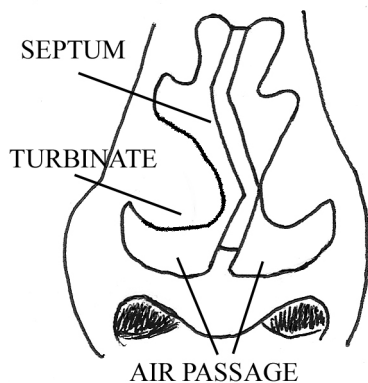


We have recommended nasal surgery to improve the function of your nose.

We consider surgery as a last option for patients who fail medical therapy or when medical therapy is inappropriate. Here are some of the more commonly asked questions regarding nasal problems and surgery.

WHAT DOES THE NOSE DO?

The nose is a skin-covered structure made out of bone and cartilage. On the inside it is covered with a special mucus membrane. The nose plays an important role in breathing. Air enters the nose and is warmed, filtered and moistened. The nose also contains special tissue that provides our sense of smell. When the nose functions well we often take it for granted...until we get a cold and have to breathe through our mouths. Then we lose our sense of smell, have a dry mouth and have difficulty sleeping. This quickly makes us appreciate what our nose does for us. Poor functioning of the nose can also contribute to nose bleeds, sinus disease and obstructive sleep apnea.



OBSTRUCTED NOSE WITH NARROW AIR PASSAGES FROM DEVIATED SEPTUM & ENLARGED TURBINATES

WHAT CAUSES NASAL CONGESTION?

Breathing through the nose can become reduced or blocked for several reasons. If the lining mucus membrane for the nose swells, the result is less room for breathing and sinus drainage. This occurs with upper respiratory tract infections, like the flu or cold, and allergies. Nasal breathing can also be compromised due to problems with the bone or cartilage structures in the nose. If the septum or nasal bones are deviated (crooked), or if the turbinate bones are enlarged, the nose will also feel congested. Many patients have a combination of problems, such as a deviated septum and/or allergies, affecting the nose.

WHAT ARE THE SEPTUM AND TURBINATES?

The septum is the middle wall of the nose that divides it into a left and right cavity. The septum is made from cartilage and bone, and is covered with mucus membrane. The septum may be deviated from an injury to the nose, but often simply develops that way from childhood. If the septum is deviated (crooked) it may obstruct airflow, increase the risk of nosebleeds and cause blockage of sinus drainage. The turbinates are bony shelves that project into the nasal cavities from the sides. The turbinates are also lined with a mucus membrane that produces much of our nasal mucus. The turbinates help to warm, humidify and filter inhaled air before it reaches the lungs. If enlarged they may cause congestion of the nose or blockage of sinus drainage.

WHAT IS A SEPTOPLASTY?

A septoplasty is a surgical procedure where the septum is straightened. An incision is made inside the nose and portions of the bone and cartilage are removed or reshaped. Surgery to reduce the size of the turbinates is often done with a septoplasty. This is called a submucous resection of the turbinates. This may help improve nasal breathing even more than septoplasty alone in certain patients. The procedure is usually done under a short general anesthetic as an outpatient. Some patients with enlarged turbinates and a straight septum can benefit from a turbinate reduction procedure alone. This can be done in the office or surgery center/hospital depending on the particular procedure needed.

WHAT ARE THE RISKS OF SURGERY?

In general, nasal surgery is very safe and done on an outpatient basis. The procedures discussed in this pamphlet are performed through small incisions inside the nose. The involved cartilage and bone are exposed and reshaped to allow improved airflow through the nose. Like all surgery, there are risks that you should be informed about. Receiving an anesthetic always carries a small risk, but this is minimal in a healthy patient. Bleeding may occur after the procedure and often packing is left in the nose to minimize this. The packing is a soft sponge that is removed a few days later in our office. Patients with packing are given an antibiotic to minimize the chance of infection. Very occasionally bleeding after surgery is more severe and requires medical or surgical treatment.

BEFORE SURGERY

We evaluate patients and a decision that nasal surgery is appropriate is made. Our office then arranges the surgery. It is important to inform your surgeon about any medical disorders or bleeding problems. Blood thinner medications, such as aspirin, plavix or ibuprofen or other similar drugs should be stopped 2 weeks prior to surgery unless the doctor otherwise instructs you. You should have nothing to eat or drink after midnight on the night prior to surgery. Please show up at the scheduled time arranged by the surgery center/hospital. There are forms to fill out, also a nurse and anesthesiologist see you prior to the procedure.

AFTER SURGERY

Most patients can go home a few hours after surgery. You should expect to feel groggy and tired the rest of the day, and some patients may have nausea from the anesthetic. When you leave the hospital you may be given a prescription for a pain reliever and antibiotic. These should be used as directed. You will be scheduled for a follow-up appointment with us to remove packing and/or check your nose for proper healing. When the packing is in you can gently flush the small tube in the packing sponge to keep it clear. This is not mandatory but does improve comfort. You should rest the first few days after surgery. Many patients can return to work within a few days, but lifting over 20 pounds or straining should be avoided for 2 weeks. Forcefully blowing your nose should also be avoided for 2 weeks. There may be some bleeding after surgery that soaks into a gauze "moustache" dressing under the nose. This is normal and should stop within 48 hours. You should call us if there is heavy bleeding. There is always some degree of nasal congestion from swelling after surgery. This will resolve for the most part in 1 to 2 weeks, but the final result for improved nasal breathing won't occur for months.

The amount of improvement in nasal breathing depends upon the severity of the nasal problem prior to surgery, the extent of surgery and your healing ability. This is different for each individual patient, and the desired objectives of the surgery should be discussed with your doctor prior to the procedure.

If you have any concerns or problems following surgery, please call our office for assistance. In case of an emergency we are available 24 hours a day through our answering service (313) 496-0615. You should remember that no surgery is 100% effective and that there are risks to all surgical procedures. Since some risks only actually happen very rarely, they cannot all be mentioned. We hope this pamphlet helps you better understand your condition, the recommended procedure and its risks. If you have any questions about your procedure or its risks please call us prior to your surgery.

