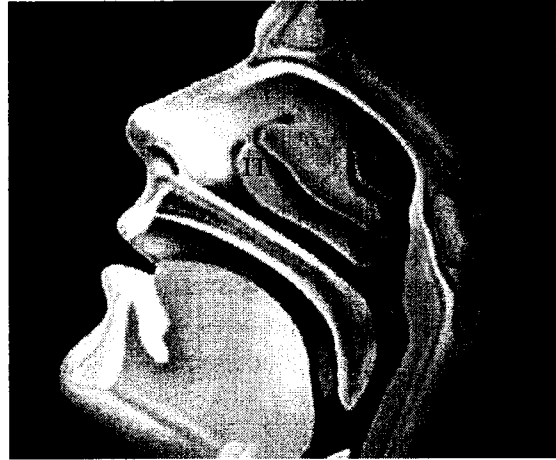


Inferior Turbinate Submucosal Resection

What are the Turbinates?

The turbinates are cigar-shaped structures attached to the side of the inside of the nose. Each side has an inferior, middle and superior turbinate. The turbinates normally swell and shrink throughout the day causing variable nasal congestion. The turbinates help humidify the air we breathe. The turbinates are made of bone surrounded by spongy tissue which can swell and are lined with mucosa which resembles the lining of the inside of the mouth. In some people, excess swelling of the inferior turbinate (IT) causes nasal airway obstruction, especially when lying down. This can be aggravated by other causes of nasal obstruction such as septal deviation. Turbinate swelling can obstruct one or both sides of the nose causing difficulty breathing through the nose.



Why is Turbinate Surgery Done?

Turbinate surgery is done to improve nasal breathing. When an enlarged (hypertrophied) turbinate is causing significant nasal obstruction the surgery is considered. Typical symptoms of turbinate hypertrophy include difficulty breathing through the nose and chronic nasal congestion. The nasal congestion often worsens when lying down. Nasal obstruction can also contribute to snoring and sleep apnea.

How is the Surgery Done?

Turbinate submucosal resection is done in the operating room under local or general anesthesia. In the Pre-Op area, the anesthesiologist will talk to you about the anesthesia if your surgeon plans to use general anesthesia. You will receive an antibiotic through an IV, and you may also be given a decongestant nasal spray before being brought into the operating room (OR).

Once in the OR, you may receive medications through the IV to put you to sleep. Local anesthesia is injected into the turbinate, and a small incision is made in the anterior end of the inferior turbinate. The mucosal lining of the turbinate is elevated off the turbinate bone. The spongy tissue of the turbinate is then partially removed leaving the overlying mucosa intact. Sometimes the bone is partially removed also. Nasal packing is usually not needed unless there is persistent bleeding. You will then be taken to the recovery room. Surgery usually takes 30 minutes.

Patients are discharged home 1-2 hours after the surgery is done. A gauze "mustache" dressing is taped under the nose to catch minor bleeding which is common after surgery and resolves by the next day. Sleeping with the head up is helpful the first week to reduce swelling from the surgery. It is important to take all prescribed antibiotics. Most patients require prescription pain medication such as Vicodin or Tylenol with Codeine, but over-the-counter Tylenol is often enough for moderate pain. Do not lift any heavy objects and do not sneeze through the nose the first two weeks after surgery. If you have to sneeze, sneeze through an open mouth.

Most patients are seen back in the clinic one week after surgery. Postoperative swelling inside the nose gradually resolves over a few weeks allowing improved nasal breathing. There is no bruising or swelling on the outside of the nose. Most patients return to work or school within one week after surgery. Crusting in the nose the first two weeks can be helped by putting Vaseline jelly inside the nostrils.

What signs of trouble should I look for after surgery?

If you have any of the following problems, call your surgeon who did your procedure:

- **Bleeding:** a large amount of bright red blood running from your nose or down the back of your throat (a nosebleed).
- **Fever:** a fever persisting above 38.3° C, or 101° F.
- **Signs of infection:**
 - an increase in pain, redness or swelling of the nose
 - a yellow or green, smelly discharge from the nose
- **Nausea:** any persisting nausea.

What are the Risks of Turbinate Submucosal Resection?

Significant problems following turbinate surgery are unusual, but there are some risks associated with the surgery. There is a small risk of infection which is minimized with antibiotics during and after surgery. The risk of persistent bleeding requiring nasal packing in the ER is very small. Serious bleeding requiring blood transfusions is possible but is rare. Sometimes the structure of the nose is much improved following surgery, but the patient still feels the nose is obstructed. This may be due to allergies. Resection of the turbinates has been linked to chronic dry nose syndrome or excessive crusting of the nose. Your anesthesiologist will discuss the risks of the general anesthesia.

I have read the information about turbinate submucosal resection including risks of surgery and have been given a copy of this information sheet.

(Patient/parent signature) X _____

(Print name) _____

Date: _____