

NASAL SURGERY

INTRODUCTION

There are many different types of nasal surgery and so it is difficult to give a comprehensive guide to what you may expect when you are in hospital. Hopefully you will have been told what sort of operation to expect by the Consultant, but if you are still uncertain please ask when you come into hospital. Ideally you should talk to the Consultant and/or the person who will do the operation,

The types of operation can be divided up into correction of:-

1. A fractured nose with breathing problems or cosmetic deformity.
2. A bent nose following past injury or previous surgery.
3. Breathing problems only.
4. Cosmetic deformity that you were born with – shape, size or symmetry, or proportions.
5. Further surgery to try and correct problems from previous operation(s).

Some of these involve surgery to cartilage and skin lining only. Others involve surgery to the bone as well.

Waiting Time before Surgery

- A recently fractured nose which remains bent should be “manipulated” back into position within 10 days if possible because it can’t be shifted easily after this. Simple manipulation may be all that is required, but about 1/3 of patients will need a full rhinoplasty at a future date to restore the nose to a perfect shape.
- In the NHS patients with great difficulty in breathing through their nose may be given priority over those with purely cosmetic problems.
- Patients with purely cosmetic problems will probably not be able to get their surgery under the NHS, unless the deformity is severe, even after an accident.
- If you are available at very short notice and can give telephone number(s) by which you can be contacted quickly, you should mention this because you might then have your operation sooner if you can be fitted into a last minute cancellation.

Admission to the Ward

When you arrive you will be asked a series of questions about your health and social and dietary needs by a nurse. The nurse will check your history.

You will be asked to sign a consent form for the operation and the Consultant will outline the likely time and duration of your operation and how long you will stay in hospital. After most nose operations you will return home on the day following surgery. Preoperative photographs and any blood tests etc, if thought necessary, should have been taken by then.

Nearly all nose operations are done under general anaesthetic so that you are asleep for the operation; a special tube is put down your throat for this and so one of the side effects of the operation may be a sore throat for a few days. Exceptionally, an operation on the nose tip alone might be done under local anaesthetic. The surgeon and anaesthetist will do their best to come and talk to you before the operation to check that you understand what is intended. It is important that both you and the surgeon know what shape you want your nose to have in future, otherwise, there may be a cause of misunderstanding.

You must not eat and drink for at least five hours before your operation so that you will be fit for the anaesthetic. About one hour or so before your operation you may be given a “pre-med” to make you less anxious and possibly sleepy. This may be a pill or an injection.

A porter will come and take you in your bed to the operating theatre. Your details will be double-checked at the theatre barrier to make sure you are the right patient and that you have given written permission to have the operation.

The Operation

In the operating theatre suite you will be taken to an anaesthetic room. The anaesthetist will talk to you for a few moments and will then put a small needle into the back of your hand so that drugs can be injected to make you go to sleep.....

When you wake up the operation will have been done and you will be in the recovery room of the operating theatre suite. When you are alert and the anaesthetist feels that you have recovered sufficiently you will be taken back to the ward. You may not be allowed to drink much for an hour or two, and you may be advised not to eat anything for several hours for fear of making you sick.

The Nose Operation – Manipulation of Fracture

This is a short operation usually taking only 5-15 minutes in which the broken bones are repositioned into as good a position as possible. No cuts are made on the outside of the nose. The nose may be very swollen still and the bones may not stay exactly as the surgeon wants, but it is successful in about 60-70% of people in re-establishing the nose as it was before the injury.

If the septum (which is the cartilage wall between the nostrils) has been broken it is often impossible to reposition this perfectly and the soft part of the nose may not straighten completely, or if it is straight at first it may twist in the coming months.

