Transcription of Interview with Otolaryngologist on Deviated Septum Surgery

Interviewer: Thanks very much to be agreeing to be interviewed. I greatly appreciate this opportunity to interview an expert like you on. Desisted septum surgery. I would really like if you can brief description of you experience conducting deviating septum surgery please.

Doctor: I, so, I have an MD degree, FACS degree and have two board certifications, one by the American Board Officials plus secretaries and Reconstructive Surgery and other with American Board of Otolaryngology, Head and Neck Surgeries, and I have been doing this for the last eleven years now and that’s very much who am I.

Interviewer: I agree to appreciate you, thank you. So, I would really like to proceed with the questions now. To be very specific, so my 1st question would be if I and need a surgery, how can I know that I really need it, so my Deviated Septum

Doctor: Essentiality the ideal nasal septum is exactly in midline, separating the left and right sides of the nose in to two passages which are of equal sizes, but current estimate that the 80% of these nasal septum are actually off center, a condition that normally caused unnoticed what we technically called the Deviated Septum occurs when the septum is severely shifted away from midline, can be congenital, there is on going from birth effect or in some cases come from nasal injuries and such injuries an accident. ……. can be supposed to rates mostly….. the kids fighting each other, to nose can be injured without us knowing at that moment right away later on it developed to what we called Deviated Septum. And the symptoms are usually worst in one side of the septum then the other and you can actually feel when you are sleeping like if you were sleeping in one bent the symptoms will be more prominent then the other side and in sometimes the crooked septum can interfere with drainage of the sinuses resulting in repeated sinuses infections, so the best line in the physicians examination is required to decide if a surgery is required and to diagnose 1st and that the case is actually a case of Deviated Septum.

Interviewer: Sir, would you be able to like give me like point wise symptoms which on should look at?

Doctor: Ya, like when a patient come to us we look at right away to make Differential Diagnosis like blockades of one or both nostrils, of continual problem with that, nasal conditions, sometimes one sided, which is a very important flag for Deviated Nasal Septum. Frequent nose bleeds, sinus infections, some patients do actually complains of facial pains, headaches which are not symptomatic of migraine, than loose nasal tray especially which happening in infant and young children we do can complains about noisy breathing sleep, it is not like shoring, like whizzing during in the breath while sleeping.
Interviewer: So, is there like…. some like, like sorts of things which can…… through …. which like…. a patient would be able to preliminarily recognize that he or she suffering through the symptoms?

Doctor: Not really, means we don’t give out …. Give questions when a patient comes in…. like as I just mentioned the points that are …. Are when a patient come to ENT specialist, check up by specialist is recommended as deviated symptoms usually gone unnoticed with the, ………… if the deviation is minor as I mentioned. And however if you suffer a natural injury and wondering if you have developed the symptoms, than certain things that you might actually do before going to the physicians, one is checking your ability to breath through your nostrils and to pay particular attention that actually if you can feel one of your nostrils functioning better than its (replan) ……… , keep a close watch on other deviated symptoms like nose bleeds, frequent sinus infections, disturbs sleep due to post nasal trips, and finally if you have the feelings the stuffed process you might have developed that, than just go for a physical examination, I think it is always better to see any doctor if you have any doubt.

Interviewer: So, before going further, I would really ask is there any possibility that without surgery anything could be done and if he abstains, what are the options?

Doctor: Curative … No! Preventive…. Yes! Initially when patient come in lay away between the diagnosis of the Deviated Septum and actual surgery, to alleviate the symptoms, we normally prescribe the decongestants and anti-histaminic, as just preventive, those not cure the problem, lessen the intensity and reducing the congestion, inflammation of the nasal passages etc. Surgery is perhaps only permanent solution of today, but again only can be done when the clinical deviated nasal symptoms are severe …. Causing serious breathing difficulties, just can not be done in symptoms on just developing, it has to be at the stage we decide that the surgery is helpful for this patient.

Interviewer: OK, what a patient should do? What are the steps taken before for surgery?

