USE OF SOFT DRIP MATERIAL AS SPLINTS IN NASAL SURGERY

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ABSTRACT

In nasal surgery conventional sialistic splints are used to reduce post-operative complications. However, these splints are quite expensive and poor patients cannot afford. We have used soft infusion drip material as splints without any major post-operative complication. This mater is easily available and free of cost. They can be used in all types of nasal surgery. We used this material on 80 patients admitted at DHQ Hospital, Abbottabad and only 2 patient developed minor complication.

INTRODUCTION

The common complications of Nasal Septal Surgery are septal perforations, adhesions between the septum and the lateral wall of the nose.

It is a practice all over the world to use Nasal Splints[1] when surgery is done on the nose involving the lateral wall of the nose and nasal septum. However, for plain septal surgery they are usually not used as the complication are not very common. The splints which are available in the market are very expensive Rs. 400/- for a pair and poor patients cannot afford.

We have started using splints made up of soft infusion drip material. The material is put in the boiler overnight untill their colour changes to yellowish white. They are now ready for use. Foreign Body (F.B.) reaction to them is very rare. It increases the time of operation by another 2-3 minutes. Patient do not pay for them. We have used this material on patients without any major complication. During September 1989 to September 1990 160 patients were selected for this study for nasal surgery at DHQ Teaching Hospital, Abbottabad. They were divided into two groups.

Table–1: Distribution of Patients

Operations	No of Patients	Splints Grp A	No Splints Grp B
Sub Mucosal Resection (SMR)	75	40	35
Nasal Polypectomy (NP)	30	15	15
Partial Inferior Turbinectomy (PIT)	30	15	15
Septoplasties	20	10	10
	160	80	80

Table–2: Post–operative Complications in patients without splints.

	Adhesion	Performations
SMR	3	3
NP	4	0
PIT	1	0
SEPTO	0	0
	8	3

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In group A we used splints made of drip material whereas in Group B no plints were used. Splints were left after surgery and patients were advised to report for removal of splints after one week.

Nasal suction was done in every case. We did not look for complications on their first visit because the nose is usually full of secretions and scab formation which makes it difficult to examine. Patients were re-examined after two weeks and any complication at that time was noted.

RESULTS

Out of 80 patients in whom we used splints – only two patients got minor complications. In one patient due to septal Haematoma there was slight adhesions on one side. Other patient had a very small septal perforation.

The patients in group-B is whom we did not use any splints. The rate of complications was high. Eight patients developed adhesions complications and readmitted for division of adhesion. Three patients had septal perfurations with noisy breathing and nasal crustings.

DISCUSSION

This study demonstrated that the use of splints in nasal surgery is important to prevent complications. The conventional splints available in market are very expensive and the splints we prepare from drip material were proved to be satisfactory. These can be used in every patient who undergoes nasal surgery. Patients do not have to pay for these splints and only it takes 2-3 minutes extra to put.

If there is tear of the mucosa of the septum or of the turbinates during surgery. The splints prevent the two surfaces as lateral wall of the nose and septum to come together. Perforation happens if there is tear of the nasal mucosa on both sides of the septum at the same site. The nasal packing without using the splints further traumatize the septal mucosa as the splints give a smooth surface for packing and thus reduces the risk of septal perforations.

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