

## Modern Methods of Treatment of Complications after Septoplasty

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**Abstract:** Removal of deviated nasal septum called septoplasty. This operation helps the patient breathe normally and naturally. But, unfortunately, many people try to keep it safe and continue to live with its deviation, which creates other damage. What worries people before surgery:

Technologies have also been created that allow the patient to avoid unpleasant sensations and breathe through the nose during rehabilitation. Intranasal septal splints or splints are created according to Reiter. They are made of soft silicone, because it does not harm the nasal cavity and is removed painlessly. The splints have a seven-sided shape and completely correspond to the shape of the nasal septum at the site of operation. The essence of splints is that they hold the septum in the midline. After the operation, when the patient is under anesthesia, a silicone splint is sewn.

**Key points:** Septal splints, operative period, postoperative rehabilitation, conservative treatment.

Splints come in various modifications. Depending on the shape of the nose, they can be large or small. A tube can also be inserted between the silicone of the splint, through which the patient can breathe immediately after the operation. The septal splint remains in the nose for about 5-7 days, during which time the nasal septum takes its place.

### Septal tires

Recently, septal splints or intranasal splints have become an integral part of operations on the nasal septum. Septoplasty, rhinoseptoplasty, and the final step of surgery to close nasal septum perforations is the placement of septal splints on both sides of the nasal septum.

The reason why splints are so popular among surgeons is a number of advantages that improve the outcome of the operation, reduce the risk of postoperative complications and speed up the recovery of the patient.

### Post-operative period

#### Nose pain

Patients often experience pain in the nose after surgery. This is due to both the surgical procedure itself and the presence of tampons in the nose. If the pain is severe, the doctor may prescribe narcotic pain relievers containing opioids such as tramadol, promedol. Often patients themselves refuse opioid analgesics. In this case, doctors use non-steroidal anti-inflammatory drugs: ketorol, diclofenac, analgin. At the same time, the contraindication of these drugs is the worsening of blood clotting and the increased risk of postoperative bleeding, so doctors do not recommend using these drugs often, especially in the first days after surgery.

To reduce pain after septoplasty, if the patient is rehabilitated in the hospital, it is recommended to raise the head of the bed. At home, you should sleep with your head elevated using 2-3 pillows. In addition, it is recommended to apply ice on the bridge of the nose and forehead for 5-10 minutes 2-3 times a day.

In the postoperative period, you should not touch the nose, especially avoid pressing the tip of the nose. This can cause severe pain and poor tissue healing in the postoperative area. Also, trauma to the nose after septoplasty often causes the nasal septum to shift to the side.

#### Antibiotics

During rehabilitation, antibiotics are prescribed to reduce the risk of infection. Usually these are penicillin antibiotics. The duration and dosage of antibiotics prescribed by the doctor should be strictly followed.

#### Vasoconstrictors and nasal irrigation

The day after removing tampons, you will need to use vasoconstrictor nasal drops, for example, xylometazoline, Nazivin, and saline solutions for the nose (Aqua-Lor, Dolphin). Vasoconstrictors are prescribed to reduce swelling in the nose and widen the nasal passages. It improves the permeability of the nose during the nasal shower with saline solutions. Saline solutions wash mucus, thick blood and crusts from the nose, speed up recovery. On average, vasoconstrictor drops and nasal irrigation are prescribed for 5-7 days.

#### General recommendations for the patient in the postoperative period

The postoperative period lasts 3 weeks after the operation. At this time, the main thing is to speed up the metabolism in the body, which speeds up recovery. For this, the patient is instructed to drink a lot of fluids - up to 3 liters of fluid per day and to walk on average - 3-4 hours during the day. However, you should not engage in physical exercises or strain yourself - physical activity is contraindicated during the entire rehabilitation period.

#### Septoplasty in ear, nose and throat clinic

Doctors of our clinic have extensive experience in performing septoplasty operations. The modern techniques available to our doctors allow us not only to operate using the latest advances in medicine, but also to ensure the comfort of the client in the postoperative period: it significantly reduces pain and allows breathing immediately after the operation.

In rare cases, but still there are postoperative events such as slight swelling or traces of bruises in the area of the cheeks and eyelids. This often happens if, in addition to the nasal septum, surgery has been performed on the paranasal sinuses. Usually, the swelling increases on the second day and starts to decrease in the next 5-6 days. Postoperative swelling and bruising do not indicate the quality of the operation and do not affect the postoperative result.

#### ➤ How long are the tires installed?

After removing tampons from the nasal cavity, silicone tires remain in the nose. They are usually placed for a period of 3 days to 2 weeks depending on the goals set by the surgeon. If the tires are dirty, carefully read the doctor's instructions on how to clean them.

#### ➤ How often should you visit the doctor after the operation?

On average, 3-4 visits are required during the rehabilitation period. In the postoperative period, it is important to come to the doctor to check the nasal cavity and go to the toilet. This helps to speed up the recovery of the respiratory function of the nose.

