

Information for Patients and Carers

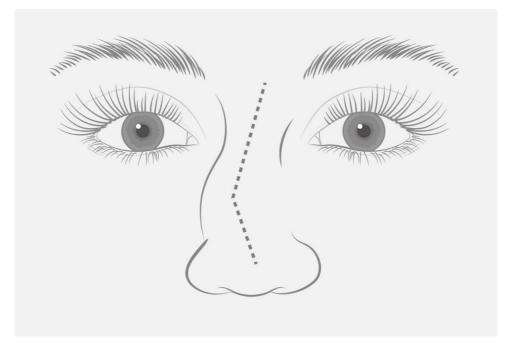
Septorhinoplasty

Welcome to ENT (Ear, Nose and Throat)

This leaflet has been produced to answer questions you may have about having septorhinoplasty and what to expect during your visit. If you have any other questions, please ask your surgeon or a member of the nursing team.

What is a Septorhinoplasty?

A septorhinoplasty is what people commonly call a "nose job". It involves surgery to the bones and cartilages of the nose. The upper third of the nose is made up of the nasal bones. The lower two thirds of the nose is a cartilage skeleton. This surgery involves altering the shape and appearance of both to straighten the nose and make it



look more symmetrical.

Image of a nose requiring corrective surgery

Why do I need this surgery?

There are several reasons you may need a septorhinoplasty such as having an obvious deformity of both the bones and cartilages of the nose. This may be causing you psychological and physical problems such as having a blocked nose, having an obvious "hump" on the top of your nose or be large and prominent, the nose may be buckled or be very much "off centre". This type of surgery can also correct a collapse of part of the nose.

Are there any other treatments I could have?

The only way to put the nasal bone and septum back in the right position is with an operation. A nose which is not straight will not cause you any harm and you can leave it alone if you want to. The decision whether you want the operation is yours.

Nasal steroid sprays or drops can help to reduce nasal swelling inside the nose which may help improve your nasal blockage however, this will be a long-term treatment plan.

What happens before the operation?

The surgery will be explained at the time you are placed on the waiting list. Every patient will have pre-operative photographs taken. This ensures an accurate record of the nose before the operation.

How is the surgery carried out?

A septorhinoplasty is done under a general anaesthetic which means you will be asleep during the procedure. The middle wall or "septum" of the nose is straightened. The skin over the nose is loosened. Any hump or deformity of the bridge of the nose is reduced. The Surgeon will make cuts in the nasal bones called "Osteotomies" which allow them to be moved. The nose can thus be repositioned and straightened.

Are there any cuts on the skin?

Most of the surgery occurs inside the nose. In moving the nasal bones there may be one tiny cut on the side of the nose and one in the groove between the nose and cheek on each side. These nearly always heal very well and are very difficult to see.

Are there any variations?

In more difficult cases the surgery may be performed by an "open" approach called an open septorhinoplasty. This involves a cut through the skin covering the wall between your nostrils. This is a good approach to work on the tip of the nose. The tip of the nose will be numb for at least six months afterwards and this is normal. If cartilage is needed to rebuild the nose, this is called 'augmentation". This cartilage may be taken from the ears or from the ribs. Augmentation surgery is often performed through an open approach.

What are the benefits of the surgery?

You should be able to breathe through the nose more easily. The appearance of the nose should be improved.

What are the risks of the surgery?

The surgery is very safe, and problems are very unlikely to occur. The septum and the nasal bones may move as scar formation occurs and the nose may then become blocked and "drift" out of position. There is a very slight risk to your sense of smell in all nasal surgery. There is a risk of damaging the roof of the nose resulting in the leak of the fluid from around the brain (the CSF). Very rarely, the septum may not heal resulting in a hole or "septal perforation".

What about afterwards?

You will generally wake up with a pack inside the nose which is usually removed within 1-2 days. If the structures of the nose are very mobile, the pack may stay in for 3 days. There will usually be a plaster of Paris splint on the nose which is removed 7 to 10 days later. Most people have black eyes and swelling around the nose, and this is normal. Most of the stitches are inside the nose and do not need removal however, after an open approach, the skin stitches are taken out after 7 days. If a stitch falls out of the nose, just trim the part that is showing. It is normal for the nose to feel blocked for the first weeks after surgery.