Doctor: Well, so, initially when you discuss your symptoms, you primary physician specialist will inquire, you have, ever have a severe trauma at your nose and you have previous nasal surgery?……. Next an examination of general appearance of your nose with locker, including the position of you nasal septum, and the surgeon will do these examinations, actually I will tell you use of a bright light and a nasal speculum which is basically an instrument that gently open your nostrils for the doctor to go and have an look and once the doctor inspects inside surface of you nostrils then order the genera lab works with specific instructions to find the convenient time for you and then ask you to come, … so normally done in an out patient basis, so its not that complicated!

Interviewer: OK, so would you please enlighten us by telling that how should a patient minimize the pain and the recovery time?
Doctor : One thing before going to any surgery, the patient should actually know that, the surgeon is the best man to do the job ….. have complete faith on him, … in all cases the surgeon will be prescribing analgesic pain killers to take care, but taking too much of that pain killer without the knowledge of the doctor is not good for the general health.

Interviewer: So, I would not like to ask you some questions related to that surgery directly. So what are the major types of surgeries to repair the *deviated septum*?

Doctor : So, it’s called **Septoplasty**, the surgical procedure terminology where performed entirely through nostrils … no bruising or external signs will occur. The surgery might actually be combined with the **Rhinoplasty** in which case the external appearance of the nose is altered and swelling, bruising of the face is also evident in some cases, ……. in other cases this kind is performed along with **Sinus Surgery**. When it happens with **Rhinoplasty**, the shape of the nose is being involved, ….. it is actually call **Septo-Rhinoplasty** …. So this **Septoplasty** is the most important but, it is sometimes combined with two others (surgeries) that I just motioned about.

Interviewer : So, what are the surgical steps that are taken during each major types of surgery?

Doctor : I don’t know the audience for whom this interview is, in layman terms … I try to just explain that. The **Septoplasty** an endonasal procedure through an **endonasal incision** as generally made to correct the **Deviated Septum**, what we do is the septum’s two components the cartilage anteriorly and the bones posteriorly, and the tissue that separates two nostrils to correct the deviated part either to be removed, straightened or completely replaced. What is done is each strata of cartilage in the dorsal, dorsal is the rear part and the caudal area gets structural support and once excess cartilage or bone have been taken out, then the septum stabilized through small tubes and sutures or splints, the splints actually stays until a week after surgery, then it is taken out, this will to allow the nose to be recovered subsequently. Swelling is minimal for the surgery if accompanied with **Rhinoplasty** again; swelling can be seen post surgery.

Interviewer : So how long the whole procedures take?

Doctor : A preparation and normal play for, if its depending on the anesthesia, it can have 2hrs time, but the actual surgery is about 60 minutes at the most, they there us a post operative recovery period for 2 hours before the patients sent home.

Interviewer : Say the patient is always under **general anesthesia** before the surgery for this?

Doctor : I know, again it depends on many criteria like patients age and stuffs, the patient are either under general anesthesia, but if they doctors to prefer either to give deep intravenous sedation anesthesia that is normally a local anesthesia there is and no pain was felt.
Interviewer: So just curiously, would you been able to provide us some photos of the steps like of the surgeries you have done to give small idea to us?

Doctor: Unfortunately no as because you might know we all well gathered by hippo regulation but I am sure that you will get them, some many pictures in online, if you go the library and look some surgery text books, you will see some of them.

Interviewer: Om....... OK, let’s start whether recovery time, how long does recovery typically takes?

Doctor: Recovery is like a week at the most and depending on the operational procedures that is done and the nasal cavities may be initially packed, piece of gauzes stuck to the septal mucosa with the catgut, that can avoid the use of nasal packaging, nasal clip or nasal temponade is some times used. Due to the pressure necrosis by the pack, the suffering, but will be preventing bleeding, then there is a synache formation, that sometimes happened and in some cases that kind of problems comes in and the recovery normally prolonged like 3 weeks, but if it is normally non-problematic, the recovery should be within like 5-7 days in most.

Interviewer: So, do you think that it has any correlation with the age of the patients?

Doctor: Ya, younger patients by the rule of thumb normally tense to heal faster than the aged patients.

