PROCEDURE

Septoplasty

Septoplasty is surgery to straighten the wall inside your nose and improve airflow.

PURPOSE
Improve nasal airflow by straightening a bent nasal septum

PROCEDURE TYPE
Therapeutic surgery performed through the nostrils

WHERE IT IS DONE
Operating theatre, usually as day surgery

ANAESTHESIA
General, or local with moderate sedation

HOW LONG IT TAKES
Usually 30 to 90 minutes

PREPARATION
Fasting and medication review, especially blood thinners

RECOVERY
Same day; no driving after anaesthesia or sedating pain medicine

MAIN RISKS
Bleeding, infection, septal perforation, persistent blockage

RESULTS
Breathing improves gradually over several weeks

Overview

Septoplasty is an operation to straighten the nasal septum. The septum is the wall of cartilage and bone that separates the two sides of your nose.

A septum that is bent or off-centre is called a deviated septum. If it narrows one or both nasal passages, it can make breathing through the nose difficult.

Septoplasty is usually performed through the nostrils, so there is normally no visible skin incision. It changes structures inside the nose. It is not the same as rhinoplasty, which changes the outside shape of the nose, although the procedures can be combined.

Why the procedure is performed

The main reason for septoplasty is ongoing nasal blockage caused by a deviated septum. Surgery may be considered when the blockage affects sleep, exercise, daily activities, or use of treatments such as continuous positive airway pressure, or CPAP.

Septoplasty may also be used to:

Medicines can reduce swelling from allergies or inflammation, but they cannot straighten cartilage or bone. Your healthcare team should assess whether the septum is the main cause of your blockage before recommending surgery.

- Address repeated nosebleeds linked to an exposed or distorted septum
- Improve access for sinus surgery or another nasal procedure
- Repair a septum damaged by injury or previous surgery
- Correct part of a more complex problem involving the nasal valve

Who should and should not have it

Septoplasty may be appropriate if you have a clearly deviated septum and troublesome nasal obstruction that has not improved enough with appropriate non-surgical treatment. Examination may include looking inside your nose with a light or a thin camera called an endoscope.

It is not the right treatment for every blocked nose. Surgery may offer limited benefit if your symptoms are mainly caused by allergies, chronic inflammation, nasal polyps, enlarged turbinates, or collapse of the outer nasal passage. Turbinates are tissue-covered structures that warm and humidify inhaled air.

Elective surgery may be avoided or delayed if you have:

Septoplasty in children requires individual assessment because the nose and face are still growing. It may still be recommended when obstruction is severe or complications are likely.

- An active nasal or respiratory infection
- A bleeding condition that is not adequately controlled
- A medical problem that makes anaesthesia temporarily unsafe
- Ongoing nasal injury or substance use that could prevent healing

How to prepare

Your treating facility's own instructions take priority because fasting rules, medication changes, and arrival times differ.

Tell the surgical team about all medicines, supplements, allergies, previous reactions to anaesthesia, and bleeding problems. Blood thinners and medicines that affect clotting need special planning. Do not stop a prescribed blood thinner like warfarin or apixaban unless the clinician managing it tells you to do so.

You may be told not to eat or drink for a set period before anaesthesia. Follow the exact instructions you receive; otherwise, the procedure may need to be postponed.

Arrange for an adult to take you home. If you will have general anaesthesia or sedation, you may also need someone to stay with you during the first night. Tell the facility if you develop a fever, heavy cold, or other illness shortly before surgery.

What happens during the procedure

Most septoplasties are performed under general anaesthesia, meaning you are unconscious. Some are done with local anaesthetic to numb the nose plus sedation to make you relaxed and drowsy.

The surgeon makes an incision inside the nose and lifts the thin lining covering the septum. Bent sections of cartilage and bone are trimmed, reshaped, moved, or removed while leaving enough support for the nose. The lining is then placed back over the septum.

Dissolving stitches may be used. Soft plastic splints may be placed inside the nose to support healing. Packing is used less routinely but may be needed to control bleeding.

Septoplasty is sometimes combined with turbinate reduction, sinus surgery, or rhinoplasty. These additions can change the procedure time, recovery, and risks.

Recovery and what to expect afterward

Pain is usually mild to moderate. Pressure, tenderness, headache, and a very blocked feeling are common during the first few days. Use only the pain medicine recommended by your surgical team.

You can usually drink once you are awake and eat when you feel ready. A light meal may be easier if anaesthesia has made you nauseated.

