

Procedure Information Sheet – Inferior Turbinate Reduction

Introduction

Transnasal resection of inferior turbinates.

Indication

Hypertrophic inferior turbinates causing nasal obstruction.

Intended Benefits and Expected Outcome

1. Reduce nasal obstruction.
2. There is a chance of incomplete relief of nasal obstruction and recurrence.

※ Conditions that Would Not be Benefited by the Procedure

Nasal obstruction not mainly caused by hypertrophic inferior turbinates.

Procedure

The enlarged inferior turbinates will be partially excised to improve the nasal patency.

Pre-operative preparation

1. You will need to sign a consent form and your doctor will explain to you the reason, procedure and possible complications.
2. Inform your doctor of any medical condition and any medications you are taking. The medications may need to be adjusted as appropriate.
3. Fast for 6-8 hours before the operation.
4. Change to operation attires and remove loose objects (e.g. dentures, jewelry, contact lens etc.).

Possible risks and complications

- Common risks and complications ($\geq 1\%$): Bleeding, Persistent nasal obstruction, Infection, Intranasal adhesion, Crusting (transient).
- Uncommon risks with serious consequences ($<1\%$):
 1. Atrophic rhinitis.
 2. Injury to Eustachian tube.
 3. Death due to serious surgical and anaesthetic complications.

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Post-operative information

1. Nasal packs will be inserted into the operated side or both sides; you may have to breathe through the mouth. The nasal packs will be removed after one or two days.
2. There may be mild bleeding after the packs are taken off, which usually stops naturally.
3. You can go home after the packs are removed. Small amount of blood stained nasal discharge is normal. You may also have nasal stuffiness. If you encounter persistent bleeding, please attend the nearby emergency department.
4. Follow up on schedule as instructed by your doctor.

Alternative treatment

Medical treatment.

Consequences of No treatment

Persistent nasal obstruction.

Remark

The above-mentioned procedural information is not exhaustive, other unforeseen complication may occur in special patient groups or individual differently. Please contact your physician for further enquiry.

Reference: http://www21.ha.org.hk/smartpatient/tc/operationstests_procedures.html

I acknowledge that the above information concerning my operation/procedure has been explained to me by Dr. _____. I have also been given the opportunity to ask questions and receive adequate explanations concerning my condition and the doctor's treatment plan.

Name:

Pt No.: Case No.:

Sex/Age: Unit Bed No.:

Case Reg Date & Time:

Attn Dr:

Patient / Relative Signature: _____

Patient / Relative Name: _____

Relationship (if any): _____

Date: _____