Endoscopic Nasal Septal Repair

This is an intermediate kind of surgery and is considered one of the most common surgeries done in ENT after tonsillectomies.

Historically, the surgery was performed in a conventional manner (without the use of the surgical endoscope).

Studies have shown that 90% of people have some degree of septal deviation but only 60% suffer from this deviation.

Diagnosis:-

- Medical history of nasal obstruction usually after nasal trauma in the past and sometimes there is no such history
- Clinical examination with nasal endoscope in the ENT clinic and CT scan of the sinuses

The Goal Of The Surgery

- Resection of the deviated part of the nasal septum and providing a clear nasal airway
Surgical Procedure

- Under general anesthesia
- 1 hour or less surgical duration
- An internal cut at the nasal septum is done close to the nasal tip. No external cuts is seen outside the nose
- Removal of the deviated bone and cartilage parts of the septum
- Reuse of the straight bone into the septum for support
- The incision is closed with sutures that dissolve on it’s own within 6 weeks
- No packing or splints is used inside the nose after the surgery
- Their might be some mild correction of the external shape of the nose after the surgery

What To Expect After The Surgery

- Gradual improvement of nasal passage until the edema and swelling subside
- It is expected to have some blood drops within the first few days after the surgery and crust formation at the suture site

Post-op Instructions

- **Nasal irrigation** 3 times a day
- Nasal lubricants can be used to avoid the formation of crusts
- Follow-up after 7-10 days in the clinic
Avoid applying presser on the nose within the first month especially during prayer

Complications

Most complications of the nasal septal repair are formation of septal perforation (1%) usually this is solved during the surgery but it can occur during the first months after the surgery

If the perforation is formed and was troublesome to the patient (bleeding, crusts, nasal obstruction) it can be managed conservatively or surgically if needed

Other complications

- Adhesion formation
- Recurrence of septal deviation
- Nasal tip drop
- Upper jaw numbness
- Hematoma (blood collection) or abscess formation