
NASAL AIRWAY OBSTRUCTION

Nasal congestion, stuffiness, or obstruction to nasal breathing is one of man's oldest and most common complaints. While it may be a mere nuisance to some persons, to others it is a source of considerable discomfort, and it detracts from the quality of their lives. We have classified nasal obstruction into reversible and nonreversible causes. Unfortunately over time reversible causes can become nonreversible.

Reversible Causes

Reversible causes are really chronic inflammatory situations. Underlying allergy, infection, or other causes of mucosal thickening represent the majority of problems. The fact that these problems may have medical therapies available leads us to try a minimalistic medical approach. We will usually try a combination of nasal steroids, nasal saline rinses, and decongestants. Allergy testing is always a good idea and may allow us to recommend some simple lifestyle changes that offer improvement. Other patients have tried mechanical devices such as Breathe Rite strips, intranasal springs, or nose braces (www.nosebrace.com or www.sansotec.com). Unfortunately after a long period of time the ability to undo the inflammation is reduced, and surgical therapies may become necessary.

Non-Reversible Causes

Included in this category are deformities of the nose and the nasal septum, which is the thin, flat cartilage and bone that separates the nostrils and nose into its two sides. These deformities are usually due to an injury at some time in one's life. The injury may have been many years earlier and may even have been in childhood and long since forgotten. It is a fact that 7 percent of newborn babies suffer significant nasal injury just from the birth process; and, of course, it is almost impossible to go through life without getting hit on the nose at least once. Therefore, deformities of the nose and the deviated septum should be fairly common problems – and they are. If they create obstruction to breathing, they can be corrected with surgery. The turbinates are shelf like structures in the nose designed to warm, filter, and humidify the air. They can often become permanently enlarged resulting in chronic congestion. Reducing these tissues with a radiofrequency device can be especially helpful.

Surgery

This surgery is called a septoplasty and is often accompanied by reducing the size of other obstructing tissues within the nose. These "obstructing tissues" are the turbinates, often chronically blocking the airway from vasomotor causes. This is probably one of the most common procedures we perform. When the external nose, what we see on the outside, contributes to the breathing problems we need to address this as well. Rhinoplasty (plastic surgery of the nose) is often done solely for breathing reasons. Elevating the nasal tip along with opening up the nasal valve can be tremendously helpful to patients. It can also improve a

patient's appearance. We generally like to fix the entire nose and get it looking and working as close to perfect as possible. We have done hundreds of rhinoplasties and you can review our portfolio of results. We can discuss your aesthetic desires. If we do elect to operate the procedure is best done under a general anesthetic. The surgery usually takes an hour or two and you can go home afterwards.

Postoperative Cares

We almost never pack the nose, however, blood clots and scabs often clog the nose. After surgery it is a good idea to buy a box of Q-tips and a bottle of peroxide and gently swab the inner nostrils 3 times per day. Following this apply a thin layer of Polysporin ointment. Nasal dressing and splints are usually removed six or seven days after surgery. During this period of time do not blow your nose, and if you have to sneeze keep your mouth open. It is crucial that you follow your surgeon's directions, especially instructions to keep your head elevated for a certain period after surgery. Sleeping in a recliner is often a good idea. Some activities may be limited in the weeks after the procedure. Routine nasal hygiene is paramount in good breathing. Keep the nasal hairs trimmed and clean the front nasal passages with the Q-tips and peroxide nightly. Visit www.publisherschoice.com for a unique "Easy Trimmer" to aid in trimming the nostril hairs. Applying a thin layer of ointment or Vaseline regularly is also a good idea. Daily use of saline rinses in the morning is very helpful to most patients - please see our recipe.

Pediatrics

One of the most common causes for nasal obstruction in children is enlargement of the adenoids: tonsil-like tissues that fill the back of the nose up behind the palate. Children with this problem breathe noisily at night and even snore. They also are chronic mouth breathers, and they develop a "sad" long face and sometimes even dental deformities. Surgery to remove the adenoids and sometimes the tonsils may be advisable. Please see our T & A handout. Often we will reduce the turbinates in children with the radiofrequency unit, as we have found this to be helpful. Other causes in this category include nasal tumors and foreign bodies. Children are prone to inserting various objects such as peas, beans, cherry pits, beads, buttons, safety pins, and bits of plastic toys into their noses. Beware of one-sided foul smelling discharge, which can be caused by a foreign body. A specialist should be consulted.

Summary

Stuffy nose is one symptom caused by a remarkable array of different disorders, and the physician with special interest in nasal and sinus disorders should be able to offer successful treatments. Even though surgery of the nose, nasal airway, and paranasal sinuses is extremely successful and familiar to us, we still view it as the last resort. Some patients can do well by maximizing medical therapies such as nasal rinses and steroid nasal sprays. Others can be managed with allergy testing and shots. Please view our hand out on nasal saline irrigations, allergies, and over the counter medicines.