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Treatment Methods for Septoplasty without Tamponade

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Abstract: The nasal septum is a bone-cartilage-like plate that divides the nasal cavity into two halves. When it is bent, the nasal passages become uneven. Air flows through it with difficulty, which disrupts nasal breathing. The protective function of the nasal mucosa also suffers. Conditions are created for frequent runny nose and colds; inflammation of the sinuses and ears.

Septoplasty is performed endoscopically without strict tamponade. Therefore, recovery after surgery takes only 4-7 days. Rehabilitation is painless; bruises, swelling on the face.

Key points: snoring; difficult breathing; frequent colds; constant headaches.

recovery after septoplasty

The first day after the operation, the patient spends in a comfortable hospital room under the supervision of a doctor and nurse. At this time, mucus or bloody discharge is considered normal. Breathing can be normal or difficult. Pain in the nose and sinuses after a mild septoplasty does not bother me. There are no bruises or swelling on the face.

If the patient feels better the next day and all vital signs are normal, he or she will be sent home with detailed recommendations.

It is necessary to follow the home course of treatment for 4-7 days. To speed up the treatment, you should not go to the sauna, swimming pool or play sports for 2 weeks. It is important to regularly do nasal toileting.

One week after the septoplasty, the doctor will perform a follow-up examination and also remove the silicone bandages. The procedure does not cause any pain or discomfort. If there are no problems or discomfort, further check-ups of the nasal septum will be carried out 1 and 2 months after the septoplasty.

Signs that may indicate a violation:

constant runny nose;

frequent sinusitis;

Dependence on vasoconstrictor drops (people with a straight nasal septum usually do not have this problem);

Snoring;

difficult breathing;

frequent colds;

constant headaches.

A person may complain of the feeling of mucus flowing from the throat.

Diagnosis of a deviated nasal septum

In some cases, the patient consults an ENT doctor due to breathing problems, frequent runny nose or other complaints. In other cases, he is referred for consultation to a general practitioner or an allergist-immunologist.

Our experts take an hour for an initial consultation. The ENT doctor questions and examines the patient, performs a rhinoscopy - an examination of the nasal passages and the bony structures that make them up. Traditionally, the examination is carried out using a speculum and nasal dilator.

Preparation for a septoplasty

Preoperative preparation includes standard tests:

general clinical analysis of blood and urine;

biochemical blood test;

assessment of blood coagulation;

Fluorography or computed tomography of the lungs;

Electrocardiography and consultation with a therapist;

Consultation with the anesthesiologist.

On the day of your visit, you can undergo all the necessary examinations before septoplasty at Best Clinic.

If a deviation of the nasal septum is suspected, the doctor will refer you for a CT scan. At Best Clinic, the diagnosis is made at the time of the first appointment. Our centers are equipped with special CT devices that perform a high-precision examination of the facial skeleton:

The examination is painless and allows for a perfect visualization of the bone tissue. The images obtained make it possible to correctly determine the shape of the nasal septum and its degree of curvature.

Based on the CT scan, examination and rhinoscopy data, the ENT doctor makes a diagnosis. Septoplasty is recommended for patients with a deviated nasal septum.

Deviation of the nasal septum: symptoms, types, treatment

People with such complaints may not notice that they have a deviated septum. According to experts, 75 out of 100 people suffer from the condition, and the pathology can be congenital or acquired, for example, displacement due to injury.

The curvature of the nasal septum can be C- or S-shaped, mixed with the formation of spikes and ridges. All types of deformities have negative consequences and can only be treated by surgery. The operation to straighten the nasal septum is called septoplasty.

What are the risks of refusing septoplasty?

Septoplasty is a concern for some patients. Some are afraid of head surgery, others are afraid of surgery in general. As a result, some of them ignore the diagnosis and prescriptions of the ENT doctor.

They try to get rid of a runny nose with medication or physical therapy, such as laser treatment. This tactic provides temporary relief. Over time, breathing difficulties, runny nose and sinusitis return and worsen because the main cause - the deviation of the nasal septum - is not eliminated.

The quality of life of patients who refuse septoplasty can be significantly reduced. Organs of the ENT area, the upper respiratory tract, the nervous system and the cardiovascular system suffer.

If the operation is not performed, the following complications may occur:

Lack of oxygen, constant headaches due to nerve irritation;

Cardiac arrhythmias due to difficulty breathing, involvement of nerves in processes that impair the function of the organ;

A runny nose often leads to sinusitis.

Correcting the defect helps the patient to quickly get rid of breathing problems and chronic diseases.

Preoperative diagnostics can rule out contraindications for surgery. We only perform septoplasty on patients whose examination results do not show any significant deviations from the norm.

Contraindications for septoplasty

Septoplasty is not performed in cases of severe bleeding disorders, severe liver and kidney disease, allergies to anesthetics or pregnant women.

In the acute stage, patients with infectious and systemic diseases are initially treated for these diseases and then an operation is planned.

How is septoplasty performed?

The operation to repair the nasal septum is performed under general anesthesia. It is much more comfortable for the doctor and the patient. The septoplasty takes about 1 hour.

Excess tissue is removed using the Unidrive S III ECO Carl Storz shaver. The high-tech tool quickly cuts off the excess tissue and immediately sucks it into the container. The device enables the surgeon to work precisely and accurately. Bleeding vessels are immediately burned using a laser and an electrocoagulator.

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