

Septorhinoplasty

This leaflet explains more about septorhinoplasty, including the benefits, risks and any alternatives and what you can expect when you come to hospital. If you have any further questions, please speak to a doctor or nurse caring for you.

What is a septorhinoplasty?

Septorhinoplasty is a procedure that is performed to alter the structure of both the septum (the middle wall) and the outer structures of the nose. A septorhinoplasty is performed to improve the nasal airway or the appearance of the nose or both. A septorhinoplasty can be used to reconstruct the function of the nose after an injury. It may also be used to correct complex issues with the structure of the nose that have been present since birth or childhood such as in Cleft Lip and Palate. Your doctor will examine you in the outpatient clinic and will advise you about the most suitable available treatments.

Why have a septorhinoplasty?

Septorhinoplasty may be recommended by your surgeon if you have difficulty breathing through the nose or due to a deviation or deformity of the external nose. It may also be necessary to perform a septorhinoplasty if you have a very severe deviation of the nasal septum (the middle wall between the nostrils).

What are the risks?

Septorhinoplasty is a safe procedure and has a good outcome for most patients. However, the procedure is complex and the outcome is not completely predictable. It is essential that you discuss the limitations and potential risks of the procedure in your specific case with your surgical team and understand these fully before going ahead.

The more common risks of the procedure are detailed below:

- You will experience swelling across your nose and cheeks following the operation which is normal. The worst of the swelling will resolve within a few weeks but swelling on the nose will last for several months. In some patients, the tip can remain slightly swollen for up to a year. It can therefore be quite a long time before the final result of the operation can be assessed.
- A small amount of bleeding or blood-stained discharge from the nose is completely normal. We do not generally use nasal packing after

septorhinoplasty. Rarely, more serious or persistent bleeding can occur in which case you should seek help from your nearest A&E department.

- Rarely the operation can cause a hole in the nasal septum (the wall between the nostrils) called a septal perforation. A perforation will often not cause significant symptoms. Occasionally, a perforation can cause crusting, whistling, bleeding or a sensation of nasal blockage. A small number of patients require further treatment because of this.
- Very rarely, if you develop a severe infection or a large septal perforation, the bridge of your nose may collapse. This occurs in less than 1% of patients and further surgery would be required to correct this.
- Septorhinoplasty can cause some changes to the quality of the skin of the nose. This can include visible thread-veins, skin thinning or changes in the pigmentation of the skin. It is rare for these to cause significant problems but they can occasionally be noticeable. These changes are more likely if you have had previous nasal surgery.
- There is a very small chance that the operation may affect your sense of smell.
- You may be able to feel small irregularities under the skin after your operation. This is due to the changes made to the structure of the nose. These can occur in 5-10% of patients and are usually left alone. You may notice minor asymmetry of the nose even after a successful procedure. If your nose is very deviated (bent), it is very unlikely that the nose can be made perfectly straight. Not all patients are completely satisfied with the outcome of their septorhinoplasty. This may be because of continuing concerns about the appearance of the nose or because of problems with the nasal airway. The healing process after septorhinoplasty is long and sometimes problems become apparent at a later stage.
- Overall, around 5-10% of patients undergo a further procedure (revision) at some stage to address continuing concerns.

Are there any alternatives?

It is your choice whether you go ahead with a septorhinoplasty and there is no risk to not having treatment. You should work with your surgical team to weigh the benefits and risks of surgery in your case, in order to come to a decision about your treatment. It is very important that you are well-informed about your procedure and that you have realistic expectations about what the procedure can achieve in your particular case. Discuss any concerns you may have with your surgical team. It is always better to take more time to consider your options, rather than to go ahead with an operation about which you are unsure. Some patients are offered psychological support before and after their procedure if this is felt to be beneficial. If you choose not to have a septorhinoplasty, this decision can be revisited in future if you change your mind.

How can I prepare for septorhinoplasty?

You will be given an appointment date to attend pre-assessment clinic. This is to ensure that you are fit enough to have the anaesthetic and the surgery. The nurse will check your general health and may have to carry out further tests. Photographs will be taken to record in your notes how your nose looked before surgery to allow the surgeon to plan your operation. The nurse will also give you verbal and written fasting instructions and inform you of the medication you should or should not take prior to your procedure. The day before the procedure you will be called by the booking team to let you know when and where to attend. Smoking adversely affects healing after septorhinoplasty and may increase your chances of infection. If you smoke, it is likely that the surgeon will ask you to quit before you can be considered for this surgery. If you have previously taken cocaine, you must stop using it if you are considering septorhinoplasty and you should abstain from using it permanently after your operation. Cocaine use severely affects the blood supply of the nose and can lead to death of nasal tissue (necrosis), perforation of the nasal septum, or even complete collapse of the nose. If you participate in contact sports, e.g. rugby or martial arts, it is probably best not to have the operation. You should discuss this with your doctor.

