

Patient views on information given before septoplasty, their expectations and outcomes.

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Abstract

Introduction: Septoplasty is a common ENT operation for which there is a lack of good data regarding outcomes and complications to guide informed consent. This study audited patient satisfaction with informed consent and outcomes of the procedure in Darlington Memorial Hospital.

Methods: A questionnaire was sent to 66 patients after their septoplasty operation addressing the satisfaction with the consent and the outcomes from the procedure.

Results: Forty eight per cent of patients replied to the questionnaire. All patients felt that the information given about the procedure and outcomes was satisfactory or more than satisfactory. Seventy five per cent of patients felt that all of their questions had been answered before the operation. Eighty one per cent felt that the outcomes met the information given before the operation and 63% felt the operation fully met their expectations. Ninety three per cent felt that septoplasty was the correct procedure to address their complaint of nasal blockage.

Discussion: Appropriate selection of patients for septoplasty is based on clinical judgement. Through careful detailed consent informing patients of realistic outcomes a high level of patient satisfaction can be achieved with this procedure.

Introduction

The publications of Freer¹ and Killian² marked the beginning of present day nasal septal surgery with the procedure of submucous resection (SMR). SMR subsequently grew out

of favour, as it does not allow the correction of anterior septal deviations, it has a high rate of septal perforation and nasal deformity. SMR was replaced by the septoplasty operation introduced by Cottle³ in 1947. Septoplasty differs from SMR in that while areas of septal deviation are corrected as much cartilage and bone is left behind as possible with reshaping and repositioning of cartilage if necessary. SMR involves extensive resection of cartilage and bone. Deviation from midline can cause obstruction to nasal breathing and subsequent complications such as recurrent epistaxis and rhinosinusitis.

There is a paucity of good data concerning outcomes of septoplasty to allow for standardisation of informed consent⁴. It is thus imperative that the opinions of patients undergoing the operation be audited. This paper presents such an audit of this established procedure at Darlington Memorial Hospital.

Methods

A questionnaire was designed asking patients views of information given prior to surgery, whether outcome matched information given prior to surgery and whether patients felt septoplasty was the right operation for their condition. The questionnaire was mailed to 66 patients who had had a septoplasty for the symptom of nasal obstruction in 2005. The data from the returned questionnaires were collated.

Results

Thirty two of the 66 patients mailed replied (48%). Full results are in Figure 1.

Figure 1. Full results

1) How would you rate the information that was given by your surgeon about the operation?

16 (50%)	Excellent	6 (19%)	Very good
4 (12%)	Good	6 (19%)	Satisfactory
0	Adequate	0	Poor

2) How would you rate the information that was given to you by your surgeon about the possible outcomes of the operation?

14 (44%)	Excellent	8 (25%)	Very Good
8 (25%)	Good	2 (6%)	Satisfactory
0	Adequate	0	Poor

3) Before you signed the consent form, were all your queries about your operation answered?

24 (75%)	Yes, fully	8 (25%)	Yes, to some extent
0	No	0	I had no queries

4) Did the outcome of the operation match the information that you were given beforehand?

26 (81%)	Yes, fully	6 (19%)	Yes, to some extent
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5) Did the operation meet your expectations?

20 (63 %)	Yes, fully	12 (37%)	Yes to some extent	0	No
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6) Are you happy that septoplasty was the right operation for your condition?

30 (94 %)	Yes	2 (6%)	No
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Half of the respondents rated the information that they were given by their surgeon about the operation as “excellent”. Nineteen per cent rated it as “very good”, 12% as “good” and the remaining respondents as “satisfactory”.

Forty four per cent of the respondents rated that the information that they were given by the surgeon about the possible outcome of the operation as “excellent”. Twenty five per cent

rated it as “very good”, 25% as “good” and the remaining respondents as “satisfactory”

Seventy five per cent of respondents stated that all their queries were “fully” answered and 25% that their queries were “to some extent” answered.

Eighty one per cent of respondents stated that the outcome of the operation had “fully” matched the information that they had been

given beforehand and 19% that this was the case “to some extent”.

Sixty three per cent of respondents stated that the outcome of the operation had “fully” met their expectations and 37% that this was the case “to some extent”.

All but two respondents stated that they were happy that septoplasty was the right operation for them.

Discussion

The selection of patients to undergo septoplasty largely relies on the clinical judgement of the surgeon. Objective measures of nasal airflow with rhinomanometry show poor correlation with patient satisfaction^{5,6}.

When offering treatment for a highly subjective problem such as nasal obstruction it is very important to gauge patients’ expectations and to inform them of a realistic outcome. The data suggest the information given to patients about the procedure and likely outcomes was largely good. Further it suggests the actual outcomes largely met expectations and that patients were happy with the procedure.

This audit demonstrates that accurate clinical assessment and thorough consent result in septoplasty offering beneficial outcomes to patients with nasal obstruction. This will be re-audited in future to ensure maintenance of the high standards set.

References

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