PROCEDURE

Nasal septal perforation repair

Nasal septal perforation repair is surgery to close a hole in the wall between the nostrils.

PURPOSE
Close the septal hole and reduce bleeding, crusting, or whistling

PROCEDURE TYPE
Therapeutic surgery, using endonasal, endoscopic, or open techniques

WHERE IT IS DONE
Operating theatre, usually as day surgery

ANAESTHESIA
General anaesthesia

HOW LONG IT TAKES
About 1 to 3 hours, based on repair complexity

PREPARATION
Fasting, medication review, and avoiding nasal irritants

RECOVERY
Same day or overnight; no driving after anaesthesia

MAIN RISKS
Bleeding, infection, failed closure, nasal shape change

RESULTS
Early findings at follow-up; durable closure assessed over months

Overview

The nasal septum is the wall of cartilage and bone between your nostrils. A septal perforation is a hole through this wall. Nasal septal perforation repair is surgery to close that hole.

The surgeon usually covers the opening with healthy tissue moved from nearby inside the nose. A graft may be placed between the tissue layers to support healing. Grafts can be made from your own cartilage, fascia-a thin sheet covering muscle-or another suitable surgical material.

The operation may be performed entirely through the nostrils. An endoscope, which is a narrow camera, may help the surgeon see the area. For difficult or large repairs, an incision across the strip of skin between the nostrils may be needed.

Repair is different from septoplasty, which straightens a bent septum. The two procedures

may sometimes be combined.

Why the procedure is performed

Not every septal perforation needs surgery. Repair is mainly considered when a perforation causes ongoing problems despite simpler treatment.

Reasons for offering repair may include:

Before discussing repair, your healthcare team will usually try to identify why the hole developed. Possible reasons include previous nasal surgery, an injury, repeated irritation, certain nasal drugs or sprays, inflammatory disease, infection, or, less commonly, a growth.

Treating the underlying problem is important. Closing the hole without controlling its cause makes another perforation more likely.

- Repeated crusting or nosebleeds
- A whistling sound when breathing
- Nasal blockage, dryness, discomfort, or pain
- A perforation that is getting larger
- Damage affecting support or the outside shape of the nose

Who should and should not have it

Repair may be suitable if your symptoms are troublesome, the cause has been addressed, and there is enough healthy tissue for reconstruction. Your surgeon will consider the hole's size and location, the condition of the surrounding lining, previous operations, and your general health.

Surgery may be avoided or delayed when there is:

Large perforations and those near the front of the nose are often harder to repair. Surgery can still be considered, but complete and lasting closure cannot be guaranteed.

If the cause is unclear, your team may recommend blood tests, imaging, or a biopsy. A biopsy removes a small tissue sample for laboratory examination.

- Active infection or severe inflammation inside the nose
- Ongoing cocaine use or exposure to another damaging substance
- Continued trauma from nose picking or overuse of nasal decongestant sprays

- An active autoimmune or inflammatory disease affecting nasal tissue
- Poorly controlled medical problems that make surgery unsafe
- Smoking or nicotine use that may interfere with healing
- Too little healthy tissue to close the opening reliably

How to prepare

Your treating facility's own instructions take priority because preparation differs with the anaesthetic and planned technique.

Tell the surgical team about all prescription medicines, over-the-counter products, vitamins, supplements, allergies, and previous reactions to anaesthesia. Mention medicines that affect bleeding, including anticoagulants and antiplatelet medicines. Do not stop one unless the clinician who manages it and your surgical team tell you how to do so safely.

You will usually need to stop eating and drinking for a set period before general anaesthesia. Follow the exact fasting times provided by the facility.

Avoid putting unapproved products inside your nose. Your team may ask you to use saline rinses or an ointment before surgery to improve the condition of the nasal lining.

Discuss smoking, vaping, nicotine, cocaine, or other substances honestly. These can damage nasal tissue and reduce the chance of successful healing.

Arrange for an adult to take you home and stay with you after a same-day procedure. Ask when to arrive and whether you should bring your regular medicines.

What happens during the procedure

After you receive general anaesthesia, you will be asleep and will not feel the operation. The surgeon examines the perforation and may freshen its edges to create tissue that can heal together.

The lining on one or both sides of the septum is carefully lifted and moved across the opening as flaps. These flaps are closed with stitches. A graft is often placed between them to add support and help separate the two healing surfaces.

The approach may be endonasal, meaning through the nostrils, or endoscopic, using a camera. An open approach may require a small external incision beneath the tip of the nose.

Soft silicone sheets or splints may be placed on each side of the septum. They protect the

repair, keep the tissue stable, and reduce scar tissue between nearby surfaces. These are removed at a later appointment rather than by you at home.

