

SEPTOPLASTY WITHOUT NASAL PACKING

Muhammad Hafeez, Inayatullah, Kamran Iqbal, Zakirullah

Khyber Teaching Hospital, Peshawar, Pakistan

ABSTRACT

Background: Septoplasty is routinely performed for deflected nasal septum. The unpleasant part of this procedure is postoperative nasal packing. This study was conducted to assess the outcome of septoplasty without nasal packing.

Methodology: This descriptive study was carried out in ENT Department Khyber Teaching Hospital, Peshawar over a period of two years from January 2006 to December 2007. All patients with deflected nasal septum underwent septoplasty operation. All patients were closely monitored for 12 hours post-operatively.

Results: Seventy patients with deflected nasal septum were operated during the study period. Age range was 16-40 years. Sixty-three (90%) had no problem. Two (2.85%) cases were given intranasal packing with paraffine gauze for 24 hours at the end of surgery because of excessive post-operative bleeding. Five (7.14%) patients landed with bleeding within 12 hours of operation.

Conclusion: The frequency of bleeding after septoplasty without nasal packing is low and nasal packing should be reserved only for selected cases.

KEY WORDS: Septoplasty, Intranasal packing, Bleeding.

INTRODUCTION

Deflected nasal septum (DNS) is the commonest septal problem in ENT practice. It has got multiple theories of its cause, starting from birth moulding theory to trauma.¹ Septal surgery is sometimes performed to gain access to sinuses, polypi and for graft purpose, but the most common indication is significant nasal obstruction.²

History of nasal packing after nasal surgery falls back to 1847 in the time of Gustav Killian of Germany and Otto Tiger Freer of USA, yet systematic sub mucosal resection (SMR) and nasal packing was started in 1882 by Ephraim in Chicago and Peterson in Germany.³

Different types of nasal packing have been used like bismuth iodoform paraffine paste, liquid paraffine, merocel, antibiotic ointments and others to stop bleeding and hematoma formation.⁴ Because of the patient's discomfort, apprehension, and known complications of intranasal packing like mucosal trauma leading to adhesions and toxic shock syndrome, leads to controversy of its usage. To avoid nasal packing, people have successfully tried alternatives to traditional packs like through and through suturing of septal flaps with absorbable sutures. There are claimants of 98% results of no bleeding without nasal packing provided the surgery is done with extra care to avoid trauma and rough handling of adjacent soft tissues in the nose specially turbinates.⁵

This study was conducted to assess the outcome of septoplasty without nasal packing.

MATERIAL AND METHODS

This descriptive study was conducted in ENT Department Khyber Teaching Hospital, Peshawar for a period of two years from January 2006 to December 2007.

Males with age group 16 to 40 years, having DNS causing nasal obstruction were included in the study. Females and those with hypertension, disturbed coagulation profile or anxious personality were excluded.

Before giving appointment every patient was screened for coagulation profile. After written consent every patient was taken into confidence about the steps of events from start to end. Before operation both the nasal cavities were packed with ribbon gauze soaked in 4% xylocain with adrenaline. Injection tramal and gravinate were given intramuscular 10 minutes before the operation. Ribbon gauze was removed after 20 minutes and 2% xylocain with 1:100,000 adrenaline was injected at different points on both sides of septum to ensure 100% local anesthesia. The operation started after 5-7 minutes and completed in 15-25 minutes. At the end of procedure, flaps were approximated, stitched with 3/0 catgut and splints were applied. A cotton wick soaked in xynosine placed in both the nasal cavities for 15-30 minutes and patient was observed for the said time in recovery room.

After 30 minutes the cotton wick was removed, both nasal cavities were examined to see any clot or active bleeding. Patients were shifted to the ward if there was no bleeding. All the pa-

tients were given simple oral antibiotics, analgesics, local decongestants and were kept under observation for 12 hours.

RESULTS

Seventy patients with deflected nasal septum were included. All were young males of different ages. (Age range was 16–40 years).

Two (2.85%) cases were given intranasal packing with paraffine gauze for 24 hours at the end of surgery because of excessive per operative bleeding. Five (7.14%) patients landed with bleeding within 12 hours of operation. Remaining 63 (90%) patients had no problem at all. These results are depicted in the figure below.

