OBJECTIVE:

The ideal duration of nasal packing after septoplasty is a topic of debate. Nasal septal surgery is one of the most common surgical procedures performed for nasal airway obstruction. Nasal packing is usually applied after septal surgery to avoid edema, postoperative bleeding and to maintain patency of the nasal airway. The duration of nasal packing is an important aspect of septoplasty surgery. In this study, the effectiveness and complications of nasal packing after septoplasty were evaluated.

METHODS:

A total of 149 patients who underwent septoplasty at the Otolaryngology Department of Gülhane Military Medical Academy, Haydarpaşa Training Hospital between February 2007 and May 2009 were included in this study. Out of these patients, 134 male and 15 female. All patients participated in the study voluntarily and written informed consent was obtained. Preoperative medication was 2 mg of midazolam (Dormicum, Roche, Switzerland). Local anesthetic agent as lidocaine HCl 2 g / ml; epinefrine 1:100,000. The operation was performed under local anesthesia and about 10 ml of physiological saline was used. Midazolam was administered intravenously at a dose of 2 mg/kg, if the patient felt uncomfortable due to nasal packing. After the operation, hydroxylated polyvinyl acetate polymer nasal packings (Merocel®, Medtronic Xomed, Jacksonville, FL, USA) were placed in both parts of the nasal cavity. After surgery, nasal tampons have been removed about in 24th hour. Intraoperative bleeding was measured and reactionary bleeding was defined as the bleeding which continues 30 minutes after the removal of nasal packing. Septal hematomas were seen in 2 of the patients of the first group and 5 of the patients of the second group were recorded. Hypertension in history was found 4 times greater compared to the patients who had an early bleeding after taking out nasal packing. Nasal packing has been used by surgeons in many surgical procedures and reinforce the unstable hematoma, primer bleeding and reinforce the unstable septal structure. Some surgeons have been removing the packs in the operation day were seen between 1--24 and 24--48 hours endonasal packing (10).

CONCLUSION:

As a result keeping nasal packs one more day of causes more pain increain the patient, lesser comfort of the patient and mostly increases hospitalization time. Hypertension was founded related with spontaneous bleeding. Hypertension was founded higher in the patients who had an early bleeding after taking out nasal packing. Nasal packing can cause some complications. Complications of nasal packing are as follows (8):

1. Due to removal of the nasal packing: Pain and bleeding.
2. Verbal analog pain scores was performed in all patients for the first 3 days after surgery and the mean VAS scores were calculated for each group. Of those (%12.1) were in first group and 5 (%6.6) of those were in the second group required repacking. Septal hematomas were seen in 2 of the patients of the first group and 5 of the patients of the second group were recorded. Hypertension in history was found 4 times greater compared to the patients who had an early bleeding after taking out nasal packing. Nasal packing is usually applied after septal surgery to avoid edema, postoperative bleeding and to maintain patency of the nasal airway. The duration of nasal packing is an important aspect of septoplasty surgery. Nasal packing can cause some complications. Complications of nasal packing are as follows (8):

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