

Deviated Septum

The nasal septum is the wall dividing the nasal cavity into two halves. It is composed of a central supporting skeleton covered on each side by mucous membrane. The front portion of this natural partition is a firm but bendable structure made mostly of cartilage and is covered by a membrane that has a substantial supply of blood vessels. The ideal nasal septum is straight and in the midline, separating the left and right sides of the nose into passageways of equal size.

Estimates are that 80 percent of all nasal septums are off-center, a condition that is generally not noticed. A “deviated septum” occurs when the septum is severely shifted away from the midline. The most common symptom from a badly deviated or crooked septum is difficulty breathing through the nose. The symptoms are usually worse on one side, but sometimes actually occur on the opposite side. In some cases the crooked septum can interfere with the drainage of the sinuses, resulting in repeated sinus infections.

Septoplasty is the preferred surgical treatment to correct a deviated septum. This procedure is not generally performed on minors, because the cartilaginous septum grows until around age 18. Septal deviations commonly occur due to nasal trauma but can often be due to the natural development of the nose.

A deviated septum may cause one or more of the following:

- nasal congestion of one or both nostrils
- nosebleeds
- sinus infections
- facial pain, headaches, postnasal drip
- noisy breathing during sleep (in infants and young children)

In some cases, a person with a mildly deviated septum has symptoms only when he or she also has a "cold" (an upper respiratory tract infection). In these individuals, the respiratory infection triggers nasal inflammation that temporarily amplifies any mild airflow problems related to the deviated septum. Once the "cold" resolves, and the nasal inflammation subsides, symptoms of a deviated septum often resolve, too.

Diagnosis of a Deviated Septum: Patients with nasal congestion may have additional reasons for the nasal airway obstruction. The problem may result from a septal deviation, but also swelling from the infected areas, allergic problems, mucus membrane enlargement and other anatomic abnormalities. An ENT physician can determine the cause of your chronic nasal symptoms.

At your visit, you will describe your symptoms and the specialist will inquire if you have ever incurred severe trauma to your nose and if you have had previous nasal surgery. Next, an examination of the general appearance of your nose will occur, including the position of your nasal septum. This will entail the use of a bright light to inspect the inside surface of each nostril. Sometimes a fiberoptic scope is used.

Sometimes a CT scan or allergy testing will be recommended to evaluate other causes of nasal obstruction.

Surgery may be recommended if the deviated septum is causing your symptoms. If not, sometimes medication, nasal sprays or allergy treatment will be recommended.

Septoplasty: Septoplasty is a surgical procedure performed entirely through the nostrils. The surgery might be combined with a rhinoplasty, in which case the external appearance of the nose is altered. Septoplasty may also be combined with sinus surgery.

The procedure is usually done with a general anesthetic, and on an outpatient basis. After the surgery, nasal packing is inserted to prevent excessive postoperative bleeding. During the surgery, badly deviated portions of the septum may be removed entirely, or they may be readjusted and reinserted into the nose.