

# *Upper Cape Ear, Nose & Throat, PC*

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## **TURBINATE REDUCTION**

### **Purpose**

Nasal turbinates serve a useful function; they help to filter, warm, and humidify the air we breathe through the nose. They also frequently contribute to blockage of the nasal air passages. When they do, a conservative reduction of these tissues can be of benefit.

### **Procedure and Recovery**

The procedure can be done in the office as an isolated procedure, or in the surgicenter or hospital along with other procedures in the nose. It can be done by several means:

- By **excision of part of the tissue**: This is usually done in the OR, and requires the placement of packing for a day or two post op, to control excessive bleeding. Once the packing is out, the breathing is usually better right away, though crusts, which can block the nose, may form for a week or two.
- By **radiofrequency reduction**: This is done in the office. Local anesthetic is placed in the nose, first on cotton, then by virtually painless injection. An RF probe then shrinks the turbinate. The procedure takes about 20 minutes. No packing is needed. Following the procedure, there is usually not much swelling, and there may be some crusting, which is managed using ointment in the nose. The final result is appreciated at 3 weeks post-op
- By **laser reduction**: This may be done in the OR, or in the office. This method avoids postoperative packing, but is associated with stuffiness of the nose for a week or two before the beneficial effects are appreciated.

### **Risks and Complications**

The turbinate is a vascular tissue. The main concern with turbinate surgery is therefore bleeding, The risk is greatest when the tissue is excised (option 1 above). Long term crusting is a rare problem that can also occur. We try to be conservative, to preserve the essential functions of the turbinates. If the first procedure does not achieve the needed result, an RF or Laser touch-up can be done in the office.

**I have read, understand, and accept the risks and possible complications of this operation. Alternative treatments have been discussed with me and I want to go ahead with the surgery.**

\_\_\_\_\_  
Patient's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness