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WHAT TO EXPECT GUIDE SERIES

Septum Deviation

What to Expect?

BEFORE · DURING · AFTER

20-PAGE PATIENT GUIDE · 2026

Septoplasty pathway, nasal-obstruction assessment, and recovery expectations.

BİLGİLENDİRİCİ

GÜNCEL

GÜVENİLİR

INFORMATIVE

CURRENT

RELIABLE

HA

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How to use this guide

Medical note

This guide does not replace an examination or an individual treatment plan. Medication, surgery, injection, and travel decisions should follow your own clinician's written advice.

Patient Guide

- Read the guide in three phases: preparation, procedure day, and recovery.
- Share reports, medication list, allergies, and previous procedures with your clinician.
- Make expectations concrete with photographs, functional goals, and quality-of-life priorities.
- Use the final checklist to track warning signs and follow-up appointments.

Prof. Dr. Özdoğan approach

- Function and safety come before aesthetic preference.
- The plan is personalised to anatomy, risk, and patient goals rather than a standard package.
- Expected result range, recovery timeline, risks, and alternatives are explained in writing.
- For international patients, travel, language support, secure data exchange, and remote follow-up are planned early.

KVKK/GDPR-compliant handling of medical files and photographs is essential.

Expectation Map

Before

- Nasal endoscopy checks turbinates, allergy, sinusitis, and nasal valve contribution.
- Asymptomatic deviation needs no surgery; mouth breathing at night, snoring, sinusitis tendency, and exercise obstruction matter.
- Bleeding risk, medications, and smoking are reviewed before surgery.
- Expectation is clarified: the goal is to open the airway, not change external shape.

During

- Usually performed through a closed internal nasal approach without external incision.
- Mucoperichondrial tissue is preserved while bent cartilage-bone segments are corrected or reshaped.
- Turbinate reduction or nasal valve support may be planned in the same session when needed.
- Short-term silicone splints may be used; the procedure is often outpatient.

After

- Congestion, crusting, drainage, and pressure are expected early.
- Desk-work return is often possible in 5-7 days; intense exercise waits 2-3 weeks.
- Saline irrigation, crust care, and control visits are central to healing.
- Full airway benefit may take several weeks to several months.

EXPECTATION IN ONE SENTENCE

Septum deviation is bending of the cartilage-bone partition inside the nose.

Clinical Picture

- Septum deviation is bending of the cartilage-bone partition inside the nose.
- Treatment is based on obstruction impact and examination findings, not appearance alone.
- Septoplasty does not aim to change external nasal shape; if external change is needed, septorhinoplasty is discussed.

CLINICAL CONTENT STANDARD



Prof. Dr. Hasan Ahmet Özdoğan · KBB ve Baş-Boyun Cerrahisi

Internal quality target: 98/100

Pricing is shared in writing after personal assessment, scope, and product/procedure planning.

Who Is a Candidate?

Good-fit profile

- Patients with a clear, examinable need or goal for Septum Deviation.
- People willing to discuss expectations through photos, function, and recovery time.
- Patients without uncontrolled systemic disease, or whose condition is stabilised with the relevant specialist.
- Patients able to follow aftercare instructions and attend follow-up.

Pause / reassess

- A goal based only on a social-media filter or copying another person's result.
- Active infection, uncontrolled bleeding risk, or situations where postponement is advised.
- Inability to accept recovery time or attend control visits.
- Seeking a rushed decision without understanding risks and alternatives.

