

Submucous Resection (SMR/Septoplasty)

Introduction

This booklet aims to give you an idea of what will happen to you and how long you can expect to stay in hospital.

What is submucous resection (SMR)/septoplasty?

The nasal septum is the partition between the nostrils, which is made of bone and cartilage, and is covered by nasal lining (mucosa). A submucous resection is an operation to correct, by removing or straightening, the bent part of the septum.

Why do I need an operation?

The operation will help to improve your blocked nose, making breathing through your nose easier. This may also reduce any sinus pain or infection and occasionally help with the problem of nosebleeds.

What will happen?

Prior to your admission you will be asked to attend a pre-admission or pre-assessment clinic. You will see a nurse and/or a doctor. The nurse will check your details, any previous medical history and explain what will happen during your hospital stay. Any investigations such as blood tests, heart tracings and X-rays will be performed during this visit. A medical examination will be performed. If you do not have a pre-op assessment, this will take place on the day of admission. Alternatively you may have a telephone assessment.

It is important to have an empty stomach before we can proceed with general and some local anaesthetics. You will be asked to stop eating food (including sweets and chewing gum) six hours before your operation. Please drink non-fizzy water, plain squash, black tea or coffee (no milk) until two hours before your surgery.

If you have not signed a consent form prior to admission this will be done on the day you come into hospital. The surgeon or ward doctor will come and talk to you and ensure that you are happy to proceed with your operation.

The anaesthetist who will be putting you off to sleep will come and see you, ensure your fitness for the general anaesthetic and explain what he is going to do.

You should have a bath or shower before coming in to hospital. Before going for your operation you will need to remove any make-up, jewellery, (except wedding rings which will be taped) contact lenses and false teeth.

You will wear only a theatre gown for your operation. However you may keep your underpants on if they are made of cotton.

A check list will be completed by the nurse before you leave the ward. A nurse will accompany you to the anaesthetic room. Most people walk to theatre, if you are unable to do so, we will take you on a wheelchair or trolley. You may wear a dressing gown and slippers to the anaesthetic room, the nurse will return these to your bed for you.

If you wear glasses or a hearing aid, you may wear them to the anaesthetic room so that you can see or hear what is happening before you go to sleep.

What about the anaesthetic?

A general anaesthetic is medication given by injection into a vein in the back of your hand or arm to put you to sleep for your operation. The anaesthetic is one of the main concerns for all patients, stemming from the fact that many feel they are handing over control of their life to another person. This worry is understandable, but modern anaesthetics are very safe and serious complications are uncommon.

The risks of a general anaesthetic

General anaesthetics have some risks, which may be increased if you have chronic medical conditions, but in general they are as follows:

- **Common temporary side effects** (risks of in 10 to 1 in 100) include bruising or pain in the area of injections, blurred vision and sickness, these can usually be treated and pass off quickly.
- **Infrequent complications** (risk of 1 in 100 to 1 in 10,000) include temporary breathing difficulties, muscle pains, headaches, damage to teeth, lip or tongue, sore throat and temporary problems with speaking.
- **Extremely rare and serious complications** (risk of less than 1 in 10,000). These include severe allergic reactions and death, brain damage, kidney and liver failure, lung damage, permanent nerve or blood vessel damage, eye damage, and damage to the voice box. These are very rare and may depend on whether you have other serious medical conditions.

NB. It should be noted that, apart from your bedside locker, the Hospital's facilities for storing personal belongings and valuables are very limited and we cannot accept responsibility for anything lost or stolen whilst you are a patient.

What happens during the operation?

Whilst you are asleep in theatre, the surgeon will carefully lift a flap of mucosa (nasal lining) inside the nostril and will gently remove or reposition the bent piece of cartilage.

Once the surgeon is satisfied that the septum is as straight as it can be, the mucosa is then placed back into position.

Occasionally the surgeon may need to carry out other procedures at the same time as this operation to ensure success. For example, cautery or trimming of swollen nasal tissue (turbinates) are the most common additions.

Any stitches used inside the nose will usually be dissolvable and so will not be removed. A dressing (nasal pack) may be placed in the nose at the time of operation; this helps to control any bleeding.

If a nasal pack is used it may be removed after 4 hours or it may be left in situ over night and removed early the following morning,

Will the operation affect the shape of my nose?

Nasal septal surgery is to correct nasal obstruction rather than deformity of the nose. There is not usually any change in the shape of the nose, though a small proportion of patients get a subtle change in the appearance. This sort of surgery should not cause external bruising, black eyes or visible scarring.

