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Improvement of Surgical Treatment Methods in Patients With Nasal Pathologies.

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Abstract: The nasal septum consists of cartilaginous and bony structures that divide the nasal cavity into two relatively equal halves and shape the direction of the airflow inside the nose. Thanks to this, the normal formation of free nasal breathing occurs, the inhaled air is heated and moistened, other protective functions of the nose work normally, and the sense of smell is formed.
Curvature can either occur as a result of direct trauma to the nose, or it can develop gradually as a person grows, most people see significant curvatures in early childhood nasal injuries. - fall, birth injuries, but it seems unlikely to prove it; This is due to the long development time.
Key words: Nasal plate, Nasal septum repair surgery, Surgical instructions:

A prominent ridge of the nasal septum

Nasal breathing disorders can have a very negative effect on the human body. Lack of nasal breathing and even constant breathing through the mouth leads to hypoxia (oxygen starvation) and not only affects well-being, but also contributes to the development of a number of pathological changes.
Nervous, cardiovascular and hematopoietic systems have the strongest effect on oxygen starvation, can significantly affect the human hormonal system; Patients with chronic lung diseases can be very sensitive to air quality, which is clearly defined by proper nasal breathing. After all, our nose not only breathes, but also cleans, warms and moistens the air so that it does not disturb the respiratory tract and lungs of a person. Children's growing bodies, patients with chronic diseases of the lungs and cardiovascular system, people in conditions of heavy physical activity, constant stress and intense mental activity are very sensitive to oxygen starvation.

Surgery to repair the nasal septum

It is important to understand that operations can eliminate functionally significant disorders, that is, they lead to the development of pathologies that cause complaints in the patient or hidden problems in his body. Small deviations of the nasal septum that do not cause problems with nasal breathing or contribute to the development of other pathologies are usually not **subject to surgical correction.**
The purpose and course of the operation is to distinguish the crooked bony and cartilaginous structures of the nasal septum, partially remove it and straighten the rest as much as possible, while preserving, intact or restoring the mucous membrane covering the nasal septum. supporting parts of the nasal septum. Entry is through the patient's nostrils. There are no external incisions, so the operation leaves no visible scars. Septoplasty of the nasal septum does not change the external shape of the nose, so this intervention is not visible to others.

A "cold" tool (scalpel, etc.) is mainly used to perform the operation. Laser and radio frequency technologies, popular among many, are helpful.

They are primarily used to repair the nasal turbinates, sometimes to make incisions in the nasal septum or to treat cartilage and stop bleeding. In most cases, the complete correction of the nasal septum requires work with bony structures, where laser or other destructive coagulation technology has no advantages. Nevertheless, we often come across patients who require laser correction of the nasal septum, which is the only modern method and fully believes that the cold instrument is a thing of the past. Unfortunately, this is not the case, one can even say the opposite. The laser, which has excellent hemostatic (hemostatic) properties under the influence of high temperature, burns or "welds" the tissue and still cannot come close to a good sharp scalpel in terms of the cleanliness of the incision and the duration of treatment. The world's leading clinics "still" use classic instruments when working on the nasal septum, and their standards do not include the mandatory use of a laser during surgery on the nasal septum. But in defense of the laser, we can say that it is very convenient for operations on the nasal turbinates due to its hemostatic effect, although there are many other less effective methods, such as electric and thermal effects (including cryocoagulation, popular). in Russia) and the use of ultrasound, radiofrequency methods of surgery.

There are methods of surgery on the nasal septum using a special video camera - an endoscope, which is not a necessity, but an option.

The choice of additional equipment during surgery (endoscope, laser, radiofrequency coagulator) falls entirely on the specialist's shoulders, not the patient's. An incorrect or improperly used tool not only does not help, but also complicates the operation. Only the surgeon knows how much this or that tool will help in performing the operation.

Almost always, surgery on the nasal septum (before and after photo) is combined with the simultaneous correction of other intranasal structures - the turbinates.

These formations of the nasal cavity greatly affect nasal breathing, and their malfunction can lead to the development of "Vasomotor rhinitis" pathology. With a deviation of the nasal septum, the nasal turbinates often take its curved shape and become asymmetric. In this case, even with their normal functioning without correction, it is difficult to achieve good nasal breathing through surgery on the nasal septum. Since the one-time correction of nasal deposits and nasal septum is used everywhere, doctors often talk about the correction of the nasal septum, that is, the correction of these structures in one step. In some institutions, work with noses is immediately included in the price of the operation, while in others it may be a separate element. But to restore good nasal breathing, it is still inseparable from surgery on the nasal septum.

