

# Septoplasty



Changi  
General Hospital  

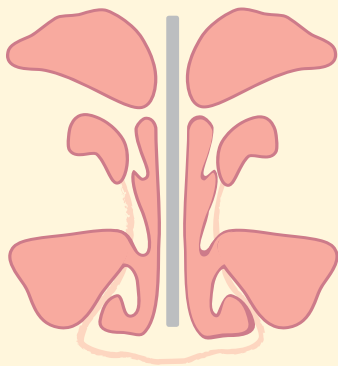
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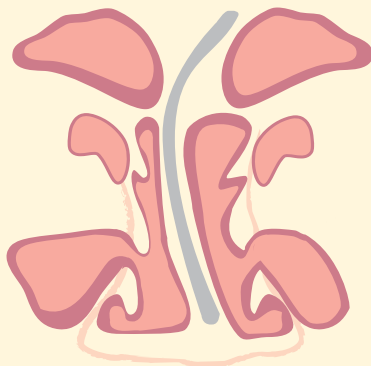
## When do I need a septoplasty?

A septoplasty is recommended for the following situations:

1. Bent or crooked septum (deviated nasal septum) that has caused significant reduction in airflow through one side of the nose (*Fig 2b*)
2. Bleeding from a blood vessel on or behind a deviated nasal septum
3. To facilitate access to the sinuses during sinus surgery



*Fig 2a) (Front view) Straight nasal septum*



*Fig 2b) (Front view) Deviated nasal septum*

## What is septoplasty?

Septoplasty is a surgical procedure to straighten a crooked or bent nasal septum (known medically as a deviated nasal septum) (*Fig 3a*). It is performed under general anaesthesia (with the patient completely asleep). The operation is performed through the nose and there are no external cuts or wounds visible on the face. Some surgeons may perform the surgery with the aid of an endoscope.

During the procedure, a cut (incision) is made on one side of the nasal septum inside the nose (*Fig 3b*). The lining of the nasal septum (mucoperichondrium) is carefully lifted (*Fig 3c*). Then the underlying bone and cartilage that is crooked is removed or shifted (*Fig 3d*). The incision is sutured with an absorbable material that will dissolve on its own with time (*Fig 3e*). To keep the shifted septum in place and to prevent blood collecting underneath the mucosa, nasal splint(s) (plastic splints) may be inserted (*Fig 3f*). These splints are usually removed a week later in the clinic. Quite often, a septoplasty is performed together with a turbinate reduction procedure (refer to “Inferior Turbinate Reduction Surgery” brochure).

# Process of septoplasty

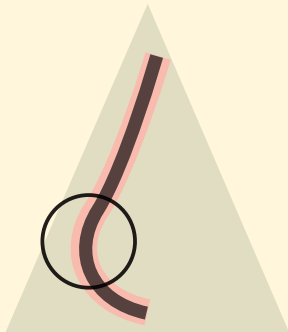


Fig 3a) Front view of a deviated nasal septum

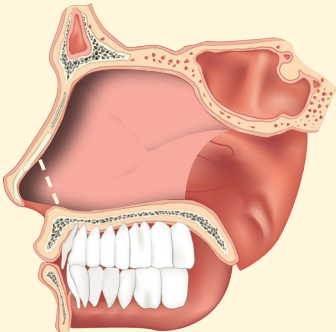


Fig 3b) An incision is made inside the nose. Mucoperichondrium (lining of the nose) lifted off the bone and cartilage of the nasal septum

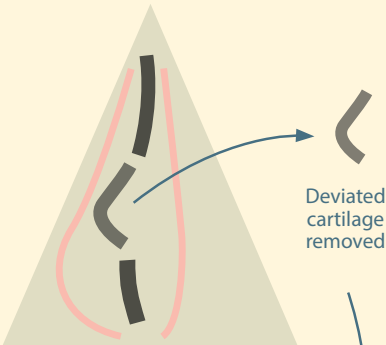
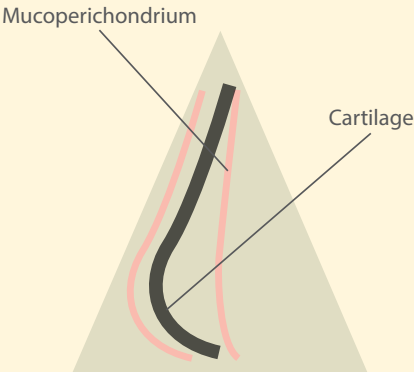