Interviewer: But is there something that the patient can do to make the healing quicker?

Doctor: Ya, no.1, do not blow your nose after surgery, however might your feelings have to do that, follow your doctors instructions and it is very important to sleep keeping your head in the elevated position, by like couple of pillows under your head and try not lie in supine position that people normally sleeps, almost sitting position sleeping for 7 days like that is good. The nasal gauze the doctor puts in, if there it has not temponade at the nasal cleft, you have to regularly change it and take all prescribed medications that depending on your age and sensitivity, to infections might be given antibiotics ….. and for the first couple of days we are on analgesic and pain killers, try taking all of them as persuaded. And if you are hypertensive, no not forget to take your pills as it might cause other-wise nasal bleeding.

Interviewer: In scale of one to ten, will you be able to mark how painful it is? I mean the recovery from the surgery?

Doctor: It’s not painful at all, there is hardly any pain in next day after surgery and almost zero 48 hours after post-surgery.

Interviewer: So, the pills medications helps that you want to mean, right?
Doctor : Exactly and you are given also sorts of saline solutions after 48 hours that keeps the nasal spaces moistened, so you do not have any like blood clumps forming inside that causing problems.

Interviewer : Although you said there is very little pain but I would still like to ask if it pains at all, its parts of the body like face, the patients feels pain after the surgery?

Doctor : If it just Septoplasty, then there is no pain after 48 hours, if it is Rhinoplasty, pain can but felt even after 7 days as you will get swelling and you get all those bandages, those cause lot of swelling. But just Septoplasty by itself there is no body pain, any thing like that.

Interviewer : As a patient’s concern I would like to ask…. like after the surgery, is there like big coverings of protective bandages is on like the nose of the patient?

Doctor : No, as I mentioned, only like nasal packaging is used in Septoplasty…. but Rhinoplasty or Sino-surgery accompanied with Septoplasty, more aseptic dressing is used, but as I mentioned that Septoplasty is almost a cosmetic surgery these days, a lot of cosmetic improvement has been made even some really doesn’t have any bump out of feeling, because of big bandages sitting on their faces.

Interviewer : OK, so, I would now like to ask you about some side effects that may happen from the surgery, so before going into that again, when the person is going through the surgery is it painful or since there is like anestheticeffects, he or she will feel the pain at all?

Doctor : Any surgery is painful but unlike the Septoplasty, the good thing is that there is hardly any mechanical incision, so the pain subsides as I mentioned within 24 to 48 hours at most.

Interviewer : So, ok, before going in to the surgery, should a patient consider common health checkup? As I mean for any other health complication is related to this particular surgery?

Doctor : Ok…. There is absolutely no common health problem like one of the cryo-surgery, so there will be no common problem associated, this does not come in any process package, has no common health, complications, absolutely not. There can be some side effects in less than 1% cases.

Interviewer : Thanks, So, … I would really like to know that less than 1%, what are the complications that one should be aware of?

Doctor : One can be infection that comes from any surgery that you expose the body to some kinds of micro-organisms, but the thing is in most cases you will have a antibiotic coverage, that should take care of that! Otherwise might lead to toxemia or toxic shock! Bleeding is recurrent problem means bleeding is, ………some bleeding may happen, …. I have to emphasize on this for the first two days, but after that if the bleeding still happening, that is a serious
health complication …… something is wrong up there ….. very few candidate are actually reported an impaired sense of smell but nation-wide test with “placebo” subjects on that, **not found any report with statistically significance to that.** And there is one serious problem of **septum perforation**, where because of the increased nasal pressure, hole can be made during healing of repaired septum … or during the surgery, that can cause lot of infections and, builds up of fluid and in some cases haematoma can happen within the sinuses and **Septal Haematoma**, that is known ……………

**Interviewer** : So, because of any other like the things you mentioned depending on that I want to ask you, ….. so, … is there case that patients have to go for follow-up surgery after having the proper one and if so, what type of surgery does the patient go through?

