



JAMES J. LEE, M.D., F.A.C.S.  
JOHN Y. CHEW, M.D. F.A.C.S.

## **NORTHERN ORANGE COUNTY ENT MEDICAL CORP**

100 E. Valencia Mesa Drive, Suite 111, Fullerton, CA 92835 Tel: 714-441-0133  
520 S. Virgil Avenue, Suite 105, Los Angeles, CA 90020 Tel: 213-674-6113

DIPLOMATE AMERICAN BOARD  
OF OTOLARYNGOLOGY

OTORHINOLARYNGOLOGY  
OTOLOGY

## **SEPTOPLASTY AND TURBINOPLASTY**

### **WHY DO I NEED SURGERY?**

When your nose is broken either by trauma, or in infants as a result of the birth process, this needs to be repaired. A septoplasty and turbino-plasty are the procedures we use to correct this problem. Often times, if the bone on the outside is not involved, the septoplasty and turbino-plasty will resolve problems with nasal congestion. It is also possible that if you have had this problem for any period of time, that you have utilized Afrin to help you breathe better. To correct this problem permanently, septoplasty and turbino-plasty is performed. This will allow you to breathe better. This is not considered a cosmetic procedure.

### **WHAT HAPPENS DURING SURGERY?**

The surgery is typically performed under general anesthesia. An injection is made of the septum and inferior turbinates. After this, the septal cartilage is either realigned or removed, depending on the strength of the septum. Sutures will be placed to achieve a nice, straightened septum. In most cases, the turbinates will also have to be reduced in size because they will also change in size as a result of the deviated septum. The anterior one third of the turbinates is removed to create a better breathing passage.

### **WHAT TO EXPECT AFTER SURGERY?**

The surgery is often done on an outpatient basis. Generally, seven days of medical leave of absence is recommended primarily because packing is placed in the nose to prevent bleeding. Upon removing the packing seven to ten days later, the patient may return to work with limitations. Any situation where your blood pressure may rise should be avoided. Most patients do return to work within two weeks after the surgery.

You will return to see me for a postoperative visit seven to ten days after the surgery to remove the packing.

You will be asked to take a course of antibiotics to prevent further infection. Painkillers are also prescribed.

### **WHAT ARE POSSIBLE RISKS AND COMPLICATIONS OF THE SURGERY?**

Possible complications include perforation of the septum, which may cause a whistling noise. When the weakened cartilage is crooked, often it makes the tissue around the area weak, resulting in a septal perforation. If the symptoms are significant, repair of the perforation may be required at another time. Another possible complication is a saddle nose deformity. This may occur when removing the deformed septum to improve the breathing capabilities. The top of the dorsum may collapse. You may have seen this in boxers with a depression right above the nasal tip. It is impossible to predict what the final cosmetic appearance will be prior to removing

the septal cartilage. If the cartilage collapses during the surgery, we can implant a piece of cartilage to make the appearance more normal. If the saddle nose deformity occurs during surgery, it is best to correct this problem immediately during the surgery. If it occurs after the surgery, you will need to wait six months for a full recovery and then a revision can be performed at that time. Another possible complication is hemorrhage and constant clot formation. This is caused as a result of the turbinate reduction during the surgery. The clot may represent as a scab-like formation and may intermittently bleed. However, usually about four to five weeks after the surgery, the bleeding will usually stop. In rare circumstances, you could have a loss of sense of smell after this surgery. However, none of my patients have experienced this aftereffect. You may also experience permanent frontal headaches. Again, none of my patients have experienced this.

If you have any further questions after having carefully read the above information, please feel free to discuss it with me in your preoperative evaluation, prior to any surgery. Remember, there are no dumb questions! We want you to be fully informed and comfortable prior to your surgery.

**IT IS MANDATORY TO BRING A FAMILY MEMBER OR FRIEND WITH YOU TO THE PREOPERATIVE VISIT. THIS IS BECAUSE PATIENTS, AFTER THE SURGERY, DUE TO THE GENERAL ANESTHESIA MAY FORGET THE INFORMATION PROVIDED TO THEM BEFORE THE SURGERY.**

**PLEASE SIGN AND RETURN THIS FORM TO OUR OFFICE WHEN YOU COME FOR YOUR PREOPERATIVE VISIT.**

**Please feel free to contact our office with any questions you might have at 714-441-0133.**

Respectfully yours,

**JAMES J. LEE, M.D., F.A.C.S.**

I understand the above information and consent to the surgery.

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Patient Name-Printed

\_\_\_\_\_  
Date