Before: Diagnosis and Goals

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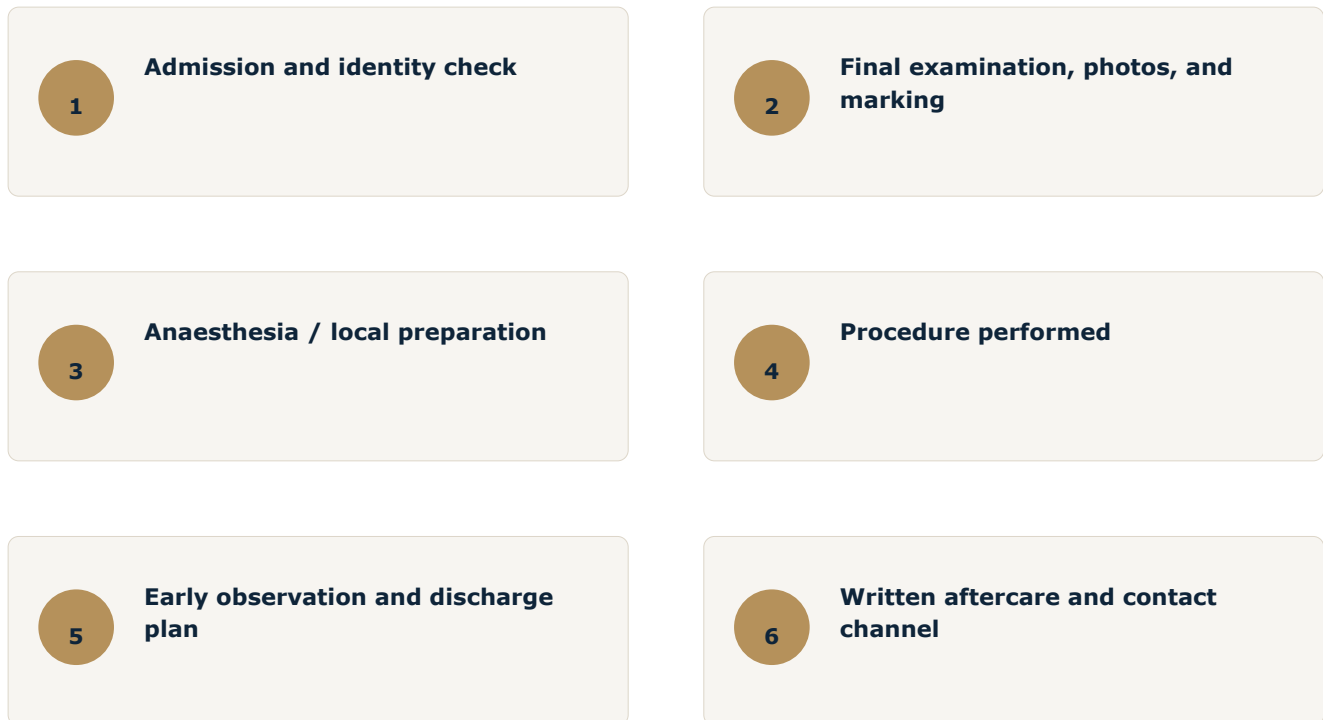
Before: Preparation Checklist

- Note whether blockage is one/both sided, night/day, and exercise-related.
- List allergy medication, nasal-spray use, and spray overuse history.
- Prepare notes on snoring, dry mouth, sinusitis episodes, and sleep quality.
- If you expect external shape change, say this clearly from the start.
- Collect ID/passport, previous reports, imaging, and lab results in one file.
- Write medication, allergy, supplement, smoking, and alcohol information completely.
- Plan work/travel around the recovery intervals.
- Confirm companion, transport, and first-night accommodation details.
- Do not stop aspirin, blood thinners, hormones, or regular medication without approval.
- Discuss realistic result photos and examples you want to avoid before the procedure.

Questions to ask at consultation

- Is blockage only from the septum, or do turbinates/valve contribute?
- Is turbinate treatment needed in the same session?
- Will septoplasty change my appearance?
- When will internal splints be removed?
- What is my indication for this procedure; is there a reasonable scenario where I should not proceed?
- Which goals are realistic, and which are limited by my anatomy?
- What is expected in the first 24 hours, first week, and first month?
- Which medications, supplements, or habits should I temporarily change?
- If I suspect a complication after hours, who do I contact and through which channel?
- Which photo angles and follow-up dates will be used for monitoring?

Procedure-Day Flow



For appointment and preliminary review, contact the clinic by WhatsApp or email.

PROCEDURE-DAY REMINDERS

- Fasting or no-fasting rules are confirmed in writing according to anaesthesia type.
- Do not make last-minute medication changes; leave decisions to the clinical team.
- Limit valuables and avoid makeup/perfume where relevant.
- Do not drive after discharge; arrange a companion or transfer.

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- Short-term silicone splints may be used; the procedure is often outpatient.

Prof. Dr. Özdoğan approach

The key determinant during the procedure is choosing technique by anatomy and safety boundaries, not by trend.

Expected

- Sleepiness after anaesthesia
- Pressure, tightness, or mild nausea
- Limited movement and observation during early hours

Team checks

- Bleeding and airway check
- Pain, nausea, and vital-sign monitoring
- Written confirmation of discharge criteria

Safety Controls

- Right patient - right procedure - right side/area check.
- Medication and allergy list reconfirmed before treatment.
- Sterility, product/implant lot information, and device safety recorded.
- Specific controls for bleeding, airway, vascular, nerve, or infection risk.
- Written urgent contact and expected-symptom list before discharge.
- Mucoperichondrium preservation reduces perforation risk.
- Conservative cartilage shaping preserves bridge support.
- Internal controls are planned to reduce adhesion risk.
- Bleeding risk and blood pressure are monitored early.