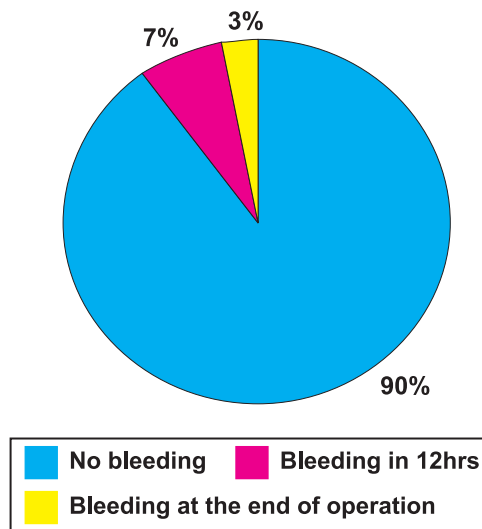


Figure: Bleeding after septoplasty.

DISCUSSION

History of septal surgery falls back in 1800⁶ while functional surgery of the nose started in France at the turn of century where different sort of nasal packing was used after nasal surgery.⁷ By looking at the percentage of postoperative nasal bleeding in the study, intranasal packing in septoplasty looks to be more of customary than actually required in every case but is still being practiced in most of the centres. It is done preemptively just to encounter the fear of post operative bleeding.

This practice needs to be reviewed and one should either not use undue packs or if at all situation demands intranasal packing, the material should be paraffine or antibiotic ointment.⁸ Nasal packs in all cases after septoplasty is not only wastage of time but also exposes the patient to the risks of packing, a few of which like toxic shock syndrome can be fatal and its incidence in America is 16.5 /100,000 nasal packs.⁹

Critical analysis of the results shows 90% success in case of septoplasty without nasal packing surely gives a food for thought to be rationale and highly selective for doing intranasal packing only for those who keep on oozing at the end of surgery.¹⁰ This will definitely save large number of patients from an agonizing situation of absolute nasal blockage of 24 hours which carries its risk of excessive dryness of mouth, halitosis, unpleasant smell around the patients, loss of smell, taste and increased incidence of respiratory tract infection.

CONCLUSION

Frequency of bleeding after septoplasty without nasal packing is very low and nasal packing should be reserved only for those who bleed more during surgery or land with reactionary bleeding or develop septal hematoma.

REFERENCES

1. Brain D. The nasal septum. In: Scott-brown's Otolaryngology. Ken AG. 5th ed. London, Butterworth and Co. 1987; p. 159-79.
2. Beeson WH. The nasal septum. Otolaryngol din North Am 1987; 20: 743-67.
3. Price JC. Septoplasty. In: Johns ME; Price CP; Mattox DE, eds: atlas of head and neck surgery. Philadelphia: BC. Decker, 1990; 1: 109-20.
4. Vor-Schoenberg M, Robinson P, Ryan R. Nasal packing after routine nasal surgery. Is it justified? J laryngol Otol. 1993; 107: 902-5.
5. Hinton AE, Buckley YJ. Blood loss and hematological consequences related to nasal surgery, cline. Otolaryngology 1990; 15: 253-6.
6. Willemot J. History of Rhinology; Functional Surgery of the nose in France at the turn of century. Rhinology. 1990; 28: 275-80.
7. Tardy Jr ME. Chronic rhinitis and Nasal obstruction. In: Ballenger JJ ed. Diseases of the Nose, throat, ear, head and neck. 14th ed. Philadelphia Lea and firbiger, 1991; 24-78.
8. Willium K. A comparison of nasal packing material used in nasal surgery. J Laryngol Otol 1994; 108: 564-6.
9. Iqbal A, Mohammad, Rahman N. Complications of the surgery for deviated nasal septum. J Coll Physian Surg 2003; 13: 565-8.
10. Basha SI, Gupta D, Kalusakar SK. Routine nasal packing following nasal surgery is it necessary? Clinical Reports 2005; 1: 69-71.

Corresponding author:

Dr. Muhammad Hafeez
Flat No. 21 (New Block)
Khyber Teaching Hospital
Peshawar, Pakistan
E-mail: drmohammadhafeez@yahoo.com