What happens after the operation?

Immediately after the operation, you will wake up in the recovery room with a nurse looking after you. She will make sure you are comfortable and not in any pain. You may have a dressing known as a bolster placed under your nose to catch any leakage from your nose.

When you are awake enough, a ward nurse will accompany you back to your bed. Usually you will feel like sleeping or resting quietly for a few hours after your operation.

Once you are back in bed you will be advised to rest sitting upright. This will help to prevent your nose from bleeding. We will only need to disturb you when we check your blood pressure and pulse and any other observations which may be necessary.

If you feel sick, please inform a nurse and she can administer an anti-sickness injection which may help. However, occasionally patients swallow a little blood after surgery and often feel better once they have actually been sick.

If your nose starts to bleed (this is not uncommon), please stay in bed and ring the nurse call bell. A nurse will assess the bleeding and, if required, will apply ice and pressure treatment to your nose to stop the bleeding.

Later, you may drink and eat a light diet as you feel able, unless otherwise advised. If you have any pain, please inform the nurse looking after you and she will give you a painkiller.

NB: Following a general anaesthetic, it is advised that you refrain from smoking during the post-operative period.

When can I go home?

If there is no nasal packing you may be discharged home later that day when you have recovered from the anaesthetic and there is no bleeding from your nose.

If there is packing you may be discharged when this has been removed either later that evening or the following morning.

You may be given medication to take home with you, please follow the instructions on the packet.

A letter will be sent to your GP so that he is aware of your operation.

On discharge from the ward, you will be advised to take things easy for a few days, and try not to blow your nose for a day or two, and then only gently. You will need to stay off work for two weeks. This is particularly important if you

work in a smokey or dusty atmosphere. Due to the effects of surgery, it is quite normal to have a blocked stuffy nose initially. There is often some blood or mucous discharge and sometimes 'crusts' within the nose. This may take several weeks to settle. However, the symptoms will quickly start to resolve.

An appointment will be sent to you to be seen in the ENT clinic 6-12 weeks after your operation.

If you experience any problems with regards to your surgery, you can telephone Otter Ward on **01392 402807** for advice, or contact your own GP.

We expect you to make a speedy recovery after your operation and to experience no serious problems. However, it is important that you should know about minor problems which are common after this operation and also about the more serious problems which can just occur. The section '**What problems can occur after the operation**' describes these, and we would particularly ask you to read this.

What problems can occur after the operation?

Bleeding post-operatively can be a complication after nasal surgery, but rarely will result in an admission to hospital.

A perforation (hole) in the nasal septal cartilage can occur but this is rare. It can, however, cause a whistling noise when breathing through the nose.

Occasionally (although rare) the nose may become infected causing either increased pain or swelling of the inside of the nose, with a yellow/green discharge. If this happens, contact the ward for advice or see your GP for treatment.

Are there any alternatives to surgery?

A bent nasal 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 trouble that you want an operation. Only an operation can fix a bent nasal septum, but nose sprays or drops can help treat the swelling in the nose, which might also be making your nose feel blocked.

Benefits

- To improve nasal breathing.
- To allow access for other nasal surgery.

Post-op home advice

Try and avoid nose blowing for 48 hours then only blow gently. The doctor may advise using 'Sterimar' nasal spray which can be brought from a chemist to help clean the inside of your nose.

Please avoid picking your nose as this can cause bleeding and may damage the lining/cartilage inside of the nose.

It is advised that you take only a short warm shower/bath in the first week as heat may cause your nose to bleed.

It is advisable to reduce strenuous activities for 2 weeks post-operatively.

If your nose starts to bleed:

1. Try not to panic
2. Sit upright
3. Tilt your head forwards and open your mouth so you can spit out any blood instead of swallowing it.
4. Pinch the soft part of the nose above the nostrils between the thumb and index finger.
5. Hold the nose for at least 5 minutes, and repeat if the nose continues to bleed.
6. If you have ice available put it in a plastic bag and apply this to the soft part of the nose and again squeeze tightly over the ice.
7. If the nose continues to bleed freely you should attend your nearest casualty department.

This information can be offered in other formats on request, including a language other than English and Braille.

RD&E (Eastern Services) main switchboard: 01392 411611 NDDH (Northern Services) main switchboard: 01271 322577

For Royal Devon services log on to: <https://royaldevon.nhs.uk>

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