

## Modern Solutions to the Current Problems of Rhinosurgery Today

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**Abstract:** Modern methods of rehabilitation after septoplasty. In modern medicine, the patient is uncomfortable after septoplasty and there are special technologies for breathing through the nose. Modern methods of rehabilitation after septoplasty.

**Keywords:** Septal splints, Septal splints charting, Postoperative care, Nasal pain, Antibiotics, Vasoconstrictors and nasal irrigation.

The most common diseases of the ENT organs are deviation of the nasal septum. No one thinks that even a small curvature can cause sinusitis, nasal polyps. Why is this happening? If the organs of the ENT are healthy, only fresh and clean air enters the respiratory tract, because it is heated and disinfected in the nasal cavity. With a deviation of the nose, this septum is disturbed due to the difficulty of determining the movements.

Septoplasty corrects the deviation of the nasal septum. This operation helps the patient breathe normally and naturally. But, unfortunately, many people try to keep it safe and continue to live with its deviation, which creates other damage. What worries people before surgery:

How to breathe through the nose after surgery?

are tampons taken in the nose?

How long should I stay in the hospital after the operation?

These questions are paid to the patient to make a decision about surgery.

What is rehabilitation after septoplasty?

With the operation septoplasty Technology has stopped being harmful. The operation begins with an endoscope through a small incision in the patient.

Technologies have also been created that allow the patient to avoid unpleasant sensations and breathe through the nose during rehabilitation. Intranasal septal splints or splints are created according to Reiter. They are made of soft silicone, because it does not cause any damage to the nasal cavity and is removed painlessly. The splints have a seven-sided shape and fully correspond to the shape of the nasal septum at the site of operation. The essence of splints is that they hold the septum in the midline. After the operation, when the patient is under anesthesia, a silicone splint is sewn.

Splints come in various modifications. According to the shape of the nose, they can be both large and small. A tube can also be inserted between the silicone of the splint, through which the patient can breathe immediately after the operation. The septal splint remains in the nose for about 5-7 days, during which time the nasal septum takes its place.

Septal tires

Recently, septal splints or intranasal splints have become an integral part of operations on the nasal septum. Septoplasty, rhinoseptoplasty, and the final step of surgery to close nasal septum perforations is the placement of septal splints on both sides of the nasal septum.

The reason why splints are so popular among surgeons is a number of advantages that improve the outcome of the operation, reduce the risk of postoperative complications and speed up the recovery of the patient.

The advantages of septal splints are shown in the table

Traditional septoplasty method Septoplasty - using septal splints

**Runny nose** After the operation, the mucous discharge from the nose and the remaining blood will dry up. Crusts form in the nasal cavity, they stick to the nasal mucosa and are difficult to remove. They also disrupt breathing and cause severe discomfort to the patient in the postoperative period. Septal bandages cover the entire mucous membrane of the nasal septum and prevent crusting of the mucous membrane of the nasal septum. And since they are made of silicone, all the pathological contents in the nose do not find adhesion and are easily washed off with a nasal shower.

**Swelling of the mucous membrane** After surgery, the nasal mucosa swells and blocks the nasal passages from the effects of the surgery. Because of this, the patient cannot breathe through his nose, he has to breathe through his mouth, and therefore dry mouth appears, etc. Silicone splints prevent the nasal mucosa from swelling and closing because they are very flexible and very elastic. And thanks to special channels, the patient will not have breathing problems after the operation.

**Adhesions in the nose:** Often, during the second visit to the doctor, the patient is informed about the formation of adhesions (synechia) in the nose. The reason for adhesions in the nose is that due to swelling, the mucous membrane of the nasal septum begins to contact the mucous membrane of the lateral (opposite) wall of the nose, as a result of which they stick to each other; and the patient faces additional surgery. Mucus is a barrier between the membranes, which helps prevent this complication.

**Post-surgery septal displacement** The risk of displacement is high. A splint, like a plaster cast applied to a fractured limb, holds the nasal septum firmly in the midline and gives it additional support. Thus, splints help to avoid complications such as secondary displaced nasal septum.

**Nosebleeds** Frequent runny nose. Holding the nasal septum tightly in the middle line, the tines compress the vessels, and blood does not accumulate between the layers of the mucous membrane of the nasal septum. Thus, frequent complications, such as nosebleeds or hematoma of the nasal septum, do not occur with installed tines.

**Tamponing** Mandatory packaging. Nasal tampons cause additional discomfort. Nasal packing can be avoided. Therefore, the rehabilitation period is easier for the patient. But it should be remembered that only the surgeon decides whether to pack the nasal cavity or not, it depends on the situation after installing the splints.

Post-operative period

Nose pain

Patients often experience pain in the nose after surgery. This is due to both the surgical procedure itself and the presence of tampons in the nose. If the pain is severe, the doctor may prescribe narcotic pain relievers containing opioids such as tramadol, promedol. Often patients themselves refuse opioid analgesics. In this case, doctors use non-steroidal anti-inflammatory drugs: ketorol, diclofenac, analgin. At the same time, the contraindication of these drugs is the worsening of blood clotting and the increased risk of postoperative bleeding, so doctors do not recommend using these drugs often, especially in the first days after surgery.

To reduce pain after septoplasty, if the patient is rehabilitated in the hospital, it is recommended to raise the head of the bed. At home, you should sleep with your head elevated using 2-3 pillows. In addition, it is recommended to apply ice on the bridge of the nose and forehead for 5-10 minutes 2-3 times a day.

In the postoperative period, you should not touch the nose, especially avoid pressing on the tip of the nose. This can cause severe pain and poor healing of the tissues in the surgical area. Also, trauma to the nose after septoplasty often causes the nasal septum to shift to the side.

#### Antibiotics

During the rehabilitation period, antibiotics are prescribed to reduce the risk of infection. Usually these are penicillin antibiotics. The duration and dosage of antibiotics prescribed by the doctor should be strictly followed.

#### Vasoconstrictors and nasal irrigation

The day after removing tampons, you will need to use vasoconstrictor nasal drops, for example, xylometazoline, Nazivin, and saline solutions for the nose (Aqua-Lor, Dolphin). Vasoconstrictors are prescribed to reduce swelling in the nose and widen the nasal passages. It improves the permeability of the nose during the nasal shower with saline solutions. Saline solutions wash away mucus, thick blood, and nasal membranes, speeding up recovery. On average, vasoconstrictor drops and nasal irrigation are prescribed for 5-7 days.

#### General recommendations for the patient in the postoperative period

The postoperative period lasts 3 weeks after the operation. At this time, the main thing is to speed up the metabolism in the body, which speeds up recovery. For this, the patient is instructed to drink a lot of fluids - up to 3 liters of fluid per day and to walk on average - 3-4 hours during the day. However, you should not engage in physical exercises or strain yourself - physical activity is contraindicated during the entire rehabilitation period.

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