**Doctor** : Omm….. Ok, Very few cases like I just mentioned, septum perforations, or later **Rhinoplasty** contingency requirements, if septum perforation happens, or if the shape of the nose is the problem, a **Rhinoplasty** can follow a **Septoplasty**, also if injury cases, and the septal defect recurs …….. if so happened that septal defect is not corrected, .. that defect can not be happened ……… if it is a congenital defect, it will not happen and look at another injury that happened for ………... training injury relocated defect initially you get another injury then you might have to came back. Because lack of non success rate, people coming back less than 5% or less than 2% I should say.

**Interviewer** : I remember you mentioned about one of the health complication as the impaired sense of small so I will again wanted to be re-assured how the surgery affects ones ability to small or like taste things

**Doctor** : Actually smell and taste, those senses are perfectly safe that I talked about impaired senses .. that is reported in handful of cases, it’s one of the serious complications and is not common and, it is not happened like significant repeatedness. Are you really don’t thing any chances of loosing smell and that sensation. … Its **Septoplasty**………..

**Interviewer** : So, Ok, is there any chance that a surgery can affect the voice of the patient?

**Doctor** : No … absolutely not because we are far away of larynx that creates voice, so none…..

**Interviewer** : Thanks, it Ok, And does it any way cause change of the shape of the nose of the patient does it cause any kind of deformation at the face?

**Doctor** : No….. When I actually explained to you the incision that is an endogenous incision and it goes through the nose and save the mucosa, and so there is no change in shape of nose or face, but as I mentioned in 50% cases of **Septoplasty**, combined with **Rhinoplasty** where the shape of the nose is actually being tried to be remodeling. In those cases, you will have reformed nose and that will give a different shape to your face that’s all …!

**Interviewer** : Ok, … but there is no deformation that what you said, right?
Doctor : Yes!

Interviewer : Ok, so what is the success rate you would say in various surgeries you mentioned for Deviated Septum?

Doctor : So, 95% or more, very high, very high! One of the highest actually….

Interviewer : Ok, what are the incidences of recurring problems such as sinusitis like increase, snoring, but you please name some more?

Doctor : So, Sinusitis is different problem, this can lead to deviated Septum. Sinusitis mostly what we are seeing, people are coming with Deviated Septum, that is actually a case of Sinusitis. So, in those places, since we actually when we do …… the Septoplasty combined with a sinus surgery, but if we are just doing Septoplasty for reason of Deviated Septum, … that not have recurrent snoring or sinusitis problems, …. Snoring actually will be solved.

Interviewer : Ok, Ya… So, did you just mention that it will also get rid of Sinus problems if some one goes through the surgery? ….

Doctor : It will only do so if it is Septoplasty combined with Sinus surgery.

Interviewer : Ok, … and so you have already mentioned that ….. I would again like to ask you about the snoring part?

Doctor : As I mentioned in most cases, yes, very few still snores due to complicated sinus problem and subsequent sinus surgery can solve and sought out the snoring problem!

Interviewer : Ok, so, where is the risk involved like although in answering the questions you mentioned that …. success rates as 95%, but let’s like consider that 5% if you can enlighten more on the risks involved that will be really have falls, thanks…..?

Doctor : Likely have been discussing you mentioned one of those rare post operative complication, is like a Septal hole, some cases like non steroidal anti inflammatory drugs causes increased bleeding specially in older people or in hyper tension ….. Diabetics will have longer healing period too, actually when the surgeon sees the patient, prepare the patients for operation heals some where in individual patient’s risks and …. Detail each rescans how to circumventing each of them best on the overall general health… usually … the whole surgery is done cosmetically but some people, they have more scar tendency and enhance the whole procedures gone through an internal incision can lead to some sorts of scarring effect on the nose, but .. it is very very rare!

Interviewer : So, to some raise it is very very patient deepened and case dependent, … again its like …. Although previously you said that it does not really cause any other health problem but you may mentioned have about diabetic so, that
hypertension and diabetics still comes in to functions like as it considered as like on of the major problems for any kind of surgery first … that’s correct?

Doctor : Ya, you are perfectly right…

Interviewer : Ok, is there any death incidence from this kind of surgery ever?

