



Procedure Information - Septoplasty / Submucosal Resection of Septum (SMR)

Visit No.: Dept.:
Name: Sex/Age:
Doc. No.: Adm. Date:
Attn. Dr.:
Patient No.: PN

Page No:

01	02	03	04	05	06	07	08	09
+10	+20	+30	+40	+50	+60	+70	+80	+90

*Please fill in /
affix patient's label*

Introduction

To straighten the deviated nasal septum.

Indications

1. Nasal obstruction attributed by a deviated nasal septum
2. Obstruction of sinus opening leading to sinusitis
3. Epistaxis
4. Septal spur headache
5. Provide exposure for other nasal surgery
6. Deviated nose attributed by deviated nasal septum

Intended Benefits and Expected Outcome

1. Reduce nasal obstruction
2. Reduce obstruction of sinus opening leading to sinusitis
3. Reduce epistaxis
4. Reduce septal spur headache
5. Improve nasal deformity attributed by deviated nasal septum
6. There is a chance of incomplete relief of deviation and recurrence

Conditions that Would Not Be Benefited by the Procedure

1. Nasal symptoms due to allergic rhinitis, including running nose, itchiness, sneezing, postnasal drip.
2. Nasal obstruction not chiefly caused by deviated nasal septum

The Procedure

Through an incision inside the nose, the deviated nasal septum is corrected by mobilization, repositioning and resection.

Risk and Complication

There are always certain side effects and risks of complications of the procedure. Medical staff will take every preventive measure to reduce their likelihood.

Common Risks and Complications ($\geq 1\%$ risk)

1. Epistaxis
2. Infection
3. Persistent nasal obstruction
4. Nasal adhesion
5. Septal haematoma
6. Septal perforation

Uncommon Risks with Serious Consequences ($<1\%$ risk)

1. Saddle nose deformity / columellar retraction.
2. Loss of smell sensation
3. Cerebrospinal fluid rhinorrhea
4. Toxic shock syndrome
5. Death due to serious surgical and anaesthetic complications



**Procedure Information -
Septoplasty / Submucosal
Resection of Septum (SMR)**

Visit No.: Dept.:
Name: Sex/Age:
Doc. No.: Adm. Date:
Attn. Dr.:
Patient No.: PN

Page No:

01	02	03	04	05	06	07	08	09
+10	+20	+30	+40	+50	+60	+70	+80	+90

*Please fill in /
affix patient's label*

Before the Procedure

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.)

After the Procedure

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 removal of nasal packing. Small amount of blood stained nasal discharge is common. 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

- | | |
|------------------------------------|--|
| 1. Persistent nasal obstruction | 3. Recurrent epistaxis |
| 2. Sinusitis and its complications | 4. Persistent headache and nasal deformity |

Remarks

This is general information only and the list of complications is not exhaustive. Other unforeseen complications may occasionally occur. In special patient groups, the actual risk may be different. For further information please contact your doctor.

Reference

Hospital Authority – Smart Patient Website

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.

Patient / Relative Name

Signature

Relationship (if any)

Date