You will need 2 weeks off work to rest and recover, please ask the nursing staff if you need a Fit Note. You should take the medication as prescribed and complete the whole course. Steam inhalations will soften clots in the nose and help it clear sooner. Do not try to pick the nose clear as you can damage the soft tissues resulting in permanent damage to the nose.

What about long term follow up?

Remember that healing and scar formation can cause late changes, and the appearance of the nose may gradually alter over months. Post-operative photography is normally taken around 6 months after your surgery and follow up appointments are required. Some patients will need revision surgery to improve the results further.

What should I do if I am worried?

If you have any worries about your nose or the effects of the medication, please telephone the ward where you were a patient for advice from the nursing staff.

Pre-Operative and Post-Operative advice

Pre-Operative advice

Please stop eating 6 hours before your operation. Stop drinking 2 hours before your operation and only drink water up to this time. No milk products are to be drunk. Please make an up-to-date list of medications. If you have been given the consent form, please bring this with you, **but do not sign it**. Please write down any questions or concerns.

If you are going home on the same day as your operation, please make sure there is an adult staying with you for 24 hours. You are not allowed to drive for 24 hours after your operation, so please make sure someone can collect you after your procedure.

Post-Operative advice

After your operation you will be transferred to the day case ward where you will rest until the anaesthetic has worn off. If you are informed that you will need an overnight stay you will be transferred to an inpatient ward. You will normally be discharged 4 hours after your operation however, you must achieve some set goals before you can leave such as being able to eat and drink and getting out of bed.

Following your operation, you will need to take 2 weeks off work to allow time for healing. You are more likely to pick up infections so avoid contact with people who have coughs, colds, or any source of infection.

You should avoid smoking; cigarette smoke will irritate the inside of the nose and delay healing. You should also keep out of smoky or dusty atmospheres.

You are advised not to fly for 14 days following your procedure and you should not do any strenuous exercise for 14 days following your procedure. Avoid strenuous exercise such as weight training, jogging, keep-fit classes, etc for 2 weeks after your operation.

Do not pick or blow your nose for a week after your operation and if you need to sneeze, try to sneeze with your mouth open. Regular steam inhalations will soften clots in the nose and help it clear sooner, do not try to pick the nose clear as you can damage the soft tissues resulting in permanent damage to the nose.

You must not drive or operate machinery for 24 hours after a general anaesthetic.

You can take a shower and wash your hair but use lukewarm water instead of hot for the first 48 hours to reduce the risk of a nosebleed. Keep taking your medication if prescribed.

Frequently asked questions

How long does a septorhinoplasty take to heal fully?

Initial swelling often lasts 2 to 3 days after surgery. Most people feel well enough to resume their regular activities usually within 3-4 weeks. It takes 3 months for the nose to heal completely

How should I sleep after a septorhinoplasty?

The first week after a septoplasty you may experience pain and discomfort, and many patients find it challenging to sleep for the first few days. It is important that you sleep at a 30-degree to 45-degree incline to keep the head elevated.

Can I change my mind if I have already agreed to surgery?

You may wish to change your mind about having an operation and you can do this at any time. Signing a consent form does not mean that you must go through with the operation.

What do I do if I am worried after my operation?

If you have any worries following surgery or the effects of your medication, please telephone the ward you were discharged from.

Contact Details

Should you require further advice or information please contact the Ear Nose and Throat Department at Royal Preston Hospital on **01772 523164**

For post operative concerns following your procedure contact:

Ward 3 for adults or Ward 8 for children via the switchboard on **01772 716565**.

Sources of further information

www.lancsteachinghospitals.nhs.uk www.nhs.uk www.accessable.co.uk www.patient.co.uk www.entuk.org

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www.lancsteachinghospitals.nhs.uk/patient-information-leaflets

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If you want to stop smoking, you can also contact Smokefree Lancashire on Freephone **0808 1962638**

Please ask a member of staff if you would like help in understanding this information.

This information can be made available in large print, audio, Braille and in other languages.

Department: Ear, Nose & Throat

Division: Surgery

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