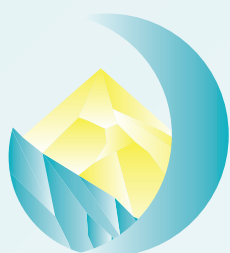


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**«Оториноларингологияның өзекті мәселелері»
«Актуальные вопросы оториноларингологии»
“Topical questions of otorhinolaryngology”**



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**CASOS – 2023 2-ші Халықаралық конгресімен
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2-м Международным конгрессом CASOS – 2023**

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EVALUATION OF THE EFFECT OF NOSE PAMPONADE ON QUALITY OF LIFE IN THE EARLY POSTOPERATIVE PERIOD AFTER SEPTOPLASTY

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Key words: quality of life, septoplasty, anterior tamponade.

Annotation

The study included 45 patients divided into three groups. In group 1, endoscopic septoplasty was used, in group 2, standard septoplasty, and in group 3, modified septoplasty using a hemostatic sponge, which acted as an alternative to nasal tampons. The negative impact of anterior tamponade on the quality of life in the early postoperative period after septoplasty was shown, as well as the effectiveness of the proposed modified method using collagen Haemostatic sponge.

Introduction

Deviated septum is the most common pathology in the practice of an otorhinolaryngologist. According to different authors, among the adult population, the incidence of deviated septum of the nose is in the range from 60 to 97%. Some types of curvature do not cause any subjective sensations and indirectly related pathological conditions, therefore, do not require surgical treatment. Others lead to a long-term disruption of nasal breathing, which causes a number of problems, including the development of chronic rhinitis, sinusitis, pathology of the middle ear and Eustachian tube, diseases, including chronic ones, of the pharynx, larynx, and lower respiratory tract [1]. Reflexes arising from the mucous membrane of the nasal cavity regulate and maintain the normal functioning of the whole organism as a whole [2]. Violation of nasal breathing leads to chronic hypoxia of the brain, which in turn is accompanied by increased fatigue, decreased attention and performance, and a decrease in intellectual potential [3]. Only the normal functioning of the nose is

one of the basic conditions for healthy physical and mental development [4].

Surgical treatment is the only method for correcting a deviated nasal septum. Most surgeons complete surgery on the nasal septum with anterior tamponade of the nasal cavity, which is necessary to fix the reconstructed osteochondral flap in the median position, as well as to prevent complications such as bleeding, hematoma in the early postoperative period, and the formation of synechia in the nasal cavity. For tamponade, in most cases, gauze swabs soaked in anti-inflammatory ointment are used. Despite a good fixing effect, such a tamponade completely turns off the main functions of the nose for the entire period - respiratory, drainage, protective; there is no ventilation of the paranasal sinuses, the ventilation of the middle ear is disturbed. Tamponade causes compression of the injured mucosa, and, consequently, ischemia, up to perforation of the septum and pain (especially during removal), trauma to the mucous membrane, lacrimation, discomfort when swallowing, sleep disturbance, increased blood pressure, headache due to impaired microcirculation in the vessels of the head brain, creates a good environment for the reproduction of a bacterial agent with a rare toxic shock syndrome [5]. Removal of tampons from the nasal cavity is associated with discomfort and pain in patients, regardless of the timing of tamponade; as well as a high probability of trauma to the mucous membrane and displacement of the elements of the restored septum.

Literature analysis did not reveal the exact amount of time required for anterior tamponade after septoplasty. In different sources, these periods range from 2 hours to 8 days [6, 7]. During the first 3 days, soluble collagen, fibronectin, and hyaluronic acid are produced, and on the 4th day, type I collagen fibers are formed and deposited, which requires extending the tamponade period to 4–5 days [8]. However, such a long period dramatically increases the negative impact of anterior nasal tamponade not only on the paranasal sinuses and the body as a whole, but also significantly worsens the quality of life of patients in the early postoperative period.

To reduce the negative impact of classical gauze nasal tamponade, various modifications of tampons are being developed, such as foam rubber in glove rubber (Mikulich tamponade), pneumatic tampons, xenogenic peritoneal

tampons, wax pads. There are publications in the literature with reports on the possibility of using merocel, alginate films, hydrogels, aerosols that fill the nasal cavity with foam, gel films based on poly-N-vinylpyrrolidone for the purpose of nasal tamponade. These modifications partially weakened the negative effect caused by gauze swabs, but did not fully satisfy otorhinolaryngologists -surgeons, since they did not exclude nasal breathing disorders and pain. A hyperthermic reaction was also noted, which reduced the quality of life of patients in the early postoperative period. In this regard, attempts were made to manage patients without tampons after septoplasty. D. Reiter et al. [7] proposed to apply through absorbable sutures to the sheets of the nasal septum after septoplasty. Others have suggested the use of splints, stents, but this raises the need to lengthen the inpatient stay of patients and the need to remove the structure.

Cyanoacrylate glue, *MK-2 glue* were also used to glue the sheets of the nasal septum.

For the first time, the possibility of using fibrin glue in otorhinolaryngology was reported by K.N. Veremeenko [9]. In 2005, M. Vaiman et al. [10] presented the results of the use of fibrin glue as an alternative to anterior tamponade after surgical interventions on the structures of the nasal cavity.

The aim of our study was to determine the effect of anterior tamponade on the physical condition and quality of life of patients in the early postoperative period after septoplasty and to offer an alternative to anterior nasal tamponade, which would eliminate its negative impact and achieve tight adhesion of the mucosal septum sheets, minimizing postoperative bleeding and septal hematomas. nose.

