

Patient information

Septoplasty

Ear Nose and Throat Department

Your Consultant / Doctor has advised you to have a Septoplasty.

What is a Septoplasty?

This is an operation to improve your breathing through your nose by straightening the middle partition. The septum is a thin piece of cartilage and bone inside the nose between the right and left sides. It is about seven cms long in adults. In some people this septum is bent into one or both sides of the nose, blocking it. Sometimes this is because of an injury to the nose, but sometimes it just grows that way. We can operate to straighten the septum. (*)

This procedure will be performed as a day case. Admission for day case procedure means you must have an escort home, access to a telephone and a responsible adult with you overnight.

Why have septal surgery? (*)

If you have a blocked nose because of the bend in the septum, an operation will help. Sometimes we need to straighten out a bent septum to give us room to do other things, such as sinus surgery. The operation is not meant to change the way your nose looks.

Do I have to have septal surgery? (*)

A bent septum will not do you any harm, so you can just leave it alone if you want to. Only you can decide if it is causing you so much bother that you want an operation. You may change your mind about the operation at any time, and signing a consent form does not mean that you have to have the operation.

If you would like to have a second opinion about the treatment, you can ask your specialist. He or she will not mind arranging this for you. You may wish to ask your own family doctor (GP) to arrange a second opinion with another specialist.

How is the operation done? (*)

The operation takes about 30-45 minutes. The operation is usually all done inside your nose - there will be no scars or bruises on your face. We make a cut inside your nose and straighten out the septum by taking away some of the cartilage and bone and moving the rest of the septum back to the middle of the nose. Then we hold it all in place with some stitches. Complex cases may require a cut across the skin between the nostrils and may be combined with rhinoplasty procedures.

What are the benefits of having a septoplasty?

Having a septoplasty will increase the space in both nostrils allowing normal breathing.

What are the risks of having a septoplasty?

Bleeding:

Dissolvable nasal packs may be put into the nose at the end of the operation and will slowly dissolve in your nose for approx. one week.

Bruising:

There is occasionally a risk of bruising. This is a collection of blood (like a blister) inside the nostril. It may require drainage and antibiotics.

Infection:

There is a small risk of developing an infection after your operation. This would be treated with antibiotics by your family doctor (GP). This infection is likely to occur seven to ten days after your operation.

Failure:

Occasionally the middle partition does not stay as straight as the surgeon intended. This is because the partition is made of an elastic type tissue (cartilage), which can re-bend on healing.

Septal perforation:

This is when a hole develops in the middle partition of the nose, which unfortunately is permanent. There is a small chance of this occurring.

Shape change:

Occasionally the shape of the nose can become "saddled", this is due to collapse of cartilage in the centre of the nose, if this should occur further surgery will be needed.

Altered sense of smell:

This may resolve itself.

Altered dental sensation:

This can affect the upper teeth and is not permanent.

Intra nasal adhesions:

Tissue inside the nose may develop scarring and stick together. This may require further surgery to divide it.

Blocked nose- This can be due to generalised swelling following the surgery which will settle after a few months or failure of the surgery.

Are there any alternatives available?

Using a nasal steroid spray may control some of your symptoms.

What will happen if I decide not to have treatment?

Your symptoms will remain unchanged.

What sort of anaesthetic will be given to me?

You will be given a general anaesthetic. General anaesthesia is drug-induced unconsciousness: This is always provided by an anaesthetist: a doctor with specialist training.

Unfortunately, general anaesthesia can cause side effects and complications. Side effects are common, but are usually short-lived: they include nausea, confusion and pain. Complications are very rare, but can cause lasting injury: they include awareness, paralysis and death.

There is a risk of damage to teeth, particularly caps or crowns and veneers. Your anaesthetist will take every care, but occasionally damage can occur. The risks of anaesthesia and surgery are lower for those who are undergoing minor surgery, and who are young, fit, active and well.

For more information, please ask for a copy of the Royal College of Anaesthetists patient information "You and Your Anaesthetic".

You will be given an opportunity to discuss anaesthetic options and risks with your anaesthetist before your surgery.

If you are worried about any of these risks, please speak to your Consultant or a member of their team.

Getting ready for your operation

- You will be seen in the pre-operative assessment clinic before the operation. Here you may have blood tests, a heart trace and other investigations if required and you will be assessed to see if you are fit for the anaesthetic.
- The nurse practitioner will ask routine questions about your health, the medicines you take at the moment and any allergies you may have.
- You will be able to discuss the operation with a nurse practitioner. You will be asked to sign a consent form to say that you understand the procedure, and what the operation involves.

