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Research Article

ANALYSIS OF ADVANTAGES OF USING ENDOSCOPIC SEPTOPLASTY AMONG THE PATIENTS WITH SYMPTOMS OF DEFLECTED NASAL SYMPTOMS

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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,

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INTRODUCTION

Septoplasty is a popular operation among the otorhinolarynlogy cases. It has been used for a long time as a treatment plan for deviated nasal septum. It is used to hinder the airflow in the target cavity. The use of traditional techniques in septoplasty has reported some complications, and as a result, it becomes imperative to pursue the best alternative. This study gives more attention to prevention and treatment [1]. In doing the study, 100 patients between the ages of eighteen and twenty-four years participated in the process. They were picked using a random approach, and divided into two groups of seventy and thirty participants. The objective of this study is to prove that endoscopic septoplasty is the best treatment approach in septal surgery. Indeed, endoscopic septoplasty remains the best approach for the treatment of nasal obstruction following the deviated nasal septum [2].

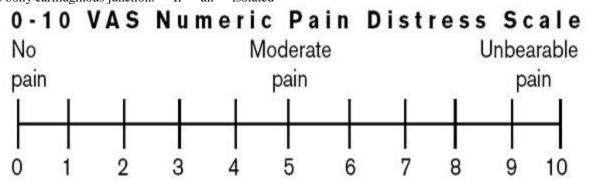
In this precept, the study is significant in pointing out different advantages of using endoscopy in this regard to eliminating some of the shortcomings associated with the conventional approach. The target readers include medical students, young post graduate doctors who would use the information provided to update their skills in this regard [3]. In this precept, it is imperative to point out that the one hundred participants were exposed to different techniques of septoplasty, where 30 (n=30) of them went through the conventional method while 70 (n=70) went through the endoscopic septoplasty [4]. Those who went through the conventional technique had their own session as opposed to those who went through the endoscopic method. In this dictum, it is important to point out that endoscopic method has been developed within the realm of septoplasty as an alternative to packing and would be the best remedy compared to the conventional septoplasty [5]. In the procedure, 2mm posterior incision was made to the septum, a process known as hemitransfixation. This was sought to expose various abnormalities that would exist in the bony cartilaginous junction. If an isolated pure was realized, the incision was done in its anterior [6]. Freer's elevator was used to elevate the mucoperichondrial flap alongside the nasal speculum. Another elevation of 0^0 stiff nasal endoscopes representing 4mm followed the Freer's elevator to separate the mucoperichondrial from the septal cartilage at the tip of the endoscope. The bleeding was highly minimized due to elevation while limiting the exposure of the target area [7].

Aims and objectives

The basic aim of the study is to analyze the advantages of using endoscopic septoplasty among the patients with symptoms of deflected nasal symptoms.

MATERIAL AND METHODS:

This cross sectional study was conducted in BHV hospital. Bahawalpur during 2018. There were total 100 patients which were included in this study. Inclusion criteria were as follows: at least 17 years old, septal deformity with nasal obstruction, persistent symptoms after at least a 4-weeks of therapy including topical nasal steroids in combination or not with antihistamines. Patients with sinonasal malignancy, being in need of nasal surgery other than septoplasty. The most frequent symptoms encountered were nasal obstruction in all cases: facial pain in 27 cases and postnasal drip and headache in 7 cases each. All patients were submitted to allergic evaluations with skin prick tests for inhalants. The patients were given the opportunity to access the levels pain after a period of 72 hours of surgery. They were asked to use a scale of 1 to 10. They were also examined for bleeding after the intervals of one and sixty days after the surgery, for bleeding, septal perforation synechiae as well as hematoma to record their progress. SPSS was used for comparison purpose, which showed that a p < 0.05was statistically significant. The symptoms were examined and proved that nasal obstruction was the most common one standing at 81.7%. The second one is a postanasal drip, which stood at 63.8% followed by a headache at 59.35%.



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.

Deviation	P-value		<u> </u>
Ι	$T_0 -$	T ₁	0.015**
	$T_1 -$	T_2	0.172
	$T_0 - T_2$		0.019**
П	$T_0 -$	T_1	0.080
	$T_1 -$	T_2	0.998
	$T_0 - T_2$		0.080
III	$T_0 -$	T_1	0.017**
	$T_1 -$	T_2	0.082
	$T_0 - T_2$		0.005***
IV	$T_0 -$	T_1	0.046**
	$T_1 -$	T_2	0.058
	$T_0 - T_2$		0.027^{**}
V	$T_0 -$	T_1	0.000^{***}
	$T_1 -$	T_2	0.336
	$T_0 - T_2$		0.000^{***}
VI	$T_0 -$	T ₁	0.000^{***}
	$T_1 -$	T_2	0.167
	$T_0 - T_2$		0.001***
VII	$T_0 -$	T_1	0.057
	$T_1 -$	T_2	0.423
	$T_0 - T_2$		0.038**

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

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.

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