#### ➤ Why does pink blood-like liquid flow from the throat and nose after septoplasty?

A few days after the operation, a pinkish-red liquid may flow from the nose and throat - this is discharge. Over time, the amount of such discharge decreases until it stops completely. But this flow should not be confused with bleeding that often occurs after surgery. If you have a long-term nosebleed, you should immediately consult a doctor.

#### ➤ What should I do if my nose hurts a lot after packing?

After surgery, patients complain of discomfort caused by tampons in the nose. If there is pain, you should take painkillers as prescribed by the doctor.

➤ What should be done if the crusts formed in the nose cause pain or interfere?

You can gently clean the crusts around the nostrils without going inside. This is done with cotton balls soaked in a 3% solution of hydrogen peroxide.

➤ After the operation, my ear and head hurt a lot, what caused it?

Discomfort in the ears and head is normal in the postoperative period. In this case, you should ask your doctor to prescribe a pain reliever.

➤ What is the risk of infection in the nasal cavity after septoplasty?

The risk of postoperative wound infection after septoplasty is very low. However, if you experience pain, swelling, redness in the nasal area, and a body temperature of 38 degrees, this may be a sign of infection. You should report this to your doctor and come for an examination.

➤ Why does my throat hurt after septoplasty?

One of the most common complaints after surgery is a sore throat. This is because a special tube is inserted into the throat during anesthesia. After its removal, discomfort in the throat may remain. Sensations usually disappear within a few days.

➤ Lips and teeth become dull after septoplasty. What is it about?

A feeling of numbness in the area of the teeth and upper lips often worries the patient. This is due to the swelling of the nerve nodes. This is not something to be afraid of. Sensitivity usually returns within a few weeks.

➤ What should be avoided during rehabilitation?

For 2-3 weeks after surgery, you should limit physical activity, do not bend your head down, do not lift or push heavy objects. Avoid hot water procedures (baths, saunas, etc.).

➤ Is it possible to smoke during rehabilitation?

Smoking in the postoperative period, as well as in rooms with tobacco smoke, is contraindicated, because it causes swelling and impairs the healing of the operated tissues.

➤ How much does it cost to give up alcohol after surgery?

In the first 10 days after the operation, it is strictly forbidden to drink alcohol - when you drink alcohol, the risk of bleeding from the operated surfaces increases significantly!

#### Reference:

1. Baxriyevich, U. U. B., & Ergashivich, Q. I. (2023). BOLALAR VA O'SMIRLAR SALOMATLIGINING GIGIYENIK BAHOLASH. *Новости образования: исследование в XXI веке*, 1(9), 1027-1035.
2. Mahramovna, M. M., Chorshanbievich, K. N., & Ergashovich, K. I. (2023). HIGHER EDUCATION INSTITUTIONS STUDENTS HEALTHY LIFESTYLE DEVELOPMENT. *Galaxy International Interdisciplinary Research Journal*, 11(2), 410-413.
3. Ergashovich, K. I., & Bakhriyevich, U. U. (2023). Toxic infections and intoxications caused by food. *IQRO JURNALI*, 2(1), 181-186.
4. Corshanbiyevich, X. N., Narmuratovich, R. Z., Ergashovich, K. I., & TOGRI OVATLANISH, M. E. Y. O. R. L. A. R. I. *Galaxy International Interdisciplinary Research Journal*.—2022. T, 10(11), 160-163.
5. Sh, B. R., Ch, X. N., & Kiyamov, I. E. (2022). Environmentally Friendly Product is a Pledge of Our Health. *Texas Journal of Multidisciplinary Studies*, 9, 48-50.