The day of your operation

- You will come into hospital the day of your operation.
- Before your general anaesthetic, you must not eat for a minimum of six hours or drink for a minimum of three hours. You will be told when this is to start.
- Please leave all cash and valuables at home. If you need to bring valuables into hospital, these can be sent to General Office for safekeeping. General Office is open between 8.30 and 4.30 Monday to Friday. Therefore, if you are discharged outside these times we will not be able to return your property until General Office is open. The Trust does not accept responsibility for items not handed in for safekeeping.
- You will be asked to remove jewellery - plain band rings can be worn but they will be taped.
- Please do not wear makeup.

- Please leave any body piercing at home. False nails and nail polish will also need to be removed if worn.
- If you are on regular medication, you will be told to take this if necessary.
- You will be asked to put on a gown and disposable underwear. You may bring in with you a dressing gown and slippers.
- A bracelet with your personal details will be attached to your wrist.
- A porter will take you to the operating theatre.
- If you have dentures, glasses or hearing aid they can stay with you on your journey to the operating theatre. They will be removed whilst you are in the anaesthetic room and kept with you until you arrive in the recovery area. Once you are awake they can then be put back in place.
- When you arrive in the theatre waiting area a theatre nurse will check your details with you. You will then be asked to put on a disposable hat.
- You will then be taken to the anaesthetic room.

What should I expect after my operation?

- After your operation you will be kept in the theatre recovery room before being transferred to the ward.
- A nurse will check your pulse, blood pressure, and breathing and wound regularly. You may experience a headache while you have your packs in. It is important that if you feel any pain you must tell the nursing staff, who will give you painkillers to help.
- You may have packing in your nose to control any bleeding.
- The nursing staff will also advise you when you can start taking sips of water. Anaesthetic drugs can make some people sick. If you feel sick we advise you not to drink until this feeling has passed. The nursing staff may offer an injection to help this sick feeling go away.
- The first time you get out of bed, please make sure you ask a nurse to be with you. This is in case you feel dizzy.

Going Home

Your doctor/nurse practitioner will normally discharge you on the day of your operation.

You have had a general anaesthetic, for the next 24 hours **you must not**

- Travel alone.
- Drive any vehicle e.g. car or ride a bicycle.
- Operate machinery (including domestic appliances such as a kettle).
- Climb ladders.
- Make important decisions; sign any business or legal documents.
- Drink alcohol.

You should

- Take it easy for the rest of the day, avoid strenuous activity.
- Take your medications as usual.
- Let someone else care for anyone you usually look after, such as children or elderly or sick relatives.

Discharge Information

Pain relief and medication

The nursing staff will advise you about painkillers before you leave the hospital. Please tell the nurses what painkilling tablets you have at home.

Your nose

- Your doctor will inform you if any packs have been left in the nose, and whether these dissolve by themselves, or if they have to be removed. (*)
- Your nose may feel swollen and “bunged up” for the next eight weeks. It usually takes this long for the swelling to settle.
- You may have some watery blood-stained discharge for one to two weeks; this should then stop.
- You may sneeze more than usual. This is because your nose is irritated. Try to keep your mouth open. This will prevent some pressure and any further bleeding.
- Avoid smoky/dusty environments and people with coughs and colds for two weeks.
- Do not blow your nose or sniff too harshly as this may cause injury and bleeding.
- You will have dissolvable stitches in your nose, leave these alone; they will slowly dissolve.
- It may take up to three months for your nose to settle down and for your breathing to be clear again. (*)

Your nose may become “crusty”: The Saline Nasal Douching procedure is recommended: Please see Patient Information Leaflet 1452 Saline Nasal Douching for full instructions.

- One teaspoon of sodium bicarbonate (baking powder) / sea salt and a few drops of baby shampoo (non-perfumed) dissolved in one pint of warm previously boiled water.
- Draw this up into a syringe or NeilMed nasal rinse bottle and gently squirt into one nostril at a time, allowing the solution to then run from the nose into the sink.

This procedure should be explained to you before you leave hospital by the ward staff who will supply you with a syringe.

Getting back to normal

Remember that you have just had an operation, and you will take some days to recover. It is normal to feel more tired than usual for a few weeks after having an operation. If you are a parent or a carer you will need some support during this time.

Returning to work

Due to infection risks, you will require two weeks off work unless working from home. You can self-certify for the first seven days of sickness. Before you are discharged, a medical certificate (fit note) can be issued at your request by the ward staff to cover the expected time off you will need. For further fit notes you will need to see your GP.

Further Appointments

A follow up appointment will be arranged for you. An appointment card will be sent to you with the date and time of your appointment.

Feedback

Your feedback is important to us and helps us influence care in the future.

Following your discharge from hospital or attendance at your outpatient appointment you will receive a text asking if you would recommend our service to others. Please take the time to text back, you will not be charged for the text and can opt out at any point. Your co-operation is greatly appreciated.

Patient Notes:

Further information

If you have any queries or concerns, please contact the ward where you had or surgery or the Nurse Practitioners.

ENT Nurse Practitioners

Tel: 0151 706 2290

Text phone number: 18001 0151 706 2290

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www.entuk.org

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