Methods

We used collagen hemospong, which consists of two active substances - collagen, prepared from the skin or tendons of cattle. When applied to the wound surface, the collagen hemosponge polymerizes to form an elastic fibrin film. This process repeats the main stages of the physiological process of blood coagulation and allows you to stop diffuse bleeding, glue and fix tissues, and also accelerate wound healing. In the course of healing, the formed clot of fibrin

“glue” is completely absorbed. Collagen Hemo Sponge metabolized in the same way as endogenous fibrin, due to fibrinolysis and phagocytosis. Standard measures have been taken to prevent transmission of infection due to the use of products derived from human blood or plasma, namely: selection of donors, screening of harvested blood plasma for specific markers of infection, and incorporation of effective virus inactivation steps into production. The measures taken are effective against enveloped viruses such as HIV, hepatitis C and B. After thawing, the contents of two vials were placed in the application device, a special tip was attached to the syringe to inject the drug drip into hard-to-reach places. The drug is economical in use - 1-2 ml of glue is enough for one septoplasty. Glue was injected between the sheets of mucoperichondria and mucoperiosteum and pressed tightly, distributing it evenly along the entire length, after which the nasal cavity was plugged on both sides with gauze swabs for 2-5 minutes (depending on the patient's arterial hypertension and tendency to bleeding) for even distribution and more dense adhesion of the sheets of the mucous membrane. Then the tampons were removed, endoscopy of the nasal cavity was performed on both sides to visually confirm the tight adhesion of the mucous membrane with the reimplanted cartilage fragments, and only then the anesthesia was stopped.

The study from 2017 to 2019 involved 45 patients aged 19 to 40 years. Three groups of patients, 15 people each, were formed. The average age in the 1st group was 21.5 years, in the 2nd - 22.2 years, in the 3rd - 24.1 years. Of these, 19 (42.2%) women and 26 (57.7%) men.

The criterion for inclusion in the group was the type of deformity of the nasal septum. In the 1st group - curvature of the nasal septum in the form of a spike and ridge. For this group, the classical endoscopic septoplasty according to O.Lanza with a tampon-free early postoperative period was chosen as a method of surgical correction of the nasal septum. 2nd group - C- and S-shaped curvature of the septum. Standard septoplasty with anterior nasal tamponade in the early postoperative period was used as a method of surgical correction of the nasal septum. group 3 - C- and S-shaped curvature, as a method of surgical correction of the nasal septum, a modified standard septoplasty was used using a collagen haemostatic sponge under endoscopic control.

Before surgical treatment, all patients underwent anamnesis and complaints, examination of the ENT organs, endoscopy of the nasal cavity, MSCT of the nose and paranasal sinuses. All operations were performed under endotracheal anesthesia. All patients of the 2nd and 3rd groups underwent vasotomy of the inferior turbinates; in the 1st group, this surgical intervention was required in 9 patients due to hypertrophy of the inferior turbinates. In the early postoperative period in patients of the 3rd group, anterior tamponade was not performed, in the 1st and 2nd groups, all patients underwent anterior gauze tamponade for a period of 24 hours. In the 3rd group, in order to connect the sheets of the mucous membrane, as well as to prevent bleeding and hematomas were treated with collagen hemo sponge.

To assess the quality of life in the early postoperative period, a questionnaire was used to assess the physical condition of patients [11]. This questionnaire was filled in by the patient himself on the day after the operation (C.1), a day later (C.2), 2 days (C.3), 3 days (C.4), 5 days (C.5), 8 days (C.6) and 15 days (C.7) after septoplasty. Removal of the anterior tamponade was in accordance with C.2.

According to the questionnaire used, the criteria for the physical condition of patients included: drinking from a cup, sitting in bed, getting out of bed, walking 10 m (within the ward), walking 50 m (within the ward), physical pain, nausea, dizziness, general weakness.

The results of the study were processed using SPSS Statistica 17.0 by statistical methods of analysis of variance, the reliability criterion was calculated (F -criterion, t -criterion), Duncan's criterion.

Results and discussion

A comparative assessment of the quality of life of patients in the early postoperative period revealed no statistically significant differences between groups in all compared criteria, starting from C.5 ($p < 0.05$).

When assessing the relationship with anterior tamponade, which was used only in the 1st and 2nd groups, when determining the quality of life of patients, the presence of homogeneity in the 3rd group was revealed. Highly significant differences ($p < 0.01$) were determined between

groups in C.1, 2 and 3 according to the criterion « drinking from a cup », showing a higher quality of life in patients of the 1st and 3rd groups. This was also confirmed by significant differences ($p < 0.05$) according to the criterion « sit in bed » at points 1 and 2, at the same control points there were high significant statistically significant differences ($p < 0.01$) according to the criteria « getting out of bed » and « nausea ». When processing data were determined highly significant differences ($p < 0.01$) in S. 1, 2, 3 and significant differences ($p < 0.05$) in S. 4 according to the criteria « walking 10 m » and « walking 50 m ». All four control points showed high significant differences ($p < 0.01$) according to the criteria « physical pain » and « general weakness ». According to the criterion « dizziness » in C.1 and 2 were noted high significant differences ($p < 0.01$), and at the point of difference between groups are statistically significant ($p < 0.05$). According to all the studied criteria, a significant deterioration in the quality of life in the early postoperative period was determined in patients of the 2nd group compared with the 1st and 3rd groups.

Conclusions.

1. The presence of anterior tamponade in the early postoperative period after septoplasty adversely affects the physical condition of patients, thereby reducing the quality of life.

2. The use of a collagen hemosponge is the most acceptable alternative, which makes it possible to eliminate the negative impact of anterior nasal tamponade and achieve tight adhesion of the septal mucosa sheets, as well as fixation of reimplanted and reconstructed bone and cartilage fragments between them, minimizing postoperative bleeding and hematomas of the nasal septum.

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