6. Corshanbiyevich, X. N., Narmuratovich, R. Z., & Ergashovich, K. I. (2022). TOGRI OVATLANISH MEYORLARI. Galaxy International Interdisciplinary Research Journal, 10(11), 160-163.
7. Bakhriyevich, U. U. B., & Abdurakhmonovna, E. M. (2023). ROLE OF THE OZONE LAYER IN BIOLOGICAL PROCESSES. Новости образования: исследование в XXI веке, 1(9), 1019-1026.
8. Kiyomov, I., & Shernazarov, F. (2023). IMPROVING SURGICAL TREATMENT METHODS FOR PATIENTS WITH NASAL PATHOLOGY. Science and innovation, 2(D11), 226-231.
9. Qiyomov Ixtiyor Ergashevich. (2024). Modern Methods of Treating Nosebleeds. Journal of Science in Medicine and Life, 2(5), 554–559.
10. Qiyomov Ixtiyor Ergashevich. (2024). Modern Methods of Treating Nosebleeds. Journal of Science in Medicine and Life, 2(5), 548–553.
11. Qiyomov Ixtiyor Ergashevich. (2024). Improvement of Surgical Treatment Methods in Patients with Nasal Pathologies. Journal of Science in Medicine and Life, 2(5), 540–547.
12. Farrukh S. ORGANIZATION OF DIGITALIZED MEDICINE AND HEALTH ACADEMY AND ITS SIGNIFICANCE IN MEDICINE //Science and innovation. – 2023. – Т. 2. – №. Special Issue 8. – С. 493-499.
13. Rustamovich, A. I., Negmatovich, T. K., & Fazliddinovich, S. D. (2022). БОЛАЛИКДАН БОШ МИЯ ФАЛАЖИ ФОНИДА РИНОСИНСИТИ БОР БЕМОРЛАРДА БУРУН БЎШЛИҒИ МУКОЦИЛИАР ТРАНСПОРТИ НАЗОРАТИ ТЎҒРИСИДАГИ ЗАМОНАВИЙ ҚАРАШЛАР (адабиётлар шарҳи). JOURNAL OF BIOMEDICINE AND PRACTICE, 7(2).
14. Абдурахмонов, И. Р., & Шамсиев, Д. Ф. (2021). Эффективность применения местной антибиотикотерапии в лечении параназального синусита у детей с церебральным параличом. In НАУКА И ОБРАЗОВАНИЕ: СОХРАНЯЯ ПРОШЛОЕ, СОЗДАЁМ БУДУЩЕЕ (pp. 336-338).
15. Абдурахмонов, И. Р. & Шамсиев, Д. Ф. (2021). Болаликдан бош мия фалажи билан болалардаги ўткир ва сурункали параназал синуситларни даволашда мукорегуляр дори воситасини самарадорлигини ўрганиш. Т [a\_XW [i [S US S\_S^[ùe YfcS^, 58.
16. Siddikov, O., Daminova, L., Abdurakhmonov, I., Nuralieva, R., & Khaydarov, M. OPTIMIZATION OF THE USE OF ANTIBACTERIAL DRUGS DURING THE EXACERBATION OF CHRONIC OBSTRUCTIVE PULMONARY DISEASE. Turkish Journal of Physiotherapy and Rehabilitation, 32, 2.
17. Тураев, Х. Н. (2021). Абдурахмонов Илхом Рустамович Влияние будесонида на качество жизни пациентов с бронхиальным обструктивным синдромом. Вопросы науки и образования, 7, 132.
18. Абдурахманов, И. Шамсиев, Д. & Олимжонова, Ф. (2021). Изучение эффективности мукорегулярных препаратов в лечении острого и хронического параназального синусита при детском церебральном параличе. Журнал стоматологии и краниофациальных исследований, 2(2), 18-21.
19. Абдурахмонов, И. Р. & Шамсиев, Д. Ф. (2023). БОШ МИЯ ФАЛАЖИ ФОНИДАГИ ПАРАНАЗАЛ СИНУСИТЛАРНИ ДАВОЛАШДА ЎЗИГА ХОС ЁНДАШИШ. MedUnion, 2(1), 14-26.
20. Орипов, Р. А. Абдурахмонов, И. Р. Ахмедов, Ш. К. & Тураев, Х. Н. (2021). ОСОБЕННОСТИ ПРИМЕНЕНИЕ АНТИОКСИДАНТНЫХ ПРЕПАРАТОВ В ЛЕЧЕНИИ НЕЙРОДЕРМИТА.

21. Ахмедов, Ш. К. Тураев, Х. Н. Абдурахмонов, И. Р., & Орипов, Р. А. (2021). НЕКОТОРЫЕ ОСОБЕННОСТИ ТАКТИКИ ПРОДУКТИВНОГО ЛЕЧЕНИЯ ХРОНИЧЕСКОЙ КРАПИВНИЦЫ.
22. Абдурахмонов, И. Р. (2021). Исследование мукоцилиарной транспортной функции слизистой оболочки полости носа у больных с параназальным синуситом на фоне детского церебрального паралича. In *Актуальные аспекты медицинской деятельности* (pp. 256-259).
23. Абдурахмонов, И. Р., & Тураев, Х. Н. (2022). ОПЫТ ПРИМЕНЕНИЯ СИНУПРЕТА С АНТИБАКТЕРИАЛЬНЫМИ ПРЕПАРАТАМИ В КОМПЛЕКСНОЙ ТЕРАПИИ РИНОСИНУСИТОВ У БОЛЬНЫХ ДЕТСКИМ ЦЕРЕБРАЛЬНЫМ ПАРАЛИЧОМ. *Достижения науки и образования*, (2 (82)), 88-92.
24. Abdurakhmanov, I., & Shernazarov, F. (2023). SPECIFIC ASPECTS OF TREATMENT OF CHRONIC RHINOSINUSITIS IN CHILDREN. *Science and innovation*, 2(D10), 164-168.