



S U B U R B A N
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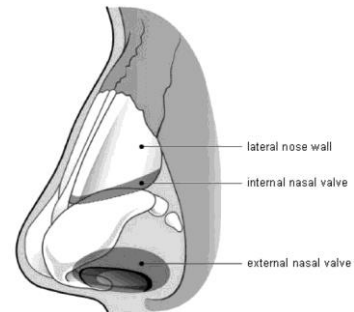
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NASAL VALVE SURGERY for NASAL VALVE COLLAPSE

Patient Information and Surgical Consent

The nasal valve area is the narrowest part of the nasal airway. The nasal valve area is the region between the nasal septum and the side of the nose. Nasal valve collapse is a sometimes subtle, sometimes obvious site of nasal obstruction. It can be a stand-alone problem causing nasal obstruction, or more often is a contributing factor along with other causes of nasal obstruction such as deviated septum and/or turbinate hypertrophy. Sometimes nasal valve collapse is identified prior to ever having nasal surgery, sometimes it is a cause of residual nasal obstruction after other nasal surgeries. Sometimes surgery is performed only on the nasal valve, other times nasal valve surgery is performed in conjunction with other surgeries to improve the congested nose.

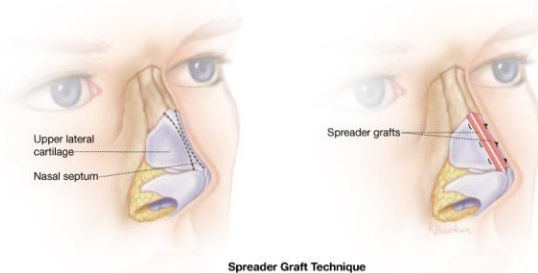
There are two types of nasal valve collapse – internal and external. Internal nasal valve collapse is more common. The internal nasal ‘valve’ is found in the middle third of the nose – the region between the bottom of the nasal bones and the top of the nasal tip. The internal nasal valve is the narrowest part of the nasal airway. Its primary function is thought to limit nasal airflow, but in some patients it narrows airflow too much. The external nasal ‘valve’ is found at the bottom of the nose, it is the opening to the nostril - the triangle comprised of the columella (the cartilage and skin that divides the nostrils), the floor of the nose and the rim of the nose (the ala). Collapse in this region is less common.



Non-surgical mechanical alternatives exist for nasal valve collapse. The BreathRite© strips and MaxAir© nasal cones are 2 examples.

There are multiple surgical options to treat nasal valve collapse. At Suburban ENT we offer several options.

Spreader Grafts. These grafts are placed between the septum and the upper lateral cartilage (the side of the nose). Spreader grafts are used to treat internal nasal valve collapse. Typically we can use your own septum cartilage for the graft material (autologous), but on occasion might use your own ear cartilage



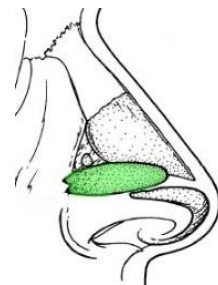
(autologous) or rarely might need to use rib cartilage donated from another

person (homologous). Visibly you will notice a widening of the middle part of the nose in a very natural appearing way. In addition to improving airflow, they can sometimes improve asymmetry to the nasal appearance, to lessen a twisted appearance to the nose. We typically place spreader grafts via an ‘open’ approach, requiring an external incision along the columella at the base of the nose.

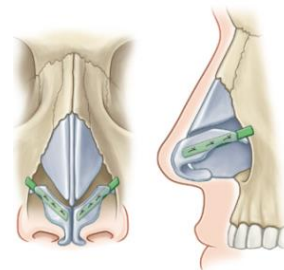
Absorbable lateral nasal sidewall implant. This is a minimally invasive option for treatment of internal and/or external nasal valve collapse. We currently use the Spirox Latera© implant system (www.latera.com). With a small internal incision this implant is injected into the sidewall of the nose. This can be performed as a stand-alone procedure or in combination with other nasal surgeries, as long as a ‘closed’ approach was used for the other surgeries. The implant slowly dissolves over 1-2 years, and even after dissolved seems to have prolonged improvement in the nasal valve area presumably from some scar formation. Visibly you might notice or feel the implant beneath the skin.



