

The partition which divides your nose into the left and right nostril is called the nasal septum.

Aim of Operation

The aim is to straighten the bent septum which is causing nasal obstruction and thereby to improve the nasal airway. The operation is not intended to change the external appearance of the nose.

What is involved?

When you come into hospital, you will be examined by the house officer and checked by the anaesthetist to make sure you are fit for the operation.

On the day of the operation, you will be given premedication 1-2 hours before surgery.

In the theatre, the anaesthetist puts you to sleep and the operation is performed entirely through the inside of the nose.

You may have a pack or a splint in your nose at the end of the operation. This is to control bleeding and to hold the septum straight in the first few hours.

When the operation is completed, you will be transferred to the recovery room, and once you are reasonably awake, you will be transferred back to the ward. You will be breathing through your mouth as your nose may be blocked by a nasal pack.

In the next few hours, the nurses will observe you closely for signs of bleeding and they will monitor your pulse rate and blood pressure.

If present, the nasal pack will be taken out on the morning following surgery. It is quite common to experience minor bleeding from the nose which usually stops spontaneously. This operation is sometimes done on a day case basis but in any event, your hospital stay will be as short as possible.

If your nose is very congested post operatively, you will be given nose drops and inhalations. You should not blow your nose vigorously for the next 10 days, and it is advisable to take 10-14 days off work.

Follow – up

There is no need for us to follow you up after a routine SMR. If there is excessive pain, bleeding or discharge, you should seek your doctor's advice.

Complications

There are a number of rare complications of nasal septal surgery which you should be aware of but which we do our best to avoid. The first is a collection of blood at the site of operation called a septal haematoma. If this develops, drainage is necessary.

If too much cartilage is removed from the bridge of the nose, there is occasionally some depression above the tip. This can be corrected by further surgery. Occasionally, following difficult septal operations, a communication develops between the two nostrils and this is called a septal perforation and can cause crusting and bleeding.

ENT

Sub Mucosal Resection of Septum of Nose (SMR)



A information leaflet for patients about the SMR Procedure.

Date of publication: July 2010
Date for review: July 2012
© Bedford Hospital NHS Trust