Indications for Septoplasty and/or SMR:
A septoplasty is a surgical procedure to correct a deviated septum whereas
a submucous resection (SMR) of the turbinates is a surgical procedure to
remove excess tissue from enlarged turbinates (filters of the nose). Both
enlarged turbinates and a deviated (crooked) septum can interfere with
breathing and sinus drainage. A septoplasty is recommended when the
septum blocks one or both sides of the nasal cavities. A SMR is
recommended when the inferior turbinates block both nasal cavities. The
symptoms associated with a deviated septum are a blocked airway,
frequent sinusitis, aching, nosebleeds, and the internal appearance of a
crooked nose. Enlarged turbinates may also contribute to or cause a
blocked airway, frequent sinusitis, and aching. Surgery can improve nasal
breathing thereby reducing or eliminating sinusitis, aching and nosebleeds.
A septoplasty is performed using an incision made inside the nose to
provide access to the septal cartilage and bone. Portions of the septum are
trimmed, reshaped and repositioned to correct deviations, maintain support
and give maximal breathing space. A SMR is also performed using incisions
inside the nose through which a small rotating blade is placed and excess
tissue is removed from the turbinates. Septoplasty patients will have
splints and packing inside the nose to reposition the mucosal lining and
hold the septum in place. SMR patients will also have packing but will not
have splints unless a septoplasty was also performed.

Diet:
We ask that you eat a soft and cool diet after the operation as this will
decrease the likelihood of bleeding from the nose. Because some
individuals occasionally experience nausea and vomiting after general
anesthesia, you may also want to eat a bland diet. You may resume your
normal diet the day after the operation, however you should avoid very hot
liquids/foods for at least a week after surgery.

Activity/Work:
After the operation, you should rest and avoid strenuous activities for the
week following surgery. Do not bend from the waist to pick things up, but
bend from the knees. Avoid heavy lifting or straining as these may increase
the risk of bleeding. You will be asked to remain out of work until you are
seen for your first post-operative visit. Plan on being out of work for one
week.
Medications:
You will be prescribed an antibiotic and a pain medication. These should be taken as directed. Please keep in mind that pain medications may cause drowsiness. You should also avoid taking any aspirin or aspirin-containing products for at least one week before and one week after surgery as these may increase the possibility of bleeding. Prescriptions will be sent to your pharmacy on file one week prior to your surgery. Please check with the pharmacy to see that it has been filled. If it is not there, please call the office as soon as possible.

Packing:
You will have absorbable packing in both sides of the nose, and if you had a septoplasty you will also have internal splints in the nose as well. These are important to reposition the mucosal lining, hold the septum in place and reduce bleeding and internal scarring. Do not hit or move the nose or splints/packing as this can displace nasal structures. The nasal packing and splints will be removed on your first post-operative visit (usually about a week after surgery). You may have a slight, temporary discomfort; however nasal breathing should be improved right away.

General Information:
After surgery you will have a mustache dressing and can expect to see considerable amounts of mucous drainage containing some blood. This should be expected for 2 to 3 days after surgery. You may change the mustache dressing as needed. Clean the dried blood and secretions from the nostrils and the opening of the splints with hydrogen peroxide 3% and Q-tips.

If excessive bleeding occurs, try spraying the nose with Afrin spray to constrict the blood vessels. If this does not help and the bleeding is not slowing down, please contact our office.

Do not blow your nose until you are seen for your first post-operative visit. If you have to sneeze, please do it with your mouth open as this prevents excessive pressure build-up and bleeding. Avoid very hot showers for at least 3-4 days after surgery.

Minor stiffness, pain and swelling of the tip of the nose are to be expected. Because the nasal bones were not fractured, you should have no swelling or discoloration of the eyelids.
The splints in your nose may allow you to breathe through them. However, you may also have to breathe through your mouth so expect some throat dryness and irritation while they are in place. You will be asked to use Bacitracin ointment to the nose 3 times a day for 3 days after removal of the splints, and you should also resume your Alkalol douching the morning after your first post-operative visit. A few days after removal of packing/splints, you may have some swelling in the nose interfering with breathing. This is normal and is only temporary as the tissues continue to heal.

Follow-up:
Please keep the post-operative appointment that was made for you. If you have any questions or concerns, please contact our office at (413) 448-8291