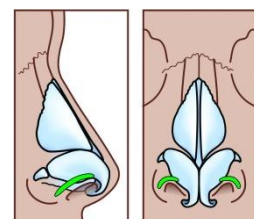
Alar Batten Grafts. These grafts are placed underneath the skin at approximately the supra-alar crease (crease above the nostril margin). Alar batten grafts are used to treat internal and/or external nasal valve collapse. Typically we can use your own septum cartilage (autologous), but on occasion might use your own ear cartilage (autologous) or rarely might need to use rib cartilage donated from another person (homologous). Visibly you might notice and occasionally feel the cartilage beneath the skin. Typically this doesn’t cause an issue. These grafts can be placed via the ‘open’ or ‘closed’ approach.



Lateral crural strut grafts. These grafts are placed to strengthen the cartilage that gives shape to the tip of the nose. Lateral crural strut grafts are used most commonly if needed during reductive rhinoplasty (nosejob) or revision rhinoplasty. These grafts are used to treat internal and/or external nasal valve collapse. Typically we can use your own septum cartilage (autologous) or rarely might need to use rib cartilage donated from another person (homologous). These grafts are placed via the ‘open’ approach.



Alar rim grafts. These grafts are placed to strengthen the nostril margin. Alar rim grafts are most often used in revision nasal surgery, and can be placed via the ‘open’ or ‘closed’ approach. These grafts are used to treat external nasal valve collapse and nostril retraction. Typically we can use your own septum cartilage (autologous) or rarely might need to use rib cartilage donated from another person (homologous).



The alternative to surgery is not to have the surgery performed and/or continue with medical management. Not having the surgery would leave your nose in the condition that it is in now.

The risks of nasal valve surgery should be completely understood by the patient prior to surgery:

BLEEDING: The nose may be packed for a couple of days to minimize the chance of bleeding. It is typical to experience some mild bloody discharge down the back of the throat or out the front of the nose for a few days. If it is heavy bleeding, please notify us immediately.

INFECTION: Infection is rare after nasal valve surgery. Antibiotics might be prescribed for 7-10 days postoperatively. If prescribed, please take these until completion.

NON-RESOLUTION OF NASAL CONGESTION: Although nearly all patients undergoing nasal surgery for nasal congestion find significant improvement in their ability to breathe through their nose, there is a small chance of insignificant improvement or no improvement. If this occurs, this should be discussed with your surgeon so that other options can be entertained. Please also be aware that diminished smell prior to surgery (if this is a problem of yours), won't likely improve.

ALTERATION IN EXTERNAL NASAL APPEARANCE: This is often a desired intentional outcome, or very rarely an unintentional outcome. If this was to occur and not desired, further surgery would be necessary.

POST-OPERATIVE CARE AFTER NASAL VALVE SURGERY:

Typically nasal valve surgery is performed in combination with other nasal surgeries, so the post-operative care for all the procedures will be combined.

1. You should anticipate two visits to our office during the first week after surgery. There will be a few other visits over the next three to six weeks until healing is complete.
2. Please avoid lifting more than 15 pounds for 7 days, as excessive bending or straining may promote bleeding. No vigorous exercise until healing is completed.
3. Do not resume aspirin containing products or NSAIDs for at least one week after surgery, until the majority of your postoperative healing has occurred.
4. If you need to cough or sneeze, please do so with an open mouth since this will help prevent excessive postoperative bleeding. You may blow your nose gently beginning a few days after surgery.
5. Use any saline nasal spray (Ocean Nasal Spray, Simply Saline, etc.), two to four times per day to help cleanse your nose and keep the crusting in the nose soft. In addition, bacitracin antibiotic ointment can be applied inside both nostrils with a Q-Tip two times a day for a week or two after surgery. Steroid nasal sprays may also need to be continued in the postoperative healing period.

Please contact us for any emergencies or postoperative problems or concerns. Our number is 847-259-2530.

At Suburban Ear, Nose and Throat Associates, Ltd., we go to great lengths to try to help you understand your plan of care. If at any time you have questions or concerns please call us at (847)- 259-2530.

I have been given an opportunity to ask questions about my condition, alternative forms of treatment, risks of non-treatment, the procedure and the risks and hazards involved. I have sufficient information to give this informed consent. I understand every effort will be made to provide a positive outcome, but there are no guarantees.

Patient name PRINTED: _____

PATIENT signature, or if applies Parent/Guardian/POA signature: _____

If applies, Parent/Guardian/POA printed name: _____

If applies, Parent/Guardian/POA relationship to patient: _____

Date: _____ Time: _____

Witness: _____ Date: _____