In modern medicine, local anesthesia is not used for complete surgery and can only be used for minor corrections.

When relieving pain, such anesthesia does not eliminate unpleasant sensations in the nose (other types of receptors are responsible for this, anesthesia does not affect it) and is perceived very negatively by the patient during long or large-scale interventions (dentists, like for these reasons, they prefer to work with the patient for no more than 30-40 minutes - a person gets tired of unpleasant sensations, and interventions in the nasal cavity are easier than in the oral cavity perceived as more unpleasant). Anesthesia allows the surgeon to focus directly on the operation, eliminating the need to be distracted by the conversation with the patient (and this often plays an important role for the patient's peace of mind). Mandatory blood pressure control during anesthesia allows controlling and reducing bleeding during surgery, which has a beneficial effect on both the surgeon's work results and the postoperative patient's well-being due to minimal blood loss.

Instructions for surgery:

The main indications of septoplasty are:

Long-term (permanent) difficulty in nasal breathing

The human body has great potential to adapt to unfavorable conditions, including partial adaptation to the deviation of the nasal septum. Many people do not know this problem, because their body can withstand this load, they are not burdened with age and other chronic diseases. Often, the problem appears gradually and the person does not immediately pay attention to it. After he begins to breathe through his mouth often, including in his sleep, after waking up with a sore or dry throat, sleeps poorly, snores, constantly uses vasoconstrictor drops, or often gets sick , he begins to look for trouble and begins to turn. to experts. Timely restoration of nasal breathing helps a person recover or reduce his complaints. Creates an opportunity to restore the body - not only improves the functioning of the systems directly connected to the nose (throat, lungs), but also affects the nervous and cardiovascular systems.

Chronic diseases of the paranasal sinuses

Correction of the nasal septum can also be performed in patients with chronic inflammatory diseases (sinusitis) who do not have significant difficulties in nasal breathing. Due to the curvature of the nasal septum, the "incorrect" redistribution of air flows can lead to permanent irritation of the mucous membrane, infection, or violation of the ventilation of the paranasal sinuses and problems in them.

Good formation of paranasal sinuses (polyps, cysts, mucoceles, pyoceles, etc.).

Violation of sinus ventilation due to significant curvatures of the nasal septum, the direction of the air flow inside the nasal cavity not only contributes to the occurrence of chronic inflammatory phenomena of the mucous membrane of the nasal cavity and sinuses, but also to the appearance of benign formations will give. such as cysts or polyps.

massive operations on the paranasal sinuses (polyps of the nasal cavity and paranasal sinuses) or the base of the skull (pituitary adenoma).

When the surgeon works in the deep structures of the nasal cavity and paranasal sinuses, even a slightly curved nasal septum can be an obstacle. Septoplasty is often performed during large-scale operations, including neurosurgical operations - for example, when removing a pituitary adenoma.

Headache for unknown reasons

Constant contact of the mucous membrane of the side walls of the nasal cavity and nasal turbinates with protruding parts (ridges, spines) of the nasal septum can cause irritation of nerve nodes and reflex pain in the head. It is often difficult for both the patient and the specialist to notice this connection. Often, this category of patients begins treatment with a neurologist and comes to the ENT surgeon only after excluding other causes and the ineffectiveness of conservative treatment. Eliminating disturbing factors in the form of protrusion of the nasal septum, which is in contact with the mucous membrane of the side walls, can relieve the patient's pain or even get rid of it.

ear diseases (chronic otitis, sticky otitis)

If there are chronic problems with the middle ear and eardrum, the first step is also recommended to eliminate significant curvatures of the nasal septum. The middle ear cavity, located behind the eardrum, receives air from the nasal cavity through the auditory tube. Deviations of the nasal septum can make it difficult to properly ventilate this space. Chronic changes gradually develop in the form of a perforation (hole) in the eardrum, with a gradual decrease in hearing in the middle ear, chronic

inflammation, scars or cholesteatoma appear. Ignoring this problem can lead to ineffective ear surgery. After ear surgery, normal ventilation of the middle ear cavity is especially important and directly affects the effectiveness of the treatment. Usually, nasal septum correction is performed as the first stage of ear surgery 2-6 months before the main surgery. It is not recommended to combine operations on the nose and ears, because the breathing of the nose does not recover immediately after the operation.

Contraindications for surgery

acute diseases (ARVI, bronchitis, herpes infection, etc.).

