



CODEN [USA]: IAJPBB

ISSN: 2349-7750

**INDO AMERICAN JOURNAL OF
PHARMACEUTICAL SCIENCES**<http://doi.org/10.5281/zenodo.2580210>Available online at: <http://www.iajps.com>

Research Article

**ANALYSIS OF ADVANTAGES OF USING ENDOSCOPIC
SEPTOPLASTY AMONG THE PATIENTS WITH SYMPTOMS
OF DEFLECTED NASAL SYMPTOMS****¹Dr Muhammad Tahir Barkat, ¹Dr Muhammad Usman, ¹Dr Zulqarnain Ali
¹Bahawal Victoria hospital, Bahawalpur****Abstract:**

This study examines the advantages of using endoscopic septoplasty among the patients with symptoms of deflected nasal symptoms. The research was done among the patients admitted in BHV hospital between the period of January 2018 and December 2018. It involved 100 patients, where 30 of them went through the conventional septoplasty whereas 70 underwent endoscopic septoplasty. Following the surgery, all the participants were asked to record their pain levels using visual analog scale (VAS). Statistically, the results confirmed a significant reduction of pain among the patients who went through endoscopic septoplasty of ($p < 0.05$) compared to those that underwent conventional septoplasty. It inferentially implies that endoscopic septoplasty is the best procedure for the treatment of nasal obstruction following the deviated nasal septum.

Keywords: *Conventional septoplasty, Endoscopic septoplasty,***Corresponding author:****Dr Muhammad Tahir Barkat, ¹**
Bahawal Victoria hospital, Bahawalpur

QR code



Please cite this article in press Muhammad Tahir Barkat et al., Analysis of Advantages of Using Endoscopic Septoplasty Among the Patients with Symptoms of Deflected Nasal Symptoms., Indo Am. J. P. Sci, 2019; 06(02).

Statistical Data

Just as has been pointed out in this study, visual analog scale (VAS) was used to test the experiences of the patients who underwent the surgery. Those who went through the conventional septoplasty were allowed to record their experiences separately from those who went through endoscopic septoplasty using the scale below. The group comprised of 40 males (40%) and sixty females (60%).

RESULTS AND DISCUSSION:

The study involved 100 participants with cases of septoplasty. They were managed professionally with the help of a senior surgeon. It is important to note that endoscopic septoplasty is the better approach since it allows the surgeon to confine the spurs within the precise visualization, which in essence lowers the cases of surgical upset. It presents different ranges of advantages over the conventional method.

Table 01: Wilcoxon non-parametric test to compare QOL scores registered at baseline, 3 and 6 months after surgery.

Deviation	P-value		
I	T ₀ – T ₁	T ₁	0.015**
	T ₁ – T ₂	T ₂	0.172
	T ₀ – T ₂		0.019**
II	T ₀ – T ₁	T ₁	0.080
	T ₁ – T ₂	T ₂	0.998
	T ₀ – T ₂		0.080
III	T ₀ – T ₁	T ₁	0.017**
	T ₁ – T ₂	T ₂	0.082
	T ₀ – T ₂		0.005***
IV	T ₀ – T ₁	T ₁	0.046**
	T ₁ – T ₂	T ₂	0.058
	T ₀ – T ₂		0.027**
V	T ₀ – T ₁	T ₁	0.000***
	T ₁ – T ₂	T ₂	0.336
	T ₀ – T ₂		0.000***
VI	T ₀ – T ₁	T ₁	0.000***
	T ₁ – T ₂	T ₂	0.167
	T ₀ – T ₂		0.001***
VII	T ₀ – T ₁	T ₁	0.057
	T ₁ – T ₂	T ₂	0.423
	T ₀ – T ₂		0.038**

For instance, the better illumination allows the accurate identification of the pathogens. It also facilitates the better accessibility to remote areas when tracing the spurs. In addition, supports the practitioner to better understand the lateral wall pathology that is linked to the septal deformity. Similarly, it leads to limited incision of the flaps, while giving only the needed exposure of the pathological site. It leads to a reduction of patient morbidity, which is essential for the process that requires limited recession [8]. It is apparent that the complications in endoscopic septoplasty are lower compared to the conventional approach. Just as has been indicated herein, the main objective was to prove that endoscopic septoplasty is the best treatment approach in septal surgery [9]. From the pointers and recorded information and data, it is worth confirming that endoscopic septoplasty remains

the best approach for the treatment of nasal obstruction following the deviated nasal septum [10].

