



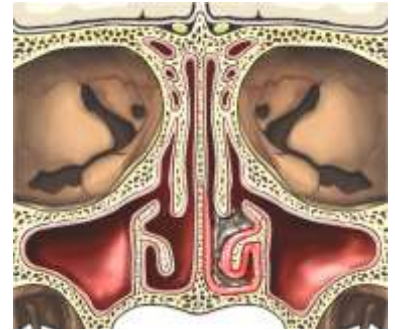
Operation Information

Turbineotomy

Introduction

Nasal congestion is always associated with enlarged inferior turbinates. If other conservative treatment (such as nasal steroids or decongestants) fails, turbinate surgery may be indicated. Turbineotomy is an operation to open up the nasal passages by removing a partial or all of the inferior turbinate with or without guidance of an endoscope. It may be performed in conjunction with other nasal surgeries such as septoplasty, rhinoplasty or sinus surgery.

Turbineotomy has several forms, depending on the individual's anatomy. The doctor may remove soft tissue only, or bone and soft tissue by scissors, radiofrequency, electrocautery or microdebrider.



Source:

<https://www.healthdirect.gov.au/surgery/turbineotomy>

Indications

Hypertrophic inferior turbinates causing nasal obstruction

Outcomes

The excess tissue from the nasal turbinates is trimmed or removed, thus nasal obstruction is reduced.

Procedures

1. The operation can be performed under local or general anaesthesia.
2. A small incision is made inside the nose.
3. The diseased tissue is removed.
4. Nasal packs may be inserted into the operated side or both sides of the nose to reduce the incidence of bleeding.

Possible Risks and Complications

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

1. Infection
2. Bleeding
3. Persistent nasal obstruction
4. Crusting inside the nose
5. Intranasal adhesion

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

6. Atrophic rhinitis
7. Damage to the Eustachian tube

** The risks listed above are in general terms and the possibility of complications is not exhaustive. Please understand that even though all operations are carried out with utmost professionalism and care, this does not rule out the possibility of complications from arising. In the event of peripheral organ damage or post-operative haemorrhage or leakage, further operations may be required.

Pre-operative Preparations

1. The procedure and possible complications will be explained by the doctor and a consent form must be signed prior to the operation.
2. Please inform the doctor and nurse all your past medical history, previous surgical operations, current medication and any complication with drug or anaesthesia.
3. Routine pre-operative investigation such as blood test, ECG, and X-ray may be performed.
4. No food or drink six hours before operation. (For general anaesthesia only)
5. Please change into a surgical gown after removing all belongings including undergarments, dentures, jewellery and contact lenses.
6. Please empty your bladder before the operation.

Post-operative Instructions

General

1. After general anaesthesia, you may:
 - experience discomfort in the throat after tracheal intubation.
 - experience side effects of anaesthesia including feeling tired, drowsy, nausea or vomiting. Inform the nurse if symptoms persist or worsen.
2. Please inform the nurse of wound pain. Proper pain relief treatment by injection or oral medication may be prescribed by the doctor.

Wound Care

1. As nasal pack(s) is inserted into the surgical side or both sides of the nose, you 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 out, which usually stops naturally.
3. Small amount of blood-stained watery discharge is common for the first two weeks. You may also have nasal stuffiness.
4. Saline nasal spray is used to keep the nose moisturized to promote healing.
5. Avoid blowing your nose in the first two weeks after the operation.
6. If you are going to sneeze, sneeze with your mouth open to protect the wounds inside the nose.

Diet

1. A normal diet may be resumed as instructed after recovery from anaesthesia.
2. You may prefer to start with liquid or soft food which is easy to swallow when the nasal packs are in place.

Advice on Discharge

1. Prescribed pain medication may be taken as needed.
2. Immediately consult your doctor or return to hospital for professional attention in the event of persistent bleeding, increasing nasal pain or congestion, foul-smelling discharge, or any other unusual symptoms.
3. Any follow-up consultations should be attended as scheduled.

Alternative Treatments

Nasal steroid spray or drops

Consequences of No Treatment

Persistent nasal obstruction

Should there be any enquiries or concerns, please consult the attending doctor.

Under the professional care of the doctor, you will gradually recover. We wish you all the best during your treatment and recovery.

If you have any questions after reading the entire leaflet, please write them down in the spaces provided in order for the doctor to further follow-up.

Compiled by Union Hospital Operating Theatre (OT) Governance Committee

The above information is for reference only, please enquire your physician for details
Our Hospital reserves the RIGHT to amend any information in this leaflet without prior notification