The nose will have a plastic splint put on it and the nostrils will be blocked with some kind of packing (gauze or sponge usually). You will be unable to breathe through your nose when you come round from the anaesthetic. The packing is kept in the nose for anything between 12 and 72 hours. You may have it removed before leaving hospital or may need to come back to the hospital for this. The splint will be kept on for between one and two weeks depending upon the Consultant's instructions. The longer it stays on the easier it is to remove. You will be advised to stay off labouring jobs for up to a fortnight but if you have an office job you could return to work within 48 hours of leaving hospital. You can drive 24 hours after leaving hospital. You should remain off contact sports for one month.

Common Problems after Nasal Fracture and Manipulation

- Persistent nasal swelling. The skin over the nose bridge and sides of the nose may remain swollen for a month or longer, but the swelling will disappear eventually.
- Parts of the nose skin may feel numb but the feeling usually returns within a week or two.
- Difficulty in breathing through one or both nostrils may be reduced by special nose drops (Ephedrine ½%) but if it is still a problem after a month a further operation may be needed.
- “Black eyes” usually fade within ten days but some unlucky people have persistent bruising for much longer. It is never permanent. Asian people have a greater tendency to persistent darker skin of the lower eyelids and cheeks following rhinoplasty.
- Pain and tenderness at the site of the fracture is very common for a month or so. In some unlucky people it persists for longer. This is unfortunate in people needing spectacles.

Rare Problems

1. Watering eyes
2. Numb cheeks
3. Numb teeth
4. Bleeding from the nose
5. Persistent pain in the nose
6. Appearance of a new lump/hump on the bridge-line.
7. Infection: exceptionally rare but serious if it occurs. It can spoil the result.

IF ANY OF THESE OCCUR, ASK FOR FURTHER ADVICE.

- Some people develop a bony swelling on the bridge of the nose at the fracture point. This appears one to three months after the injury. It is due to overgrowth of the repair tissue in the fracture site. Unfortunately, it is usually permanent and if unsightly may need operative removal.

Rhinoplasty or Septorhinoplasty

Rhinoplasty is the term used for any plastic surgical operation on the nose. It means alteration in the external appearance, whereas a septorhinoplasty involves alteration of the internal and external shape of the nose.

These operations usually take 1-2 hours to perform and are often much more complicated than simple manipulation of the fractured nose. One or more features are altered in the nose, for example, the nose may be made larger or smaller, narrower or broader, tilted up or down. Most commonly a pronounced hump is removed and the nose tip reduced. If internal work is required an S.M.R. is often done. S.M.R stands for *Submucosal Resection of the Septum* and means the removal of part of the cartilage or bony septum which is bent and (partly) blocking the air passage.

The operation is usually done entirely from inside the nose and so there should be no scars on the outside. In this closed rhinoplasty the skin along the bridge of the nose is undermined and freed from bone and cartilage and so most of the nerves to the skin are cut. The nerves take up to two months to recover and so the nose may feel numb for this time. The tip of the nose is usually the last to recover its feeling. In an “open rhinoplasty”, a small cut is made across the underside of the nose (columella), leaving a small scar on the underside of the nose between the nostrils.

The nasal bones are usually broken carefully as part of the operation but the bone edges bleed. This bleeding cannot be controlled very well and so blood tracks outward into the cheeks causing bruising and swelling. In some people this is minimal but in others it can be considerable, and leads to “black eyes”. This bruising usually takes 5-6 days to fade and disappear.

The skin over the bridge and skin on the upper lip is also swollen for a considerable time and so the final appearance of the nose won't be apparent immediately after the plastic splint is removed (7-14 days after surgery) and you will have to wait 3-6 months for the final appearance. The operation seldom causes much pain but you can expect some soreness in the nose. The nostrils will be blocked off with “packs” (gauze or sponge) to stop bleeding but this prevents breathing through the nose. It is like having a very heavy cold. The packs are usually taken out after 24 hours but in some cases they are left in for longer (very occasionally for as long as three days).

The night after the surgery is often uncomfortable and it is difficult to get a good nights sleep and so you must expect to feel tired the next day.

