NOT get a facial or use exfoliants or home skin care products with abrasives for four weeks. Early manipulation of your nose may cause damage.
5. Over the first and second week after surgery, the internal dissolvable stitches will start to come out. Do not be alarmed if, when you sneeze, small portions of the stitches are visible. If the sutures bother you, you can carefully trim them.
6. Do NOT wear heavy sunglasses or prescription glasses for at least one month after surgery. You may need to tape them to your forehead to avoid pressure on the bridge of your nose
7. Avoid getting a sunburn and wear SPF 30 on your entire face every day.
8. You should expect numbness around the nasal tip and sometimes your upper lip and teeth after surgery. This is normal and may take months to resolve.

- Similarly, the tip of your nose will feel hard for months after surgery until the swelling and scar tissue have resolved.
9. It is extremely important to continue your follow-up visits and adhere to the follow-up schedule Dr. Berens recommends. During the healing process there may be nasal compressions to use which will maximize your result
 10. No contact sports for at least 4-6 weeks after surgery.

Recovery Time Table

Day 1: Bruising, discomfort, change mustache dressing frequently and ice the area.

Day 2-3: Maximum bruising, swelling and crusting around eyelids.

Day 7: Post op visit for wound check and suture/splint/cast removal.

Week 2-4: Swelling improves dramatically.

Week 3: Post op visit.

Month 3: Post op visit

Month 12: Post op visit/ final result.

Call for the following:

Questions, concerns.

Significant increase in pain or swelling

Temperature over 100 degrees, unusual bleeding or purulent drainage

Change in vision

During business hours please call the office at **(360) 454-1941**. After hours a doctor can be reached at **(425) 258-9000**.

If you cannot reach our office for any reason present to the emergency department for evaluation of any life or vision threatening concerns.

RISKS

Asymmetry: The nose is rarely symmetric and even after surgery small asymmetries may exist. Cartilage grafts may warp or resorb, even years after surgery, leading to asymmetries. Additional surgery may be needed to improve asymmetries.

Nerve Damage: The front teeth may be numb/ache after surgery. This generally improves but could be permanent.

Bleeding: Rarely nasal bleeding is so severe that further surgery is needed.

Infection: May require further surgery and/or antibiotic treatment. Risk is increased in diabetics and those who are immunocompromised.

Delayed Healing: The surgical wound can heal slowly for a variety of reasons from diabetes to smoking. This may require additional wound care.

Skin discoloration / Swelling: Bruising and swelling are parts of the normal postoperative healing period. Rarely, the swelling and discoloration may be prolonged or permanent.

Septal perforation: Holes in the nasal septum can happen after septoplasty. This is uncommon but would potentially require further surgery to repair.

Worsening nasal airway: The goal of nasal surgery is always to improve or maintain the nasal airway. Sometimes the nasal breathing can become worse after surgery. Surgery may be required to repair any worsening in the nasal airway.

Poor Cosmetic Result: Dr. Berens will make every effort to give you an excellent result. An unfavorable cosmetic result is most commonly due to poor communication between you and Dr. Berens about the desired result or limitations of the surgery.

ADDITIONAL ADVISORIES

Long-Term Results - There are many variable conditions that may influence the long-term result of surgery. Subsequent alterations in the appearance of your body may occur as the result of aging, sun exposure, weight loss, weight gain, hormonal changes or other circumstances not related to your surgery. Surgery does not arrest the aging process or produce permanent tightening of the eyelid region. Future surgery or other treatments may be necessary to maintain the results of a blepharoplasty.

Female Patient Information - It is important to inform your plastic surgeon if you use birth control pills, estrogen replacement, or if you suspect you may be pregnant. Many medications including antibiotics may neutralize the preventive effect of birth control pills, allowing for conception and pregnancy.

Mental Health and Elective Surgery - It is important that all patients seeking to undergo elective surgery have realistic expectations that focus on improvement rather than perfection. Complications or less than satisfactory results are sometimes unavoidable, may require additional surgery, and often are stressful. Please openly discuss with your surgeon, prior to surgery, any history that you may have of significant emotional depression or mental health issues. Although many individuals may benefit psychologically from the results of elective surgery, effects on mental health cannot be accurately predicted.

Part of Being Well is Being Heard

Do you have an experience, feedback or advice that you would like to share with me or with other patients? Consider sharing your feedback on the following platforms:

Google.com/maps

Search: Angelique Berens

Scroll to the very bottom on the left and click "write a review"

These reviews will help patients who use google to learn more about their physician. It is helpful to use the name of your procedure in the review.

Everett Clinic Feedback Surveys

Help us understand what works well so that we can improve the experience for the next patient

We share comments left in the provider section online on everettclinic.com for our providers profiles.

EverettClinic.com/give-us-your-feedback

Realself.com/review/write

This Seattle based website ensures reviews and physicians are verified. They do request some information from you, but they never share your information

Treatment: eyelid surgery and/or eye bags treatment

Provider: Angelique M Berens, MD