Septorhinoplasty

Patient information: surgery to straighten the nasal septum and reshape the nose in one operation

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WHAT IS SEPTORHINOPLASTY?

Your septum is the partition inside your nose. When it is bent (deviated), it can block your breathing and can also make the outside of the nose look crooked. **Septorhinoplasty** combines two operations in one: **septoplasty** (straightening the septum to improve airflow) and **rhinoplasty** (reshaping the outside of the nose). Both are done under one general anaesthetic, with one recovery.

The form and function of the nose are inseparable: a nose that looks balanced almost always breathes well. I treat every operation as both functional and aesthetic.

WHAT ARE THE ALTERNATIVES?

- **No treatment** — always a valid option. A deviated septum is not dangerous.
- **Septoplasty alone** — right when breathing is the only problem and the outside of the nose is straight.
- **Non-surgical filler ("liquid rhinoplasty")** — adds volume only; it cannot make a nose smaller or fix breathing, is temporary, and has its own risks.

WHO WILL OPERATE ON ME?

Mr Whitehead personally performs every step of the operation; nothing is delegated. He is fellowship-trained in both rhinology and facial plastic surgery, on the GMC Specialist Register (Otolaryngology), and audits his outcomes with validated scores (NOSE, ROE, FACE-Q) and 3D imaging.

BEFORE YOU DECIDE

- **Two consultations** before any date is booked, with 3D imaging at the first.
- A **seven-day cooling-off period** after written consent, per Royal College of Surgeons standards.
- A short screening questionnaire (BDDQ-AS) — part of responsible patient selection.
- You may change your mind at any point before surgery, without giving a reason.

GETTING READY FOR SURGERY

- **Stop smoking and all nicotine** at least 6 weeks before — nicotine seriously impairs healing.
- Stop aspirin, ibuprofen-type painkillers, fish oil, garlic, ginkgo, ginseng and vitamin E supplements **10 days before**. Keep taking regular prescribed medicines unless told otherwise; tell us about any blood thinners.
- Trim (don't pluck) nasal hair the day before. No make-up or jewellery on the day.
- Arrange someone to take you home and stay with you for the first two nights.

THE DAY OF SURGERY

You arrive fasted (no food for 6 hours; clear fluids up to 2 hours before). You meet your Consultant Anaesthetist and Mr Whitehead, who confirms the plan with you. The operation takes **2 to 4 hours** under general anaesthetic at Weymouth Street Hospital. Most patients go home the same evening or the next morning, with a small splint on the nose.

RECOVERY: WHAT TO EXPECT

WHEN	WHAT TO EXPECT
Days 1–3	Congestion peaks; bruising around the eyes appears. Simple painkillers are usually enough.
Day 3	Start twice-daily salt-water nasal rinses (e.g. Neil-Med); continue at least 6 weeks.
7–10 days	Splint and tapes removed. Most bruising fading.
2 weeks	Back to office work. No nose-blowing before now. Gentle exercise resumes.
4–6 weeks	Cardio exercise resumes at 4 weeks. No glasses resting on the bridge for 6 weeks.
6–8 weeks	No contact sports until now — a knock can displace the healing bones.
3–12 months	Breathing steadily improves; tip definition refines. Reviews with photos/3D imaging at 3, 6 and 12 months.
12–24 months	Final result. Thicker skin takes longer — don't judge the result before 18 months if you're thick-skinned.

Sleep head-elevated for the first week, avoid hot showers/saunas for 48 hours, and use daily sunscreen on the nose for 6 months.

RISKS: AN HONEST SUMMARY

Serious complications are uncommon in experienced hands (major complications affect well under 1 in 100 patients in the largest published series), but you should understand the realistic risks. Frequencies: **common** = up to 1 in 10 · **occasional** = up to 1 in 100 · **rare** = up to 1 in 1,000 or less.

- **Common:** swelling and bruising (universal, settles over weeks); temporary numbness of the tip, upper lip or front teeth (mostly resolves within 12 months; a small proportion is longer-lasting); a blocked feeling while internal swelling settles; temporary reduction in smell.
- **Common:** *persistent rhinitis-like symptoms* — a runny, congested or crusty nose in the months after surgery even when the airway is open. Usually settles by 12 months with salt-water rinses and sprays; occasionally longer-lasting. Most clinics don't mention this; we do.
- **Occasional:** infection or significant bleeding (each affects fewer than 1 in 25 patients, usually treatable); a visible columellar scar needing minor revision (1–2%); breathing that feels no better, or occasionally worse, needing further treatment.
- **Occasional:** a hole in the septum (septal perforation, 1–3%) — often symptomless, sometimes causing whistling or crusting; repair is possible but not always successful.
- **Occasional:** cosmetic imperfections — asymmetry, small irregularities, or dissatisfaction with the result. Revision surgery is needed in roughly 5–15% of primary cases across the published literature; if revision is indicated within 12 months, Mr Whitehead's surgeon's fee is waived (hospital and anaesthetist fees are billed directly to you).
- **Rare:** total loss of smell; severe infection; injury to the eye or skull base; anaesthetic emergencies. These are disclosed because they are reported in the world literature, not because they are expected.

Any risk that matters especially to *you* — your job, your sport, your instrument, your sense of smell — tell us, and we will weigh it with you before you consent.

When to contact us after surgery

- Bleeding that doesn't settle with 15 minutes of gentle pressure sitting upright
- Fever, spreading redness, or worsening pain after the first few days
- A sudden change in vision, severe headache, or clear watery fluid dripping from the nose
- Anything that worries you — call, don't wait. Out of hours, contact the hospital or 111; call 999 for an emergency.

FOLLOW-UP AND COSTS

Your fee includes the surgeon, anaesthetist, hospital facility, all routine post-operative visits, and structured follow-up for 12 months. Fees are published at nose.london. For the functional (septal) part of the operation Mr Whitehead is BUPA fee-assured; other insurers may contribute with written pre-authorisation — this is confirmed in writing before you book.

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Written by Mr David Whitehead, Consultant ENT & Facial Plastic Surgeon (GMC 4372358). Version 1.0, August 2026. Review due August 2027. This leaflet summarises the full consent document you will receive at consultation and accompanies the ENT UK "Septorhinoplasty" patient leaflet (entuk.org). It is general information, not personal medical advice; your individual risks will be discussed with you before you consent. Evidence base includes the EUFOREA European consensus on rhinoplasty informed consent (Hellings et al., Rhinology 2025) and the AAO-HNS Clinical Practice Guideline (Ishii et al., 2017).