

Opinion

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A Very Important Warning for Septoplasty under Local and Local Anesthesia with Sedation



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Opinion

Nasal septum deviation is one of the most important reasons of nasal obstruction. This common medical problem exists in approximately one third of world population, and it is treated surgically for a long time. Septoplasty, which is one of the most common surgical procedures in ENT practice, is applied under local anesthesia, local anesthesia with sedation or general anesthesia [1]. Extreme pain can cause decrease in heart rate by overexciting the parasympathetic nervous system. This results in a significant decrease in heart rate, which in turn decreases the pulse and leads to a dangerous drop in blood pressure [2].

In septoplasty operation under local or local anesthesia with sedation, while the maxillary crest is being excised by cheesel or gouge, bleeding of greater palatine artery occasionally occurs. Most commonly used methods to stop the bleeding include; drilling the bleeding point, using bone wax, aspirating and applying monopolar cauterization. Monopolar cauterization has a very important point that should be noted, when the patient is operated under local or local anesthesia with sedation. If the used analgesic does not provide deep analgesia like fentanyl (the most common analgesic used in this surgery), appliance of monopolar cauterization in order to control bleeding may result in severe bradycardia or even cardiac arrest, probably via pain related neurologic shock. In that case surgeon must be alert and

act quickly. Either general anesthesia should be enhanced or a deep analgesic like ketamine should be applied to patient before trying to control the bleeding.

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