Doctor : No, surgeries are don’t called ….. any surgery as not morbid because as it is not allowed,, but this is one of the lowest risk like one in one hundred thousands and as of to day none has to be dying during the surgery or just because of the surgery ….. because of cytoplasino….

Interviewer : Thanks, would you able to tell me like what is the lower and the upper limits for the age group of that percent who can take or who can undergo this kind of surgery?

Doctor : Ya, there are no maximum age limits, like older patients to develop hypertension and other metabolic syndromes, those can be deterrent to the surgery because of the recovery period … with medications can be taken care of …. Normally young adults below age of 18 yrs. Are not operated as up to 18 yrs. cartilages are still ossifying, and the septum can actually grow up to age of 18, so any one below 18 years will not be operated on.

Interviewer : Ok, and so, this kind of uncomfortable, … I know but, the price range patient should look at who is planning for this kind of surgery?

Doctor : (Laughing) – That’s funny here, depends on different state taxes one of the important is the physician’s status of the clinic that you are going to, … your insurance coverage good to say very individually best…..

Interviewer : So, again it is case dependant… so, is this kind of surgery covered by insurance at all in the U.S.? And if so, what do like a patient need to do or get from the doctor to get it paid?

Doctor : (ohooo..) You need to contract you insurance carrier, normally they will give you the names of in network surgeons for our surgery like PPO coverage if you like that network surgeons that you can use to operate upon.

Interviewer : Ya, I understand that, but, my question was like what a patient should get or what are the conditions she … he will have, so that the insurances agrees to pay for that, I mean what are the criteria as that the insurance company considers to you, … know that?

Doctor : Ya, like … if injuries happen nose is broken, while you are under the insurance the cosmetic portion covered as it is caused by trauma, unless thee is the clause and the insurance cover trauma …….. unless there is the clause insurance you have got acted within a time frame. If you have like different insurance from when the injury happen then you need to find in doubt if you have preexisting clauses in your old insurance or in recent insurance … more importantly …… Again contact insurance carrier as they are to give you
referrals to help find a surgeon…. The amount that you have to sell off from your own pocket….. and I will tell you specific policy that doesn’t cover… we don’t know those exact values and figures, but … if you can make a good case of your situation and most cases, settles should be covered by your insurance,… at least the major portion of that….

**Interviewer**: Ok, so can some one pair up cosmetic and this surgery at the same time and both of them paid by insurance company?

**Doctor**: No, just as I mentioned the cosmetic value that only we cover … if your trauma happened and the cosmetic part has been done to cure that trauma, but if it is a congenital defect then there is no trauma associated with that in those cases, the cosmetics part will not be covered by insurance in most cases.

**Interviewer**: Ok, … so since you discussed the financing issue, do you know any unique ways the patient can approach to get the like the money paid in total?

**Doctor**: No, I just give you arrange total because I mentioned that.

**Interviewer**: Ok…. No, I am not asking about any range, just asking that what are the ways of patients can get these paid for by the insurance like, what I want to ask …. Is like what kind of recommendation and referral patient could need from his or her PCP or Doctor in charge to get the whole thing paid?

**Doctor**: Ok, so like if you are at America, physician can make a best case scenario for you that your Deviated Septum can life threatening well leading to sleeping apnea, serious interest as like we discussed at earlier … or …. Its causing severe problems in the patients already have pre-condition for Bronchial Asthma and those Deviated Septum can cause complications or if you have any associated health problems contributing the Deviated Septum is a long deterrent in that….. Then once your PC Pre commands Deviated Septum Surgery, they insurance company will had to pay for the whole treatment you need for Septoplasty and in those case you will have your statement and post operative care paid by insurance.

**Interviewer**: Ok, so, I really wanted to say tanks to you for your continuous help and supports although to my questionnaire … I really hose …. very nice for you coming from your statures you are such a huge person and thank you again…. I really appreciate your help and would you like to say some things?

**Doctor**: Ya, my pleasure absolutely so nice of interview and your questions are really nice and thank you very much.

THE END