Rest with your head raised. Some blood-stained drainage is expected at first. Do not blow your nose until your surgeon says it is safe, and sneeze with your mouth open. Avoid strenuous

exercise, heavy lifting, and activities that could injure your nose for the period in your instructions.

Do not drive home. After general anaesthesia or sedation, avoid driving for at least the period specified by your facility. You must also avoid driving while taking pain medicine that makes you sleepy or slows your reactions.

Many people return to desk-based work in about a week, but congestion and tiredness may last longer. Physical work may require more time off. Splints, if used, are commonly removed at an early follow-up visit.

Risks and possible complications

Septoplasty is commonly performed, but it still has risks. These include:

A septal perforation may cause crusting, bleeding, blockage, or a whistling sound. Some perforations cause no symptoms. General anaesthesia also has risks, which the anaesthesia team should discuss with you.

- Bleeding, which may occasionally require packing or further treatment
- Infection
- Continued or returning nasal blockage
- A hole in the septum, called a septal perforation
- Blood collecting within the septum, called a septal haematoma
- Scar tissue joining surfaces inside the nose
- Temporary reduced smell or numbness of the nose, upper lip, or teeth
- An unwanted change in the shape or support of the nose

Results and follow up

The septum is straighter immediately after surgery, but swelling and crusting can make breathing feel worse at first. Airflow generally improves as healing progresses over several weeks. Internal tissues may continue settling for several months.

Follow-up is used to check healing, remove splints or packing, and clear crusting when necessary. Attend these visits even if you feel well.

Many people breathe more easily after septoplasty, but complete relief is not guaranteed.

Allergies, enlarged turbinates, nasal valve narrowing, scar tissue, or movement of cartilage during healing can affect the result. Persistent symptoms may need further assessment, medication, or occasionally revision surgery.

Alternatives

You can choose not to have surgery if symptoms are manageable. The obstruction may remain, but you avoid surgical and anaesthetic risks.

Saline rinses, steroid nasal sprays, and antihistamines like cetirizine or loratadine may help when swelling or allergies contribute. They are less invasive but do not straighten a deviated septum.

External nasal strips or internal nasal dilators can temporarily widen the nasal passage. They are easy to try, but their effect ends when they are removed and they do not correct the septum.

Turbinate reduction may help when enlarged turbinates are an important cause of blockage. It does not correct a bent septum and may be combined with septoplasty when both problems are present.

Septorhinoplasty may be more suitable when blockage involves the outer shape or support of the nose. It can address more structures but is a larger operation with a different recovery.

When to call your healthcare team

For routine advice, contact your surgical team if congestion is not gradually improving, pain remains difficult to manage, a splint moves, or you have questions about cleaning your nose or returning to activity.

Seek urgent same-day medical advice for:

Call emergency services for severe bleeding with faintness or weakness, serious difficulty breathing, collapse, or another life-threatening reaction.

- Bleeding that continues despite following your discharge instructions
- Increasing pain, swelling, redness, or foul-smelling discharge
- Fever with worsening nasal symptoms
- A rapidly increasing blockage or swelling inside the nose

Common questions

Will I be asleep?

Most septoplasties use general anaesthesia, so you are asleep. Some use local anaesthetic with sedation. Your team should tell you which approach is planned before you consent.

Can I drive home?

No. Arrange for an adult to take you home. Do not drive after anaesthesia or while taking medicine that affects alertness.

How painful is septoplasty?

Most people describe pressure, congestion, and tenderness rather than severe pain. Pain should gradually improve. Increasing pain should be discussed with your surgical team.

When will I be able to breathe better?

Your nose may feel blocked for the first days or weeks because of swelling, crusting, or splints. Improvement is usually gradual rather than immediate.

When will I know whether it worked?

You may notice improvement within several weeks, but the result is judged more reliably after swelling has settled over the following months.

Will septoplasty change how my nose looks?

Septoplasty is intended to change the inside of the nose, not its appearance. An external change is possible but uncommon. If appearance also needs correction, septorhinoplasty may be discussed.

Sources

- American Academy of Otolaryngology-Head and Neck Surgery. Clinical Indicators: Septoplasty
- ENT UK. Septal Surgery: Patient Information
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- StatPearls Publishing. Septoplasty . NCBI Bookshelf
- The BMJ . "Clinical effectiveness of septoplasty versus medical management for nasal airways obstruction: multicentre, open label, randomised controlled trial." 2023;383:e075445