

SURGICAL CORRECTION OF NASAL SEPTUM DEVIATION : INDICATIONS AND TECHNIQUE

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Introduction. A deviated nasal septum, whether present from birth or caused by injury, can trigger a range of troubling symptoms: blocked nasal passages, repeated sinus infections, nosebleeds, facial pain, and sleep difficulties. Though often overlooked, these issues can significantly diminish a person's daily comfort and wellbeing. When medications or other nonsurgical options fail, septoplasty emerges as the primary corrective procedure. In modern practice, endoscopic septoplasty utilizing advanced visualization tools has gained favor for its accuracy, though it remains scarce in areas with limited medical resources. Beyond improving airflow, surgery can also refine the nose's external appearance, blending functional relief with aesthetic enhancement cosmetically too.

Research Objective. This study stems from curiosity about how a misaligned septum affects patients not just anatomically, but in their everyday struggles with breathing, restful sleep, or frequent infections. We aim to explore why individuals opt for surgery, the decision making behind it, and how effective procedures like endoscopic and traditional septoplasty are in resolving these problems. Additionally, we seek to shed light on the global disparity in access to such care and advocate for solutions to make it more equitable. By blending clinical outcomes with patient perspectives, we hope to promote a more empathetic, accessible approach to nasal surgery, with the added benefit of improving nasal aesthetics.

Materials and Methods. This study combines forward-looking and historical data. Over 12 months, we prospectively observed 60 patients (aged 18 to 55) at a specialized ENT center, all experiencing symptoms from a deviated septum. Nasal endoscopy and imaging confirmed diagnoses; we excluded those with nasal tumors, polyps, or prior nasal operations. Alongside this, we reviewed records of 14 patients who had endoscopic septoplasty over three years at a public hospital. Ethical approval was secured. We gathered details on patient profiles, symptoms, surgical methods, complications, and results for analysis. The surgical process, whether traditional or endoscopic, follows key steps: an incision inside the nose (using Killian's or hemitransfixion methods), lifting mucoperichondrial flaps, reshaping or removing deviated cartilage, and retaining the L-strut for structural support. Endoscopic septoplasty employs a rigid endoscope for a clearer view, reducing tissue damage and enhancing precision. Both approaches aim for safety, effective correction, and preservation of nasal anatomy.

Research Results. In the prospective group, 80% of patients experienced markedly better nasal airflow after surgery. Minor issues like crusting or brief loss of smell occurred in 16%, resolving with basic follow-up care. Two patients developed septal hematomas, which were treated successfully. In the retrospective cohort, 14 patients (11 men, 3 women) underwent endoscopic septoplasty for nasal blockage and septal misalignment. Outcomes were positive, with 2 cases (14.3%) of nasal adhesions but no severe issues. Average hospital stay was 3.7 ± 0.9 days, and all patients left with

symptom relief.

Conclusions. Septoplasty, whether traditional or endoscopic, proves reliable and safe for addressing symptomatic nasal septal deviation, with nasal obstruction as the leading reason for surgery. The conventional method remains common, but the endoscopic approach offers superior clarity and accuracy, particularly in complex cases. Though less available in some regions, its benefits suggest it should be more widely adopted. As skills and infrastructure grow, septoplasty stands to significantly uplift patients' lives by easing chronic nasal issues and enhancing appearance, also making them able to breathe without any problems.