Submucous Diathermy to Inferior Turbinates
Children’s Ward
Patient information Leaflet
Submucous Diathermy to Inferior Turbinates

Your child is coming into hospital to have cautery to their inferior turbinate’s, cushion like shelves that protrude into the nasal cavity. The operation will be carried out under general anaesthetic.

Why does my child need the operation?

Your child may be experiencing a blocked or runny nose, sneezing and headaches. The cause of these symptoms may be an allergy or infection. Each nostril contains three small bones called the turbinate’s. They have a moist covering that secretes mucus which acts as a protective barrier over the inside surface of the nose. This is very sensitive and can become swollen and block the nose. The operation involves touching the moist covering with a heated wire so that it will shrink back to provide a clearer airway.

What will be the benefit?

The benefit of the operation is to provide a clearer airway and reduce your child’s symptoms so that appropriate medical treatment can be given.

Are there any risks?

There is a slight risk of bleeding. There is minimal risk with a general anaesthetic which can be discussed with your child’s anaesthetist.

Is there an alternative?

The alternative is to use medication, such as nasal sprays. You will need to discuss with your child’s doctor if this would be suitable for your child.

What happens during my child’s stay on the ward?

Your child will be admitted to the ward either in the morning or the afternoon; the nursing team will make an assessment, apply two wrist bands and a local anaesthetic cream to your child’s hands if over 1 year and not medically exempt. They will be seen by a doctor if you have not signed the consent form in clinic. Your child will be assessed by the anaesthetist prior to surgery to ensure he is medically fit for theatre. Your child will be on a theatre list but we can only give an approximate guide to when your child will go to theatre. Before the operation your child will be seen by the nursing team, if you have any concerns then please do not hesitate to mention them.

One parent will be able to stay in the anaesthetic room until your child is asleep. On waking your child will be brought back to you on the ward when the recovery team are happy. During the recovery period on the ward your child will be assessed by the nursing team and offered fluids then diet, when safe to do so. Your child may have a cannula in on return to the ward. We recommend that this is kept in until prior to your child going home as if your child has a bleed or is vomiting I.V. access is available.
Will my child be in pain?

Your child will be given pain relief whilst in theatre and can be given regular pain relief whilst back on the ward. If your child is in pain when you get home we recommend getting a simple pain control, if suitable for your child, such as paracetamol (brand names include calpol, dispral and medinol).

What should I expect when my child comes back from theatre?

Your child may come back from theatre with nasal tampons in their nostrils. These either stay in for a short period of time e.g. 4-6 hours after the operation or overnight until the next morning. They pull out the nostrils and have no stitches holding them in; these will be removed by the nursing staff. It is not unusual for your child’s nose to bleed for a period of time after the removal of the nasal tampons, this will be self resolving and the nursing staff will put a dressing bolster under your child’s nose whilst waiting for the bleeding to cease.

When can my child go home?

Your child may be in hospital just for the day or may need to stay overnight, this is dependant mainly on how long the nasal tampons need to be in for. Your child’s fitness for discharge will be assessed by the nursing team or the doctors. Your child will need to have tolerated diet and fluids and passed urine prior to discharge with an approximate stay of two hours post op. If your child needs to stay overnight, one parent can stay overnight. It is recommended that your child does not travel home on public transport therefore alternative arrangements may need to be made for the journey home.

How do I care for my child after the operation?

- Your child’s nose may become blocked with secretions. Your child should not blow their nose for a few days after the operation, just gently wipe it.
- If there is any bleeding put an ice pack (or a packet of frozen peas) on the nose. If the bleeding persists contact EC2 children’s ward, your children’s GP or take them to your nearest Emergency Department.

Follow up

You will be notified if your child needs an outpatient appointment.

When can my child go back to school and activities?

Your child may go back to school two to three days after the surgery. It is advisable that your child does no physical activity/sport for two weeks, until the nose has healed properly.

Further information

If you have any questions or are unsure about any of the information provided in this booklet, please contact the Children’s ward on 01384 244271.
This Information can be made available in large print, audio version and in other languages, please call 0800 0730510.

Originator: Clare Evans
Date: March 2013
Version: 1
Date for Review: March 2016
DGOH Ref: DGOH/PIL/00818