After: First 24 Hours

- Congestion, crusting, drainage, and pressure are expected early.
- Desk-work return is often possible in 5-7 days; intense exercise waits 2-3 weeks.
- Mouth dryness and nasal blockage are normal early.
- Do not blow your nose; sneeze with mouth open.
- Bloody oozing can occur; report active bleeding.
- Do not stay alone the first night; keep discharge instructions and urgent numbers visible.
- Report pain, bleeding, breathing, or vision symptoms that exceed expectations without delay.

After: First Week

- Crusting can temporarily worsen breathing; irrigation and control matter.
- Use sprays only as prescribed.
- Early results fluctuate; breathing clarifies as swelling decreases.
- Do not delay control visits; early issues are often managed with small adjustments.
- Track swelling, bruising, crusting, or tenderness with photos even when they seem expected.
- Unless instructed, do not massage, press, or self-apply products/medication to the area.
- Congestion, crusting, drainage, and pressure are expected early.
- Desk-work return is often possible in 5-7 days; intense exercise waits 2-3 weeks.

After: Long-Term Follow-up

- Saline irrigation, crust care, and control visits are central to healing.
- Full airway benefit may take several weeks to several months.
- Day 0-2: blockage and oozing are most noticeable.
- Day 5-7: splint/control visit and crust cleaning.
- Week 2-3: desk life and light activity become easier.
- Week 4-6: airway benefit becomes clearer.
- Month 3: stable breathing assessment.

Prof. Dr. Özdoğan approach

Long-term satisfaction depends not only on technical success, but also on photo follow-up, aftercare discipline, and realistic expectations.

Risks and Complications

- Bleeding, septal perforation, crusting, scar bands, incomplete breathing improvement, rare external shape change.

Urgent warning signs

- Nasal bleeding that does not stop
- Foul discharge with fever
- Severe one-sided pain
- Vision change
- Swelling that blocks breathing

Risk-reduction practices

- Gentle nasal care
- Avoid nose blowing
- Allergy/turbinate management
- Attend cleaning controls

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International patient pathway

- Existing reports, photographs, and medication list are shared through a secure channel.
- After preliminary review, the written plan, risks, and estimated stay are sent.
- Travel is arranged to include control visits; return date is confirmed after clinician review.
- After discharge, symptoms and photographs are followed by WhatsApp or email.
- If needed, a summary can be coordinated with your local clinician.

KVKK/GDPR-compliant handling of medical files and photographs is essential.

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Frequently Asked Questions

Will appearance change?

Standard septoplasty does not target external shape; if shape is a goal, septorhinoplasty is needed.

Will there be packing?

Most cases use silicone splints or short support rather than classic packing.

Will breathing improve immediately?

Early weeks vary due to swelling and crusting; benefit builds gradually.

Can the septum bend again?

Trauma or growth can rarely cause new problems; modern technique preserves support structures.

Does splint removal hurt?

With silicone splints rather than classic packing, removal is usually easier.

Will sleep improve?

Mouth breathing from obstruction may improve; snoring/sleep apnea needs separate assessment.

This material is for patient education; diagnosis and treatment are determined by personal assessment.

Short checklist

- I understand my indication and alternatives.
- I adjusted work/travel plans for recovery time.
- I provided medication and allergy list in writing.
- I saved urgent warning signs and contact channel.
- I added follow-up visits to my calendar.
- I know the standard angles for photo follow-up.
- I understand pricing is written after personal planning.
- I will apply my risk-reduction steps: Gentle nasal care, Avoid nose blowing, Allergy/turbinate management, Attend cleaning controls.
- I will save the discharge note and prescription digitally the same day.
- I can distinguish expected symptoms from urgent warning signs.

Sources and clinical transparency

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<https://profdrhasanahmetozdogan.com/kbb/septum-deviasyonu>

SOURCES AND CLINICAL TRANSPARENCY

- Prof. Dr. Hasan Ahmet Özdoğan - Septum Deviation: <https://profdrhasanahmetozdogan.com/kbb/septum-deviasyonu> (accessed 2026-06-10)
- AAO-HNS Clinical Indicators: Septoplasty: <https://www.entnet.org/resource/clinical-indicators-septoplasty/> (accessed 2026-06-10)
- Cleveland Clinic - Septoplasty Procedure and Recovery: <https://my.clevelandclinic.org/health/treatments/17779-septoplasty> (accessed 2026-06-10)
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Thank You

The goal in Septum Deviation decision-making is to bring safe clinical assessment and realistic expectation to the same table.

Next steps

- Prepare current reports and photographs for preliminary review.
- Summarise medication/allergy list and your goal in one message.
- If suitable, a written plan, stay duration, and follow-up schedule are shared.
- Keep this PDF in your personal notes until the control visit.

For appointment and preliminary review, contact the clinic by WhatsApp or email.

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