

Cleft septorhinoplasty

This leaflet gives information about cleft septorhinoplasty including the benefits, risks and alternatives, and what to expect when you come into hospital. If you have any more questions, please speak to a doctor or nurse caring for you.

What is a cleft septorhinoplasty?

A cleft septorhinoplasty is the surgery to reshape the nose for patients who were born with a cleft lip and palate. This surgery helps to improve the function and/or appearance of the nose.

Babies born with a cleft lip and palate may also have a difference in the shape of their nose, compared to babies born without a cleft. The shape may have been addressed surgically during the lip repair as an infant. Some patients may have also had revision surgery to re-shape the tip of the nose between 5-10 years old.

Whatever number of nasal surgeries in early childhood, the significant nasal growth that happens during puberty can create an uneven nasal shape. This surgery is usually discussed towards the end of puberty. The exact timing is decided with the surgeon and they will also consider the child's psychological and physical maturity and the bone structure of their face. This is usually from ages 17-18 years for women and 19 for men.

Why should you have a cleft septorhinoplasty?

Common reasons to have a cleft septorhinoplasty include:

- to improve breathing through the nose
- to reshape the nasal tip
- to increase projection of the nasal tip
- to change the size and/or shape of the nostrils
- to straighten an uneven nose
- to change the profile by lengthening a short nose
- to change the profile by removing bumps or dips in the bridge of the nose
- to change the size and shape of the nose to adjust facial balance

What are the risks?

There are risks and potential complications associated with every surgery. The specific risks to this operation will be explained in more detail when you are seen in clinic. Some of the risks are:

- infection
- bleeding
- bruising
- persistent swelling
- septal perforation (hole in the septum – the structure between your nostrils)
- visible or tender scar
- reduced airflow
- reduced sense of smell
- change in skin sensation (numbness or pain)
- your nose may still be uneven
- need for more surgery.

Giving consent (permission)

We want to involve you in decisions about your care and treatment. Once the procedure, including all the risks and potential complications, have been explained, you will have the chance to ask questions to make sure you fully understand what will happen. If you decide to go ahead, you will be asked to sign a consent form. This states that you understand what the procedure involves and agree to have the treatment.

If you would like more information about our consent process, please speak to a member of the cleft team.

Speaking to a clinical psychologist

We have a team of clinical psychologists who work in the cleft service, and one of them should be present at your multidisciplinary team (MDT) clinic appointments. For patients thinking about having this procedure, it may be helpful to speak with one of the psychologists separately (this can be arranged to coincide with your other MDT appointments, or be done by phone or Skype™ if more convenient). The psychologists are used to having discussions with patients to help with their decision making. They can help you think about the benefits and risks of having the treatment, and to talk about your expectations of the surgery. They can also make sure there are the right levels of support and resources in place so your recovery can go as well as possible.

If you would like more information about the clinical psychology team in the cleft service, please contact them (details at the end of leaflet).

What happens during a cleft septorhinoplasty?

The surgery is done under a general anaesthetic. Local anaesthetic is also used to reduce discomfort after surgery. The surgery usually takes 2-4 hours.

An open approach is used in this surgery because this allows us to directly view and examine nasal cartilages. An open septorhinoplasty usually needs a small incision (cut) between the nostrils to gain access to the nose.

The skin is separated from the cartilage and bone. Sometimes extra tissue (called a graft) is needed. We try and use cartilage from the nasal septum as it usually needs straightening. If a lot of graft material is needed to reshape the nose, (for example, if the skin and soft tissues are very scarred and stiff) extra cartilage may be taken from the patient's ears or ribs. This would be discussed with you during the consent process.

The nose is closed with fine stitches, and soft splints may be placed (temporarily) inside the nose to support the nasal septum. Splints are also frequently used on the outside of the nose to help maintain the shape of the skin and reduce swelling. Tapes and a splint are placed over the nose to support and protect it for seven days. You will usually need to stay in hospital overnight. The morning after surgery you will be reviewed by our cleft team, and any internal splints will be removed, and you will be discharged home, unless there is a problem.

Will you feel any pain?

After surgery, most patients experience mild to moderate discomfort and swelling. This can be controlled with regular pain medication. We will prescribe oral paracetamol and ibuprofen for this.

What happens after a cleft septorhinoplasty?

After recovering from anaesthetic, you will be able to eat and drink as soon as you feel comfortable. You will also be encouraged to move around to prevent deep vein thrombosis.

Your face may be swollen and bruised (especially around the eyes) for 2-3 days. Sleeping with your head propped up (using a couple of pillows) may help to reduce this.

Most patients take a week off work or school. If you have a physically demanding job, you may want to take two weeks off so that the wound can heal fully. Usually, you will have a follow-up appointment 5-7 days after surgery in an outpatient clinic, for a wound review and removal of any splints or stitches.

After one week you can return to work or school, and you can walk for exercise, but you must not do any sports, including swimming.

Normal hobbies and all sports (including skiing and contact sports) can be resumed after six weeks.

The majority of swelling goes down within a few weeks, but it takes up to one year for your new nasal shape to fully settle. During this time, your nose will look normal but you may notice gradual changes in the appearance of your nose as it refines to a more permanent outcome.

Follow-up appointments

You will have another appointment with the cleft consultant surgeon about six weeks after the surgery to check that you are recovering well from the operation.

Useful sources of information

Cleft Lip and Palate Association (CLAPA), **t:** 020 7833 4883, **e:** info@clapa.com
w: www.clapa.com

Contact us

If you have any queries about any information in this leaflet, please contact us,
t: 020 7188 1321. **e:** cleftservices@gstt.nhs.uk

Cleft service clinical psychology team

Call the therapies booking officer and ask to be put through to a psychologist,
t: 020 7188 7188, extension 58610, **e:** cleftpsychology@gstt.nhs.uk

For more information leaflets on conditions, procedures, treatments and services offered at our hospitals, please visit **w:** www.evelinalondon.nhs.uk/leaflets

Pharmacy Medicines Helpline

If you have any questions or concerns about your medicines, please speak to the staff caring for you or call our helpline. **t:** 020 7188 8748, Monday to Friday, 9am-5pm

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