Gleneagles Hospital
HONG KONG
港怡醫院

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| Hosp No. | : | | HKID No.: |
| Case No. | : | | |
| Name | : | | |
| DOB | : | | M / F |
| Adm Date | : | | |
| Contact No. | : | | |

# Procedure Information Sheet – Septoplasty / Submucosal Resection of Septum (SMR)

## 1. Introduction

1.1. Septoplasty is the procedures to straighten the deviated nasal septum.

1.2. Indications:

1.2.1. Nasal obstruction attributed by a deviated nasal septum.

1.2.2. Obstruction of sinus opening leading to sinusitis.

1.2.3. Epistaxis.

1.2.4. Septal spur headache.

1.2.5. Provide exposure for other nasal surgery.

1.2.6. Deviated nose attributed by deviated nasal septum.

## 2. Procedural Preparation

2.1. Tests may be ordered include X-Ray, blood tests, Chest X-Ray and Electrocardiogram (ECG).

2.2. The indication of operation, procedure and possible complications will be explained by the surgeon and consent will be signed before operation.

2.3. Pre-operative anesthetic assessment will be performed. The anesthetic management and its possible risks will be explained by the anesthetist.

2.4. Inform doctor for any drug allergy, regular medications or other medical conditions.

2.5. Do not eat or drink for 8 hours before operation.

## 3. Procedure

3.1. The operation will be performed under general anesthesia.

3.2. Through an incision inside the nose, the deviated nasal septum is corrected by mobilization, repositioning or resection.

## 4. Recovery Phase

4.1. Nasal packs may be inserted into the operated side or both sides; you may have to breathe through the mouth. The nasal packs will be removed after one or two days.

4.2. Nasal splint may be inserted into the both sides. The doctor will remove the splint at follow-up.

4.3. There may be mild bleeding after the packs are taken off, which usually stops naturally.

4.4. Small amount of blood stained nasal discharge is normal. You may also experience nasal stuffiness. If you encounter persistent bleeding, please attend the nearby emergency department.

4.5. After surgery may feel nasal obstruction and running nose, but they will subside in 2 to 3 weeks.

## 5. Risks and Complications

5.1. Common Risks and Complications (≧1% risk)

5.1.1 Epistaxis.

5.1.2 Persistent nasal obstruction.

5.1.3 Infection.

5.1.4 Nasal adhesion.

5.1.5 Septal haematoma.

5.1.6 Septal perforation.

5.2. Uncommon Risks with Serious Consequences(<1% risk)

5.2.1. Saddle nose, columellar retraction.

5.2.2. Loss of smell sensation.

5.2.3. Cerebrospinal fluid rhinorrhea.

5.2.4. Toxic shock syndrome.

5.2.5. Death due to serious surgical and anaesthetic complications.

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## 6. Follow Up

6.1. Follow up as scheduled.
6.2. Usually resume normal activity after 1 to 2 weeks.
6.3. Nasal irrigation or salt water spray may be needed.
6.4. Cleaning of dry clot, mucous by doctor may be required at follow ups.
6.5. Seek immediate medical attention if you have any excessive bleeding, collapse, severe pain, fever or signs of wound infection.

## 7. Remark

7.1. The above-mentioned procedural information is not exhaustive, other unforeseen complications may occur in special patient groups or individual differently. Please contact your physician for further enquiry.

## 8. Reference

8.1. Hospital Authority. Smart Patient Website.

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I acknowledged the above information concerning the operation or procedure. I have also been given the opportunity to ask questions and received adequate explanations concerning the condition and treatment plan.

Patient/ Relative Signature: _____

Patient/ Relative Name: _____

Date: _____