The operation is not an emergency, so there is no need to create additional risks due to a cold or other acute diseases. If you are sick, contact the surgeon and agree to reschedule the operation. Usually, you can delay the operation for 2 weeks until you are fully recovered.

blood clotting disorder

Disorders of blood coagulation can be caused not only by blood diseases, but also by constant use of drugs, for example, ThromboASS based on aspirin (acetylsalicylic acid) and others.

Surgery is not recommended for women during menstruation.

This leads to impaired blood clotting and increases blood loss during surgery.

chronic diseases in the acute stage (gastric ulcer, cholecystitis, etc.) and decompensation of chronic diseases (diabetes mellitus, coronary artery disease, hypertension). Expert approval is required, possibly preliminary preparation.

old age

Surgery is not recommended in old age due to impaired healing processes and recovery of the body. This indicator is considered separately depending on the presence of concomitant diseases in each case. In people over 70 years of age, the decision to undergo surgery is made individually.

childhood

The nasal septum participates in the formation of the external nose during the growth of the child, which is most active during adulthood. But due to the same growth, the child increases the need for normal nasal breathing. The stress caused by the high workload and emotional experiences at school also has a negative effect on the body. Oxygen starvation caused by a significant violation of nasal breathing can have a negative effect during this period. Operations under the age of 16 are performed only after a full evaluation of the possible positive and negative consequences for the child by the doctor. Often, correction is performed only when there is significant difficulty in breathing and severe curvature of the nose. The principle of soft correction is important for the doctor - if the goal is not to have a "perfectly flat" nasal septum, but to improve nasal breathing to "acceptable". In some cases, after the end of the child's growth (20-25 years old), additional correction of the nasal septum is possible.

How to prepare for surgery

2 weeks ago, stop taking medications that affect blood clotting - anticoagulants (Aspirin, ThromboASS, Acetylsalicylic acid, etc.) Before stopping anticoagulants, you should consult a doctor. If it is not possible to stop taking the medication, inform the surgeon about this and talk with the attending physician about a possible change in therapy.

in the presence of concomitant diseases (coronary artery disease, hypertension, bronchial asthma, gastric ulcer, etc.), consult a doctor about the possibility of surgery and the need for preoperative preparation.

It is recommended to stop smoking and not to drink alcohol 2 weeks before the operation

for women - stop taking hormonal contraceptives 1 month before the operation or consult a gynecologist. This is especially important in the case of varicose veins.

If you have a severe dry nose, you should contact your ENT surgeon 2-4 weeks before surgery. Dry mucous membranes and noticeable crusts can have a negative effect on the operation and the postoperative period.

A day before the operation, the patient is admitted to the institute hospital and spends the night in the room allocated to him. The next day, according to the operation schedule, the operation will be performed. Immediately before the operation, the patient is given anesthesia and falls asleep. During the operation and for some time after it, the patient sleeps (under anesthesia). Immediately after the operation and until 8 a.m. the next day, the patient is in the intensive care unit, where he is constantly monitored by the nurse on duty, seen by the doctor on duty, and his condition is monitored. You cannot leave this room. But from the next day, he will be transferred to the ward, where he will stay for another 3-4 days until he is discharged from the hospital, during which time he will be cared for and the procedures necessary for a comfortable recovery will be carried out. Usually, tampons from the nasal cavity installed during the operation are removed on the second day, and after another 1-2 days, the patient is discharged home.

Periods of incapacity for work

Standard periods of incapacity for work are 14-15 days. Nasal breathing begins to develop a little later, 2-6 weeks after the operation.

In 2 weeks, the main stage of treatment of the nasal septum takes place. However, you should understand that during this time, the new breathing comfort cannot be fully achieved, and the final nasal breath begins to form 3-6 weeks after the operation. For free breathing and comfort, the nasal mucosa should be completely treated. In addition, this healing time depends mainly on the intervention on the lower turbinates, which is performed simultaneously with the correction of the nasal septum, and not on the surgery on the nasal septum. Working with these structures greatly affects the presence of crusts in the nose after surgery and the patient's full recovery period.

Postoperative care and follow-up

- postoperative care in the hospital includes, first of all, the treatment regimen and monitoring of the doctor's treatment process. The patient does not do anything independently without the recommendation of the surgeon.
- after leaving the hospital, the patient spends the first week at home. It is recommended to maintain a home regime, increase physical activity, avoid crowded places and follow recommendations. Often, it is prescribed to wash the nose with a large volume of saline solution up to 1 liter (Delfin, Aqua-Maris, etc.).
- after returning to work, the patient should gradually enter the natural rhythm of life, gradually resume physical activity

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