

In some cases it is necessary to take the medication for several weeks before you will see any improvement in your symptoms. If the cause of your nasal obstruction cannot be treated by, or does not respond to medication, your specialist may recommend an operation. The type of operation performed depends on the underlying cause of your blocked nose. Operations include; septoplasty to straighten the nasal septum, rhinoplasty to straighten the outside of the nose and turbinate surgery to reduce the swollen folds of mucous membrane. Blockage caused by persistent, or recurrent infection in the sinuses may be relieved by sinus surgery. Adenoidectomy (surgical removal of the adenoids) can be performed for enlarged adenoids and polyps may be removed independently or as part of other procedures.

It is important to remember that there are a large number of possible operations to relieve nasal obstruction. Each surgeon will favour the operation they feel works best in their hands for your particular condition.

Monitoring?

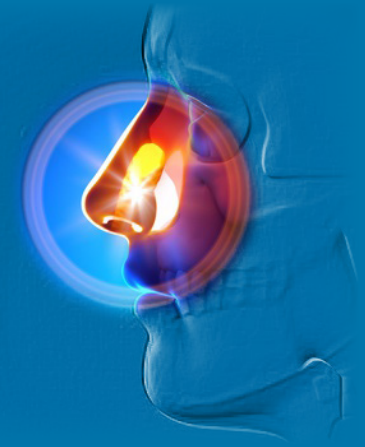
It may not be possible to completely cure your nasal obstruction with medication or even surgery. Many people find that even after an operation they must continue to take medication to achieve the best control of their symptoms. Your specialist may arrange to see you several months after starting a new course of treatment to monitor your progress. If you require surgery for your nasal obstruction your specialist will decide when to see you after your operation.

Uncertainties

The cause of nasal obstruction is often complex involving many different factors. Some cases of nasal obstruction do not respond as well as we would like to either medication or surgery. Although most patients are happy with the result of surgery for nasal obstruction, in some cases the symptoms do not improve, or may recur months or years after surgery. Any operation carries the risk of complications. Almost any operation on the nose carries a small risk of bleeding or infection. For specific complications related to your operation please refer to the relevant patient information leaflet, or talk to your specialist for advice.

BLOCKED NOSE

ENT UK is the professional Association for British Ear, Nose and Throat Surgeons and related professionals. This leaflet provides some background information about blocked noses. It may be helpful in the discussions you have with your GP or specialist when deciding on possible treatment. This information leaflet is to support and not to substitute the discussion between you and your doctor. Before you give your consent to the treatment, you should raise any concerns with your GP or specialist.



If you have any problems or questions, please contact:

Please insert local department routine and emergency contact details here

Disclaimer: *This publication is designed for the information of patients. Whilst every effort has been made to ensure accuracy, the information contained may not be comprehensive and patients should not act upon it without seeking professional advice.*

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What is a blocked nose?

The sensation of a blocked nose is often referred to as nasal obstruction, a stuffy nose and nasal congestion. The severity of the nasal obstruction varies from one patient to the next. Some people find even mild nasal blockage quite troublesome, whereas others, with quite severe nasal obstruction, find it does not have a significant impact on their daily activities. Your specialist will take this into account when developing a plan for your treatment.

What causes a blocked nose?

Nasal obstruction can be due to problems with the shape of the inside of the nose, or swelling of the lining of the inside of the nose.

Problems with the shape of the inside of the nose can be due to twisting of the middle partition of the nose (the nasal septum), or to weakness of the outside of the nose. Either of these may be associated with abnormalities of the shape of the outside of the nose. Occasionally other structures, such as the adenoids, can be enlarged leading to nasal obstruction.

The nose is lined by a thin mucous membrane which can swell to cause blockage. Folds of the mucous membrane called turbinates are particularly prone to swelling. We all experience this swelling in response to the common cold, in which case the lining swells in response to a viral infection. Doctors often refer to swelling of the lining of the nose as “rhinitis” and it can have many other causes. Apart from viral infections, rhinitis may be due to bacterial infection in the nose and sinuses, allergy, or overuse of nasal decongestant medication. Occasionally the mucous membrane swells enough to cause the formation of polyps in the nose. For more information on nasal polyps please see the appropriate patient information leaflet.

What are the symptoms?

Nasal obstruction is a symptom in itself. In certain conditions it may be accompanied by other symptoms such as rhinorrhoea (nasal discharge, which can drip from the front of the nose, or into the back of the throat - catarrh), facial pain, anosmia (loss of sense of smell), sneezing, itching and crusting. Your specialist will consider these other symptoms when making a diagnosis and developing a plan for your treatment.

What can I do to help myself?

Mild nasal obstruction may not require any treatment. If your symptoms are short lived, lasting only a few days to a couple of weeks, you may want to treat it yourself using over the counter medication such as a decongestant nasal spray. Decongestant sprays should not be used in the long term. Sometimes people find it soothing to breathe in steam, or vapours such as menthol and eucalyptus. Saline drops or sprays, or other nasal douching preparations from your pharmacist may also be used to help wash away any thick sticky mucus in your nose.

If your symptoms are caused by a seasonal allergy and are mild and intermittent an antihistamine tablet may help. Alternatively, your GP may prescribe a steroid nasal spray. It is important to follow the instructions provided with this treatment.

If the cause of your nasal obstruction is collapse of the outside of the nasal tip, you may find it useful to wear an adhesive dilating strip, particularly at night.

If you find your symptoms troublesome and persistent, or if they are caused by an injury to your nose, you should contact your GP for advice.

How is the condition diagnosed?

The first thing your specialist will do to diagnose your condition is ask some questions about your symptoms. Asking about your symptoms is very important to help narrow down the possible causes of your condition. To help clarify the cause of your symptoms your specialist will then examine your nose often with the help of a head light or an endoscope (a thin telescope with a camera). This examination is not painful but some people find it slightly uncomfortable.

Occasionally your doctor may want to do some other tests to help clarify the cause of your symptoms. Common tests include blood tests, skin tests for allergy, and imaging studies such as a CT scan of the nose and sinuses. It is important to remember that not all conditions causing nasal obstruction need investigations. Your specialist will decide which investigations are necessary.

Treatment options

The treatment options for your blocked nose depend on the underlying cause and severity of your symptoms; they include medication and surgery.

If the cause of your nasal obstruction is rhinitis your specialist may prescribe a course of medication such as an intranasal steroid spray, antihistamines or decongestants. It is important to follow your specialist's instructions closely.