CONCLUSION:

In conclusion, it is important to recommend endoscopic septoplasty as the best approach for the treatment of nasal obstruction following the deviated nasal septum. It essentially corrects isolated septum spur, which in essence deals with the conformity in it. It lowers the nasal obstruction and as a result, lowers the pain associated with septoplasty. It is also least evasive, hence supports limited blood loss during surgery. Similarly, it facilitates better visualization within the range of endoscopic light, an improvement from the conventional approach that relies on the headlight. Additionally, it is best for the correction, more so for the posterior septal spur, while giving an adequate access to various related endoscopic

materials. Thus, it is worth embracing in managing cases related to septoplasty due to its numerous advantages that outweigh the conventional approach. From this standpoint, the study is relevant as it points out different benefits of using endoscopy compared to the conventional approach since it helps to eliminate some of the shortcomings associated with the conventional approach. Just as has been stated herein, the target audiences include medical students and others in the related disciplines that would use the information provided to upscale their knowledge in understanding its advantages. Therefore, endoscopic septoplasty is the best method compared to the conventional approach.

REFERENCES:

1. Bothra, R., & Mathur, N. N. (2009). Comparative evaluation of conventional versus endoscopic septoplasty for limited septal deviation and spur. *The Journal of Laryngology & Otology*, 123(7), 737-741.
2. Christophel, J. J., & Gross, C. W. (2009). Pediatric septoplasty. *Otolaryngologic Clinics of North America*, 42(2), 287-294.
3. Chung, B. J., Batra, P. S., Citardi, M. J., & Lanza, D. C. (2007). Endoscopic septoplasty: revisitation of the technique, indications, and outcomes. *American journal of rhinology*, 21(3), 307-311.
4. Cukurova, I., Cetinkaya, E. A., Mercan, G. C., Demirhan, E., & Gumussoy, M. (2012). Retrospective analysis of 697 septoplasty surgery cases: packing versus trans-septal suturing method. *Acta otorhinolaryngologica italica*, 32(2), 111.
5. Getz, A. E., & Hwang, P. H. (2008). Endoscopic septoplasty. *Current opinion in otolaryngology & head and neck surgery*, 16(1), 26-31.
6. Kahveci, O. K., Miman, M. C., Yucel, A., Yucedag, F., Okur, E., & Altuntas, A. (2012). The efficiency of Nose Obstruction Symptom Evaluation (NOSE) scale on patients with nasal septal deviation. *Auris Nasus Larynx*, 39(3), 275-279.
7. Ketcham, A. S., & Han, J. K. (2010). Complications and management of septoplasty. *Otolaryngologic clinics of North America*, 43(4), 897-904.
8. Kulkarni, S. V., Kulkarni, V. P., Burse, K., Bharath, M., Bharadwaj, C., & Sancheti, V. (2015). Endoscopic Septoplasty: A Retrospective Analysis of 415 Cases. *Indian Journal of Otolaryngology and Head & Neck Surgery*, 67(3), 248-254.
9. Sautter, N. B., & Smith, T. L. (2009). Endoscopic septoplasty. *Otolaryngologic Clinics of North America*, 42(2), 253-260.
10. Jammet P, Souyris F, Klersy F, et al. The value of Cottle's technic for esthetic and functional correction of the nose. *Ann Chir Plast Esthet* 1989;34:38-41.