



Septorhinoplasty

Procedure Information Sheet

Introduction

Septorhinoplasty comprises of surgical procedures which correct the external nasal deformity and maintain nasal patency by means of straightening the nasal septum.

Indication

- Congenital nasal deformity
- Acquired nasal deformity secondary to trauma, tumours or infection.
- For aesthetic improvement

The Operation / Procedure

- 1. Make incision outside or inside the nose
- 2. Remove deformed nasal bone or cartilage
- 3. Implant cartilage harvested from other part of the body if needed
- 4. Implants may be used to shape the nose

Before the Operation / Procedure

- Inform doctor of any medical condition e.g. diabetes mellitus, heart disease, hypertension and any regular medication, including herbs and dietary supplement.
- 2. Stop food and drink if needed as instructed by doctor or nurse
- 3. Other special preparation or investigation before the procedure
- 4. Intended benefits and expected outcome
 - 4.1 Improvement of the external appearance of the nose in a congenital or acquired nasal deformity
 - 4.2 Improvement of the nasal airway in a congenital or acquired nasal deformity
 - 4.3 Realistic aesthetic improvement with clearly established surgical objectives as discussed with your surgeon per-operatively
 - 4.4 Reconstruction of the nose in the rare situation of complete loss of nasal skeleton

After the Operation / Procedure

- 1. May need analgesic for postoperative pain or discomfort
- 2. Sleep in slightly head up position may help reduce postoperative oedema
- 3. Do not blow nose
- 4. Usually resume normal activity after 1 to 2 weeks
- 5. Nasal irrigation or salt water spray may be needed
- 6. Cleansing dry clot, mucus crust by doctor may be required at follow ups.
- Seek immediate medical attention if you have any excessive bleeding, collapse, severe pain, fever or 7. signs of wound infection.

Patient's Label	
Patient Name:	
Hospital No:	
Episode No:	





Septorhinoplasty

Risk and Complication

- 1. There are always certain side effects and risks of complications of the procedure. Medical staff will take every preventive measure to reduce their likelihood.
- 2. Common risks and complications
 - 2.1 Mild bleeding
 - 2.2 Pain which is usually minor and alleviable
 - 2.3 Harvest site pain, haematoma, infection and deformity.
 - 2.4 Nasal obstruction which usually improves within the first week
 - 2.5 Rhinitis which can last up to 8 weeks
 - 2.6 Periorbital and upper cheek bruising with osteotomies which will settle within 3-4 weeks
 - 2.7 Mild residual nasal deformity
- Uncommon risks with serious consequences
 - 3.1 Severe bleeding
 - 3.2 Septal haematoma
 - 3.3 Infection involving the nasal septum
 - 3.4 Septal perforation
 - 3.5 Infection and extrusion of implanted materials from external skin
 - 3.6 Persistent nasal obstruction
 - 3.7 Nasal adhesions
 - 3.8 Allergic reaction to tapes or splint materials
 - 3.9 Severe nasal deformity: saddle nose, columellar retraction with nasal tip sadding.
 - 3.10 Loss of smell
 - 3.11 Cerebrospinal fluid leak
 - 3.12 Toxic shock syndrome
 - 3.13 Death due to serious surgical and anaesthetic complications
- 4. Consequences of no treatment
 - 4.1 Persistent nasal deformity
 - 4.2 Persistent nasal obstruction

Alternative Treatment / Investigation

- 1. Acceptance of nasal deformity and, hence, no treatment.
- 2. Medical treatment to improve the nasal airway

Disclaimer

This leaflet only provides general information pertaining to this operation / procedure. While common risks and complications are described, the list is not exhaustive, and the degree of risk could also vary between patients. Please contact your doctor for detailed information and specific enquiry.

Reference

Smart patient website by Hospital Authority: Septorhinoplasty (2/2020)

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		Patient's Label Patient Name: Hospital No: Episode No:	
Patient's Signature:	Date:	L	