New Incision Method for Effective Execution of Endonasal Septoplasty

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Introduction (

- > Endonasal septoplasty
- -It is difficult to secure clear view since the n asal septum must be maximally exposed on ly with short vertical incision within the nasal cavity.

Unnecessary damages to the nasal muco us membrane & Septal perforation

Introduction (

- Therefore, Author have devised a new inci sion method in endonasal septoplasty
- -It can easily exfoliate and effectively expose the nasal septum that the existing approach method and I am making report of the comparison of my method with the existing methods.



- > Firstly, incision was made between a and a` on the median line of the existing modifie d Killian incision with interval of approximate ly 5mm using scalpel No. 15(Fig.1).
- >The incision was extended to the both end s of a and a' in radial direction that can be r eached with clear surgical view(Fig. 1).



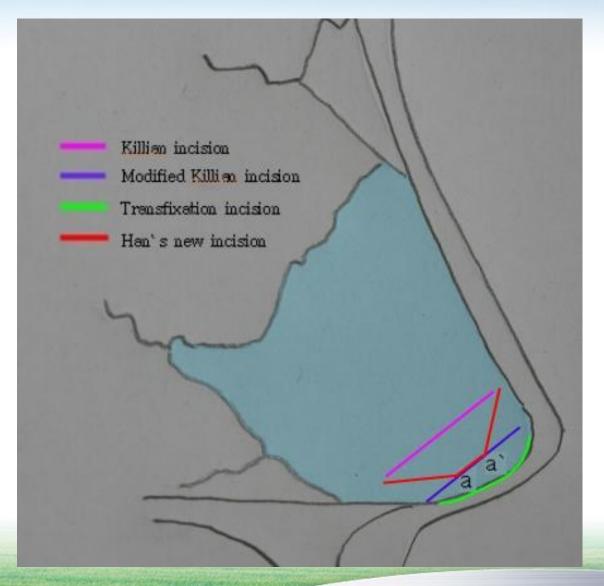


Fig. 1. Representative incision methods and my method of endonasal septoplasty



➤ Mucoperichondrial flap was exfoliated by using D-knife, cottle elevator and freer perio steal elevator.

Simple suture with vicryl 5-0 was made at 2 locations, that is, at a and a', after having collected the septum by leaving L-strut(Fig. 1).



- >Endonasal septoplasty under the conditio ns that are the same as the existing 3 types of incision methods was performed 10 times
- >The average duration of surgery using my method was compared with the other 3 met hods in order to determine the usefulness of my method at the time of septoplasty.

Results (

➤ My incision method took the shortest time among the methods compared with average time of 10 minutes and 2 seconds in collecting the maximum quantity of septum while leaving the L-strut



Table. 1. Comparison of 4 types of incision methods

	Transfixation	Killian	Modified <u>Killian</u>	Author's incision	p-Valu e*
Average time taken	13 minutes	11minutes	10minutes	10minutes	
for the surgery	and 31 seconds	and 48seconds	and 40seconds	and 2seconds	0

^{*}Statistical significances tested by Kruskall-wallis test among groups. (p<0.01)

Membranous septum becomes an obstacle in exfoliation of mucoperichondrial flap at the time of septoplasty as it is firmly attached to the frontal section of caudal septum(approximately 10mm)(Fig. 2).

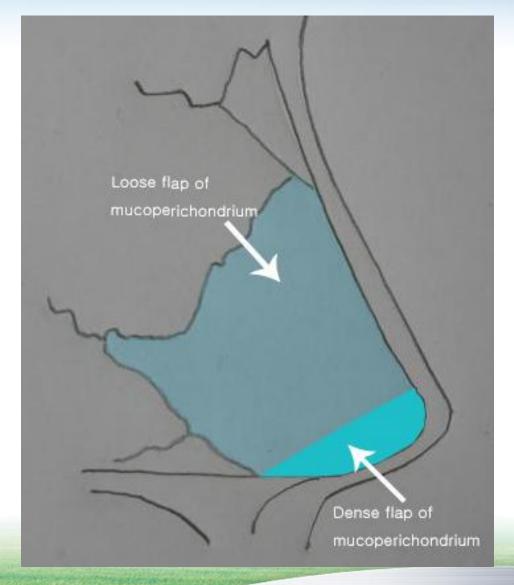


Fig. 2. Mucoperichondrial flap of nasal septum

Therefore, it is difficult to exfoliate the fron tal portion of caudal septum but the lower a nd rear aspects can be approached relatively easily at the time of mucoperichondrial flap for septoplasty.

My incision method for endonasal septopl asty is compromise between the Killian incis ion that can easily exfoliate mucoperichondr ial flap and the modified Killian incision for w hich the manipulation of septum and suturin g of mucoperichondrial flap following collecti on of septum is easy.

- ➤ By exfoliating the dense tissues in a relatively small area of 5mm, it was possible to a ccurately perform septoplasty as it was possible to secure relative wider surgical view by easily exfoliating the loose tissues.
- Suturing could be easily completed through simple suture only at a and a' following collection of the septum.

Conclusion (

For these reasons, my incision methods r ecommended as an effective incision method to be implemented in endonasal septoplas ty since it requires the shortest time for surgery in comparison to the existing incision methods.