Fig 3c, 3d) (Front view) Deviated cartilage and bone removed

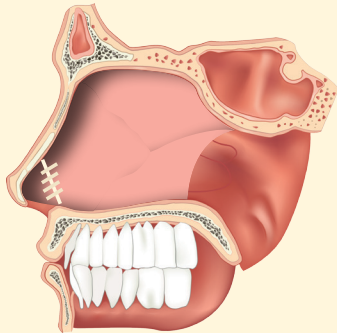


Fig 3e) Absorbable sutures

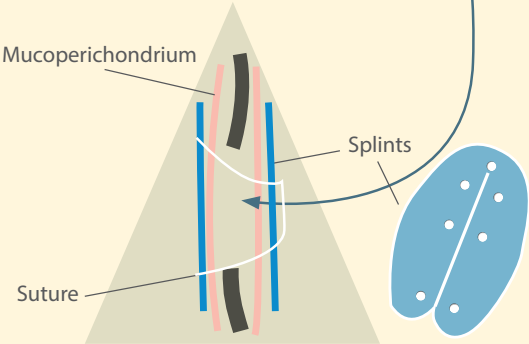
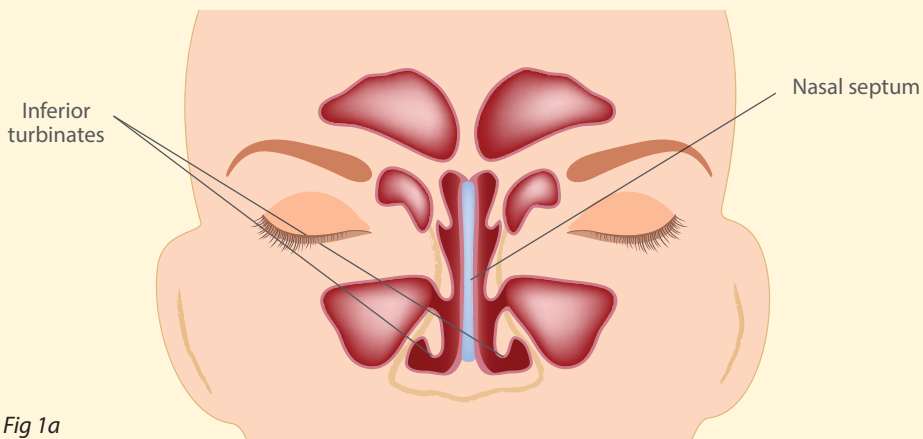


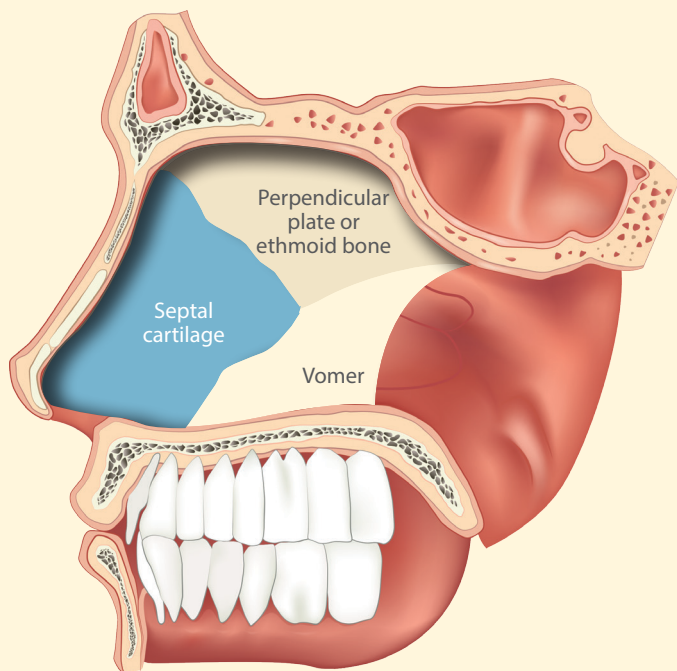
Fig 3f) (Front view) Mucoperichondrium repositioned and held in place with nasal splints

## What is the nasal septum?

The nasal septum is a bony-cartilaginous wall that divides the nasal cavity into right and left halves (*Fig 1a*).



*Fig 1a*



*Fig 1b*

## What are the risks of septoplasty?

Septoplasty is generally a safe surgical procedure. However, as with all surgical procedures, there are some risks involved. The most common risk is bleeding. Rare complications of septoplasty include infection, perforation of the septum, altered shape of the nose, a decreased sense of smell and remnant deviation of the nose. To minimise risks of bleeding and infection, it is important for patients to keep their nose clean by frequent nasal irrigation.

## What is the recovery after septoplasty?

The surgery can be done as a day surgery procedure (patient goes home on the same day) or as an inpatient procedure where the patient is warded overnight. If the surgery is performed together with an inferior turbinate reduction procedure, nasal packings may be inserted. The nasal packings are usually removed 1 - 2 days after surgery. Patients will be given oral antibiotics, pain relievers and a nasal wash (douche).

The patient is usually reviewed in the clinic 5 - 10 days after surgery. During this time, the Otorhinolaryngology/ENT (ear, nose, throat) surgeon will remove the nasal splints and clean the nasal cavity with a nasal suction. The subsequent clinic reviews will depend on how well the septum is healing. Though the wound may heal quickly, and most patients can return to normal daily activities after one week, the overall healing process of the septum can take six months to a year. The septum may take some time to settle into its final shape and position. Improvements in breathing should be noticeable after the first clinic visit (once the splints are out and the nose has been cleaned by the surgeon). The patient should expect further improvement in breathing with time, as the septum heals.

## Are there any food restrictions after septoplasty?

No.

## When can I resume heavy physical activity?

As the healing process varies from person to person, it is generally advised that patients should avoid any heavy physical activity (e.g. weight lifting, intense aerobic exercises) for at least a month after the surgery.



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