



CONSULTING LOCATION

52 Templestowe Road
Bulleen VIC 3105

CONTACT

P 03 9088 1030

F 03 9088 1031

E office@mentac.com.au

mentac.com.au

Nose and Sinus Surgery

Nose and sinus surgery includes septoplasty, turbinectomy, turbinate reduction or turbinoplasty, FESS (Functional Endoscopic Sinus Surgery), rhinoplasty (“nose job”), or a combination of the above. Mostly this is done to improve airflow through the nose to treat nasal obstruction or sleep apnoea. Many patients with chronic sinusitis or allergic rhinitis (hay fever) benefit significantly from turbinate and sinus surgeries. It can also be done to remove polyps or cancerous growth.

Septoplasty is an operation on the septum or dividing cartilage and bone wall between the left and right nose. It is usually performed to straighten a deviated septum to improve airflow. This is done as a keyhole surgery through the nostrils with a camera. In this operation, a cut is made on the inside of the nose, and the crooked cartilage or bone is straightened or removed. A potential risk of this operation is bleeding, infection or a perforation through the septum between the left and right nose. This can be repaired and improved.

Turbinate reduction, turbinectomy or turbinoplasty refers to operations to reduce the size of turbinates. Turbinates or chonca are bony protrusions or cushions inside the nose that act as a filter, humidifier and airflow director in the nose. These cushions can get clogged up and swollen which then obstruct breathing. Reducing their size is intended to allow better airflow through the nose. A potential risk of this operation is excessive patency of the airflow, which gives some patients the sensation of ‘too much airflow’ or a paradoxical sense of no airflow because the flow in the nose become turbulent rather than

linear (“Empty Nose Syndrome”). Much research and work has been done to tailor the operation to reduce the risk of this complications. Nowadays with keyhole surgery, high definition cameras and delicate instruments, the risks to many of these procedures are significantly reduced.

FESS is any operation on any of the sinuses in the nose. There are 4 pairs of sinuses or airbags inside the nose. Every single one of us has variable sinus anatomy that differs from person to person like our fingerprints. These sinuses sit within the cheek, between the eyeballs, and under the brain. When they’re repeatedly infected, their one-way openings get clogged up and sometimes they produce polyps, or fluid-filled swellings in the nose. The goal of sinus surgery is to remove the polyps, open up the sinuses and lavage them thoroughly to allow better delivery of medications. Each sinuses are individually targeted, depending on which sinuses are diseased. If there is a strong underlying history of allergy or hypersensitivity, there is probability that polyps may regrow over months or years and re-obstruct the nose, requiring revision surgery and long-term medications. A potential, but rare complication of sinus surgery is damage to the eyeballs causing permanent double vision, bleeding into the eyeball causing blindness, or injury to the roof of the nose, causing brain fluid leak (which can be repaired). Again, the use of image guidance, high definition camera and advanced instruments allow these risks to be significantly reduced.

Rhinoplasty is any surgery to the nose that alters its internal and external appearance with a goal of better





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function and better cosmetic appearance. It is usually done through a small cut under the nose or around the nose. Usually there will be significant alterations to the external bony and cartilaginous structure of the nose which require internal and external nasal splinting. Patients will typically experience more pain, bruising and swelling around the nose and eyes for a couple of weeks.

Caring for the nose:

Mild to moderate nosebleeds is expected in the first 5-7 days after surgery. You can roll a small amount of tissue or gauze to be taped to the upper lip to catch any blood drips. The nose is internally packed with dissolving dressing that helps blood to clot. Patients typically describe having what looks like blood clots and clumps of dressing coming out from the front and the back of the nose for up to 2-3 weeks after surgery. Most people feel congestion and blockage, rather than pain (unless you had a rhinoplasty with significant bone work). The tip of the nose, the base of the nose, the upper teeth and gum can feel quite sensitive and numb for a few weeks after surgery. In some cases, an internal plastic nasal splint and/or an external splint is applied to ensure stability of the nose. These splints will be removed in clinic 1-2 weeks after surgery. Patients will be sent home on pain killers and nasal washes.

The nasal wash is important as it washes the clots and dissolvable dressings from inside the nose. It also prevents infections. The washes are to be done 3-4 times a day for a minimum of 1 month. Do not blow your nose too vigorously as it may dislodge the splint or scabs in the nose. Instead, use the

nasal washes regularly. These washes will get rid of the mucous, clots, dressing and all the other 'gunk' (sophisticated medical term) from inside the nose. The nose usually feels much cleaner after a good wash. Start gently in the first few days. Patients describe the good feeling they have after a good nasal wash that clears up their nose. If you sneeze, open your mouth. Normally, it takes up to 2 months before the nose feels normal again. You'll still feel some blockage or numbness in the mean time. Often, there is still some scabs and crusts inside the nose even 2 months after surgery. Do not fiddle with the nose or insert anything. Stronger pain killers, antibiotics and more frequent washes may be required if the nose appears infected a couple of weeks after surgery. Most patients can return to sedentary mild activities a week after surgery. Avoid blowing your nose vigorously, bending down, straining, or carrying heavy things. These activities may trigger a bleed. You can return to normal activities 2 weeks after surgery, and strenuous activities 4 weeks after surgery. You will have an appointment usually around 2-4 weeks after surgery, and most patients will not require any further appointments after.

If there are any significant concerns, it is recommended that the patient be seen by a doctor either at the GP practice, the Emergency Department, or at our clinic. We are unable to give a safe advice over the phone or email without directly examining the patient. Do not hesitate to contact our office for further advice if required.