You are checked by a doctor on the morning after your operation and provided you feel well enough you will be able to return home then (after the packs have been removed). You may need to wait for medication to be given to you (antibiotics/painkillers/nasal drops). You may be given instructions about when to return for removal of the plaster cast splint or the nurse may say these instructions will be sent to you.

Do's and Don'ts in the first few days after your operation

DON'T –

Take vigorous exercise or over exert yourself, bend down, lift heavy weights, indulge in sex or do anything which may raise your blood pressure because this may provoke a nose bleed.

DO –

Take life as easy as possible.

DON'T –

Blow your nose because this may provoke a nose bleed. Don't worry about blood stained fluid coming from the nose onto your lip in the first day or two after the operation. This is very common and will dry up. You can stop wearing the gauze under your nose as soon as it stops.

DO –

Gently clean the front of the nostrils with a dampened cotton bud once or twice a day after the third day. Don't be surprised if a few dissolvable stitches come away as you clean the nostrils. If you clean too vigorously you will start it bleeding. Vaseline can be applied on the cotton bud to make it more comfortable.

DON'T WORRY –

If you start sneezing. It seldom does any harm. It might start some bleeding but this will stop quickly in most cases. If you develop a cold coincidentally this is bad luck but won't affect the outcome of the operation.

Other Common Problems

- Headaches or pain due to the operation are rare but if they occur usually respond to Paracetamol.

- Many people feel unwell and off their food for two or three days after any operation. Most people start to feel a lot better 4-5 days after the operation as the swelling and bruising lessens.
- Itching under the plaster cast splint is very common, especially in people who have a slightly spotty skin. Don't be tempted to remove the plaster before it is meant to be removed because this may affect the outcome of the surgery.
- If the strapping, which holds the splint in place, irritates the skin (or causes an allergic reaction) this can be removed and replaced with a different type of strapping which you could get from your local chemist.
- If you develop a new throbbing pain in either cheek which worsens as the days go by, this may be due to infection and you should telephone the Plastic Surgeon at the hospital for advice.
- If you fall over and knock the plaster on your nose, it is probably sensible to have it checked.
- Numbness in the upper lip and teeth is quite common in the first day or so after the operation and is usually the result of the injection of local anaesthetic into the area. It wears off quickly.

The First Return Visit

You will need to come back to see the surgeon or a member of the Plastic Surgery Team at some stage after the operation. It may be for the removal of the packing, internal plastic splints, or the strapping or splints on the outside of the nose or removal of stitches. Most people are scared at the thought of these being done but in fact they are usually not painful, at the most uncomfortable.

Your Appearance at this Stage

The reaction of people to their new appearance when they first look in a mirror when the splint has been removed, is extremely variable. It is often an emotional occasion.

Some people are very pleased and some very disappointed. One should distrust this immediate reaction because the nose is still swollen at this stage and a little bit distorted from the effect of the splintage. Some people who think that their nose is very different from its former appearance are surprised and disappointed that friends and family don't notice this change/improvement,

At this early stage many patients still experience some difficulty breathing through their nose and gain some relief with nose drops for a week or so. If the breathing doesn't clear after this time further advice should be sought from your surgeon.

Subsequent Visits

Most patients are invited back to see the Consultant 3-6 months after the operation for a final check-up. Postoperative photographs are often taken at this stage.

SPECIAL OR OTHER RARER NASAL PROBLEMS

Collapsed Nose / Saddle Nose Deformity

The bridge of the nose has collapsed producing a saddle shaped dip in the bridge-line. This may follow an injury or infection within the nose, often in early childhood. It may be correctable by building up the bridge-line with either bone cartilage or some artificial material.

Rhinophyma

The tip of the nose has swollen grotesquely because of an overgrowth of sebaceous glands in the nose skin. One can shave down the swollen skin and fortunately, the skin will heal again in a matter of a week or so. The nose will remain red for a month or so afterwards. A special information sheet has been prepared on this subject.

Nasal Sinus

Nasal Glioma

Skin cancer on the Nose

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