What happens during septorhinoplasty?

A septorhinoplasty usually takes between two and four hours and is performed under a general anaesthetic (i.e. you will be asleep). Septorhinoplasty is often performed using an “open” or “external” approach. A small cut is made across the column of skin between the nostrils (this is the only visible scar). Further cuts are made just inside the nostrils and the skin of the nose is lifted up from the underlying cartilages and bones. The surgeon is then able to operate on the cartilages and bones and change the shape of the nose. The operation can also be performed just through the nostrils (“closed” approach), but this is less common and reserved for less extensive procedures. Cartilage may be “borrowed” from one location (often the nasal septum) to create extra support for certain areas of the nose. Occasionally, the surgeon may need to take some cartilage from your ear or from a rib and add it to the cartilage of your nose. This is more common in patients who are having a septorhinoplasty for Cleft Lip and Palate.

What happens after septorhinoplasty?

Most patients will stay in hospital overnight following a septorhinoplasty.

What do I need to do after I go home?

Do not blow your nose for the first 48 hours, after this you can blow your nose gently one side at a time. Do not bend over or lift anything heavy. If you need to sneeze, do so with your mouth open to prevent your nose from starting to bleed. Do not pick

at your incisions or your nose in general, as you could compromise your outcome or put yourself at risk of complications. It is best to simply leave your nose alone to heal. You may have dissolvable packs in the nose which will dissolve over a few days. If you have a rigid plaster dressing on your nose it is important to keep it dry. You will often have a plaster cast or splint on your nose after the operation. Sometimes your surgeon may leave soft plastic splints inside the nose as well. These are to protect it and keep the structure of the nose stable. These should remain in place they are removed in clinic, approximately one week after the operation in most cases. Do not fly for two weeks after surgery. Following the operation the skin of the nose is very sensitive to the sun. It is important to wear strong sunscreen (factor 50+) for at least a year – even in the winter.

Can I exercise normally after septorhinoplasty?

Exercise is a good way of getting back to normal after an operation however, in the first few weeks after a nasal operation, too much exertion can cause bleeding. We recommend limiting exercise to gentle walking only in the first one to two weeks. In the third and fourth weeks after surgery, you can resume gentle cardiovascular exercise such as running, walking, cycling or using elliptical/cross-training equipment. Please note that contact sports pose a risk of nasal injury, which could jeopardise the long-term outcome of your surgery. If you choose to resume contact sports after septorhinoplasty, please bear this risk in mind, and wait at least three months before doing so. Some patients choose to delay having surgery until after they have stopped participating in contact sports.

What is/is not normal after my operation?

NORMAL: Your nose will feel tender and firm after the operation. The tenderness will gradually decrease, but in many cases the nose feels stiffer to touch in the longer term, because of the structural changes made during surgery. You may have headaches. Ordinary painkillers should help. If cartilage is taken from your rib, it will be sore for a couple of weeks, especially when coughing. Your nose will be stuffy and blocked for a few weeks so your mouth will become dry. You may feel that you can breathe through your nose immediately after the operation but it will get blocked after a few hours. You may experience these changes for up to three months. You will find that sleeping with a few more pillows may help you breathe better at night. Many patients will have bruising under their eyes following the operation. If this occurs, it may take several weeks for all signs of bruising to clear. Take your painkillers regularly as prescribed. You will have crusting and dark blood-stained crust in the nose, DO NOT try to remove it yourself, you will be given nasal douches to soften it and clear it. Due to the swelling following surgery, your nose may appear slightly larger and feel a little stiff and numb. It can take up to six weeks before the swelling goes away. You will notice some numbness or altered sensation on the nose, cheeks, top lip and top teeth after your operation. This will gradually improve

over time. A very small number of patients experience some permanent change in sensation.

CAUTION: If, despite taking all your medication regularly, you are still in a lot of pain, you need to ring your GP practice and arrange an appointment or call the ward to ask for advice. The hospital will no longer supply medication once you have been discharged. If you have a temperature above 37.5°C, arrange an appointment to see your GP or call the ward.

EMERGENCY: Infection is very rare after this operation, but if it happens it can have serious effects on the structure of the nose. If your nose becomes significantly more painful or blocked, or if there is increasing redness of the skin, seek urgent medical attention. If you start bleeding heavily: - Sit upright with your head tilted forward and hold some tissues under your nose - it will also help to apply ice to the back of your neck or the bridge of the nose. - If the bleeding does not stop within 20 minutes, please call an ambulance.

Will I have a follow-up appointment?

Patients are usually seen again in clinic one week after their operation. The rigid dressing (cast/splint) will be removed at this time.