

Why Choose Endoscopic Septoplasty and Turbinate Reduction?

- Are you seeking lasting relief from a chronic or congenital condition affecting your nasal passageways and sinuses?
- Are you interested in improving nasal drainage or reducing airway obstruction and breathing difficulties?
- Have you tried over-the-counter decongestants, antibiotics, topical nasal steroids and sprays only to find temporary symptom relief or see a worsening of the condition?
- Are these symptoms interfering with your enjoyment of life?

We treat many nasal and sinus conditions at our clinic, and most can be managed or cured using nonsurgical treatments. But in certain cases, endoscopic septoplasty combined with turbinate reduction may be the answer.*

FREQUENTLY ASKED QUESTIONS

What is septoplasty?

Septoplasty is a surgery done to straighten or repair the septum of the nose.

What is endoscopic septoplasty?

Historically, most septoplasties have been performed with an incision in the front of the nose. Tunnels several inches long are often made to expose the deviation of the septum. In endoscopic septoplasty, however, an endoscope (a thin tube with a light and a lens) is used to examine the deviation. An incision is made right at the site. With either surgery, any deviated bone and cartilage are removed.

Why choose endoscopic septoplasty?

This approach is quicker and less painful and has a faster recovery than a traditional septoplasty. There is less risk of bleeding, infection or scarring. The nose has three turbinates. These turbinates are bony structures inside the nose covered by soft tissue that act like radiators to treat air before it gets to our lungs. Treating the deviated septum and turbinate hypertrophy, where the inferior [lower] turbinate becomes chronically enlarged and inflamed, can improve nasal obstruction and cure headaches stemming from a septal [nasal bone] spur pressing against a turbinate.

What is endoscopic turbinate reduction?

Traditional turbinate reduction involves making an incision in the inferior turbinate. A flap is created, and some bone is removed. This process is painful and causes significant bleeding. With the endoscopic approach, a small puncture is made into the front of the turbinate, allowing a small surgical tool to clean out the inside of it.

What is a mulberry turbinate, and why is it important to treat it?

A mulberry turbinate occurs when the back of the turbinate enlarges, looking bulbous, pitted and bluish like a mulberry, creating a blockage. Traditional turbinate surgery often does not eliminate this blockage. Sleep apnea, allergy and infections can cause a mulberry turbinate. As the turbinate gets larger, patients can have symptoms of nasal blockage, fullness in the ears and, at times, difficulty equalizing the pressure in their ears when flying. When treated, nasal breathing and ear discomfort greatly improve.

How much experience does Dr. Rosner have with endoscopic septoplasty and turbinate reduction?

Dr. Rosner is a pioneer in endoscopic nasal surgery and has performed over 1,000 such procedures with excellent results.

Can these surgeries be performed in the office?

These surgeries can be performed in our surgery center or at the hospital. However, most patients choose to have them done in the office under oral sedation and local anesthesia.

FREQUENTLY ASKED QUESTIONS CONTINUED

Will my nose be packed?

Most patients do not need nasal packing or splints.

How painful are these surgeries?

Most patients feel both surgeries are less painful and easier than getting a tooth filled. Since splints are not placed in the nose, and the nose is not packed, there is little discomfort. After the procedure, about half of the patients take no pain pills, and the other half take fewer than five pills.

Will I have black eyes?

Typically, there is no bruising on the face.

Will my nose look any different?

With these types of surgery, the nose's appearance remains the same.

Will these surgeries allow my PAP sleep apnea machine to work better?

Many patients take their PAP off in the middle of the night because the nose becomes blocked due to turbinate swelling in REM sleep. These procedures often help PAP users be more compliant and achieve better results.

Will nasal surgery cure my sleep apnea?

Nasal surgery can cure mild sleep apnea. In patients with more severe apnea, dental appliances are often more effective than surgery.

When can I blow my nose after surgery?

Patients should wait a few days to blow their nose to avoid bleeding. Saline rinses must be used instead to clean the nose temporarily. Bacitracin, an antibiotic ointment, is prescribed to reduce crusting in the nose.

How long should I wait to fly after nasal surgery?

It is best to wait a few weeks to allow the nose to heal.

Can these surgeries be performed at the same time as a balloon sinuplasty?

Many patients have them performed along with balloon sinuplasty.



Scan here to learn more about the nasal surgeries we offer or visit www.drrosnerent.com/services/nasal-surgery/



To schedule your consultation, please call our office at **(248) 844-2936.**



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