

Functional Nasal Surgery

Septoplasty, Septorhinoplasty, Inferior Turbinoplasty & Cartilage Grafting

Procedure-Specific Information & Consent

This document explains functional nasal surgery and supports your discussion with your surgeon.

Patient Name: _____ PHN: _____ Date of Birth: _____

1. Why functional nasal surgery is recommended

Functional nasal surgery is recommended to improve **nasal breathing** when obstruction is caused by one or more of the following:

- Deviated nasal septum
- Enlarged inferior turbinates
- Nasal valve weakness or collapse (the side of the nose narrows during breathing)
- Structural nasal narrowing affecting airflow
- Persistent nasal obstruction despite appropriate medical treatment

The goal is better airflow through your nose. Structural correction may also change how your nose looks. Your surgeon will discuss expected visible changes with you before surgery.

2. Components of surgery (what may be performed)

The procedures checked below are planned or may be needed based on findings during surgery. Your surgeon may adjust the extent or combination of these closely related procedures to improve breathing and complete the operation safely.

- ☐ **Septoplasty** – straightening or removal of deviated septal cartilage or bone
- ☐ Inferior turbinoplasty – reducing enlarged turbinates when they add to nasal blockage
- ☐ **Septorhinoplasty / Nasal Valve Reconstruction** – structural support of the internal and/or external nasal valve
- ☐ **Cartilage Grafting** – use of cartilage to strengthen nasal structures and support airflow

3. What the surgery involves

- Performed under general anesthesia. You are fully asleep while an anesthesia specialist monitors you.
- Surgery is performed inside the nose and/or through a small cut in the skin between the nostrils (columella).
- May include correction of septal deformity, turbinate reduction, and valve support
- Cartilage is usually taken from the septum. If ear or rib cartilage may be needed, your surgeon will discuss the donor site and added risks before surgery.
- Internal supports or external splints may be used temporarily
- Surgery typically lasts 30 minutes to several hours, depending on complexity
- Most patients go home the same day

4. Cartilage grafting techniques (if required)

To improve nasal valve stability, one or more of the following may be used:

- Spreader grafts
- Alar batten grafts
- Columellar strut grafts
- Extracorporeal septoplasty – rebuilding a severely bent septum outside the nose and replacing it

These techniques support airflow and nasal stability. Ear or rib grafts can cause pain, a scar, or a change in shape at the donor site. Rib grafting also has a rare risk of chest or lung injury.

5. Expected benefits and limitations

Potential benefits:

- Improved nasal airflow
- Reduced congestion
- Improved breathing during exercise or sleep

Important:

Breathing often improves, but results cannot be guaranteed. Symptoms may continue if allergies or swelling inside the nose also cause blockage. You may still need nasal spray or saline rinses.

6. Risks and side effects

Common or expected:

- Nasal congestion during healing
- Swelling or pressure
- Nasal crusting or dryness
- Blood-tinged drainage
- Reduced sense of smell (hyposmia) is usually temporary; permanent change is rare.
- Changes in nasal appearance may occur due to structural correction. Changes may be temporary or permanent.

Less common but important:

- Bleeding, infection, or septal hematoma (a collection of blood inside the septum)
- Altered airflow sensation or persistent nasal dryness
- Septal perforation, which may cause crusting, whistling, or bleeding
- Persistent nasal obstruction
- Graft movement or resorption (the graft becomes smaller over time)
- Asymmetry or contour irregularities, or permanent change in nasal appearance
- Need for revision surgery
- Temporary numbness or sensitivity of the upper teeth or upper lip, rarely permanent
- Risks from general anesthesia

7. Recovery expectations

- Initial recovery: **1–3 weeks**
- Nasal congestion is expected
- Splints or supports, if used, are usually removed within 1–2 weeks
- Final breathing results may take several months as swelling resolves
- Saline sprays/rinses commonly recommended
- Follow the written activity and medication plan from your surgical team.

Get emergency care for heavy bleeding, fainting, or trouble breathing. Contact the surgical team the same day for fever, worsening pain, or increasing blockage with pain or swelling.

8. Alternatives

- Continue medical treatment, such as nasal sprays or allergy care. External nasal dilator strips or nasal cones may help when the nasal valve collapses.
- Observation
- No treatment

9. Acknowledgement

I understand that functional nasal surgery may include septoplasty, septorhinoplasty, inferior turbinoplasty, nasal valve reconstruction, or cartilage grafting. The expected benefits, limits, risks, alternatives, and recovery were explained to me. My questions were answered. This document does not replace the hospital consent form.

Patient Name: _____

Signature: _____

Date: _____