Recovery and what to expect afterward

Pain is usually managed with the medicines recommended by your surgical team. Pressure, stuffiness, tenderness, and a small amount of blood-stained drainage are expected early on. Splints can make nasal breathing feel blocked.

You can usually drink once you are awake and alert. Most people return to normal food as tolerated, although light foods may feel better if the anaesthetic causes nausea.

Rest and keep your head raised at first. Do not blow or pick your nose. Sneeze with your mouth open. Avoid heavy lifting, straining, bending, vigorous exercise, and anything that could strike your nose until your surgeon says these are safe.

Do not drive for at least the period specified after general anaesthesia. You must also avoid driving while taking opioid or other sedating pain medicine. Arrange transportation home.

When you return to work depends on discomfort, splints, visible swelling, and how physical your job is. Desk work may be possible sooner than heavy or dusty work. Follow the timeframe given by your surgeon.

Saline spray or rinses and prescribed ointment may help prevent crusting. Use them only as instructed, because forceful rinsing could disturb a new repair.

Risks and possible complications

A septal perforation can remain open or reopen after surgery. This risk is greater when the opening is large, the tissue is scarred, or the original cause remains active.

Other possible complications include:

Another operation may be needed if the repair fails or causes a structural problem. Your surgeon should explain the risks that apply to the size and position of your perforation and the planned technique.

- Bleeding or infection
- Continued crusting, blockage, whistling, or dryness
- Scar bands inside the nose
- A collection of blood within the septum

- Reduced sense of smell
- Temporary numbness or tenderness
- Changes to the support, tip, or bridge of the nose
- Problems at another body site if tissue is taken for a graft
- Reactions related to anaesthesia

Results and follow up

The surgeon can confirm that the opening is covered at the end of the operation, but lasting success cannot be judged immediately. Swelling, crusting, and splints can temporarily make breathing feel worse.

You will have an early follow-up appointment to check healing and remove splints or non-dissolving stitches when appropriate. Further visits allow the surgeon to clean crusts safely and look for infection, scar tissue, or separation of the repair.

Healing continues for weeks to months. Even when the hole does not close completely, symptoms may improve if it becomes smaller or the airflow through the nose becomes smoother.

Continue any recommended humidification, saline care, and avoidance of nasal irritants. Routine follow-up is important even if you feel well.

Alternatives

Observation may be reasonable if the perforation is small and causes little trouble. This avoids an operation but does not close the hole, and symptoms or enlargement may still occur.

Saline spray, humidification, and a clinician-approved nasal moisturiser can reduce dryness and crusting. These treatments are low risk but manage symptoms rather than repairing the septum.

A septal button is a soft silicone device fitted into the opening. It can reduce whistling, bleeding, and crusting without major surgery. It requires ongoing cleaning, may feel uncomfortable, and does not restore living tissue.

Treating an underlying infection or inflammatory disease may improve symptoms and prevent further damage. It may not close a hole that has already formed.

Choosing no active treatment is also an option after serious causes have been excluded. The

trade-off is accepting the current symptoms and the possibility that the opening may change over time.

When to call your healthcare team

Contact your surgical team during routine hours if crusting, blockage, discomfort, or drainage is not improving as expected. Also call if a splint shifts or you are unsure how to perform nasal care.

Seek urgent medical advice for:

Seek emergency help for severe difficulty breathing, fainting, chest pain, confusion, or bleeding that will not stop with the measures your surgical team provided.

- Bleeding that is heavy, persistent, or repeatedly fills the throat
- Increasing pain, redness, swelling, or foul-smelling drainage
- Fever or feeling increasingly unwell
- Sudden change in the shape of the nose
- A splint that comes out or blocks breathing significantly

Common questions

Will I be asleep?

Usually, yes. Most septal perforation repairs are performed under general anaesthesia. Your anaesthesia team will review the plan with you beforehand.

Can I drive home?

No. An adult must take you home after general anaesthesia. Do not drive while you are affected by anaesthesia or taking medicine that makes you sleepy.

How painful is it?

Many people describe pressure, tenderness, and blockage rather than severe pain. Discomfort varies with the size of the repair and whether graft tissue was taken from another area.

When will I know if it worked?

The surgeon can see the initial closure during surgery. Durable healing is assessed at follow-up visits over the following weeks and months.

Will I have packing in my nose?

You may have silicone splints or soft packing. The type used and how long it remains in place are based on the repair technique.

Can the hole come back?

Yes. A repair can partly or completely reopen. Avoiding nasal trauma and treating the original cause help protect the result.

Sources

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