



## Clinical Audit on the Efficacy of Endoscope in Septoplasty and Turbinates' Surgery

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### Abstract

The audit objective is to assess the value of using the endoscope in nasal septal surgery.

The majority of patients reported great satisfaction on the immediate postoperative period as there was no packing.

The result suggests that the using of endoscope has great advantage over the conventional headlight during the surgery and at the follow ups.

**Keywords:** ENT; Audit; Endoscope

### Methods

This audit was done at the ENT clinic in Medcare medical centre and Medcare Hospital. It included 56 patients, who I operated over the last 2 years period between December 2020 and December 2022. All the patients underwent endoscopic septoplasty and inferior turbinates coblation [1,2] along with out fracture, 16 patients underwent also endoscopic resection of concha bullosa. The surgeries were done after failing medical treatment and after doing CT scan for the sinuses. Patients who underwent any sinus work were excluded. All the patients operated were instructed to follow up after the operation at intervals of 2 days, 1 week, 2 weeks, 1 month, 2 months and then if needed.

The assessment after surgery include: patient symptoms, patient satisfaction, physical examination of the nose, the recurrence and readmission.

One patient with comorbid uncontrolled hypertension suffered bleeding from the turbinate 1 month after the procedure which was managed by endoscopic suction diathermy. One female patient examination indicated asymptomatic posterior septal perforation. However, she has a history of treatment for breast cancer [3], in-

cluding radiation and chemotherapy. In fact, these two patients did not attend the immediate follow up visits after surgery, they visited later, 1-month after the procedure.

3 patients reported nose block several months after the procedure due to recurrent turbinates' enlargement. One patient also reported recurrent turbinate and septal deviation. Other operation resulted in residual septal deviation due to calcified septum.

### The Result

78.6% were pleased as no packing was placed in the nose at the immediate post operative awake and could feel the relief of symptoms.

The complications were as the following: septal perforation 1.8%, bleeding 1.8%, synechia 0%, recurrent septal deviation 1.8%, residual septal deviation 1.8, recurrent turbinates enlargement 7.1%.

### Discussion

Several studies have proved the efficacy of using the endoscope in septal surgery. However, our audit focuses also on the no packing

technique by using endoscopic transseptal fixating sutures.

It is also very safe and accurate in correcting the deep deviated bony septum, including vomer, perpendicular plate and palatine crest.

### Conclusion

The using of nasal endoscope and no packing technique has a great advantage and patient satisfaction both during the time of surgery and at the postoperative follow ups.

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