Deviated Septum

A “deviated septum” occurs when the septum is severely shifted away from the midline. Estimates are that 80 percent of all nasal septums are off-center, a condition that generally goes unnoticed. The nasal septum is the wall dividing the nasal cavities into halves; it is composed of a central supporting skeleton covered on each side by mucous membrane. The front portion of this natural partition is a firm, but bendable structure mostly made of cartilage and is covered by skin with a substantial supply of blood vessels. The ideal nasal septum is exactly midline, separating the left and right sides of the nose into passageways of equal size.

Symptoms

Symptoms are usually worse on one side and sometimes occur on the side opposite the bend. In some cases, the crooked septum can interfere with sinus drainage, resulting in repeated sinus infections.

A deviated septum may cause:
- Blockage of one or both nostrils
- Nasal congestion, sometimes one-sided
- Frequent nosebleeds
- Frequent sinus infections
- Facial pain
- Headaches
- Post-nasal drip
- Noisy breathing during sleep, especially in infants and young children

In some cases, a person with a mildly deviated septum has symptoms only when he or she has a cold. The respiratory infection triggers nasal inflammation that temporarily amplifies any mild airflow problems related to the deviated septum. Once the cold resolves and the nasal inflammation subsides, symptoms of the deviated septum resolve, too.

Treatment

Surgery may be recommended if the deviated septum is causing troublesome nosebleeds or recurrent sinus infections. Additional testing may be required in some circumstances.

Septoplasty is the preferred surgical treatment to correct a deviated septum. This procedure is not generally performed on minors, because the cartilaginous septum grows until about age 18.
Septoplasty is a surgical procedure performed entirely through the nostrils. Accordingly, no bruising or other external signs occur. Septoplasty may also be combined with a sinus surgery if necessary.

The operation lasts about one to 1 ½ hours, depending on the severity of the deviation. It can be done with a local or a general anesthetic, and is usually done on an outpatient basis. After the surgery, nasal packing is inserted to prevent excessive postoperative bleeding. If the deviated nasal septum is the sole cause of your chronic sinusitis or other symptoms, relief will be achieved after the surgery.