

## Short communication

# Simple method of insertion of Xomed one piece septal button

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### Abstract

Silicone septal buttons have been available to obturate septal perforations since the 1970s. Various methods of insertion have been suggested but the procedure is not always easy. We have devised an alternative method which has proved quick and simple to perform.

### Introduction

Septal perforations can be of traumatic, infective, irritant (chemical), neoplastic or inflammatory origin (Kuriloff, 1989). The perforation may be asymptomatic or may present with various symptoms. Closure of the perforation, if required, can be performed surgically or by the insertion of a prosthesis.

Prosthetic closure is indicated for patients who are unable to have surgery (various reasons) or refuse surgery. The insertion of the prosthesis is most commonly performed under local or topical anaesthesia.

The prosthesis is a button made of soft silicone. The most common is the 'Xomed one-piece septal button' (Fig. 1). The main problem has been the insertion of a large flange through a relatively small septal perforation as originally described in 1979 (Facer and Kern, 1979). Trimming the flange to a small size resulted in the cut edge traumatizing the perforation edge (in our experience) and hence causing discomfort. Sewing the flange in a purse-string fashion and then applying traction to form a rosette, thus making it small enough to pass through the septal perforation, as described by Goldsmith (Xomed leaflet) was tried. We found that after adequate trimming the traction required to form the rosette usually led to the suture material cutting through the soft silicone. The simple, quick alternative method we devised has overcome these technical problems.

### Method

**Step 1:** Anaesthetise the nasal mucosa using 10 per cent lignocaine spray (xylocaine®).

**Step 2:** Measure the septal defect along with the upper and lower limit of the septum by inserting a soft coloured paper in one nostril, laying it along the septum. The size of the perforation can be marked from the other nostril by marking pen. The upper and lower deflection of the paper mark the upper and lower limit of the septum.

**Step 3:** Trim the flanges of the button to lie equidistant

between the perforation and the upper and lower limits of the septum. Smooth the edges of the flanges. Insert the button into one nostril to assess correct size.

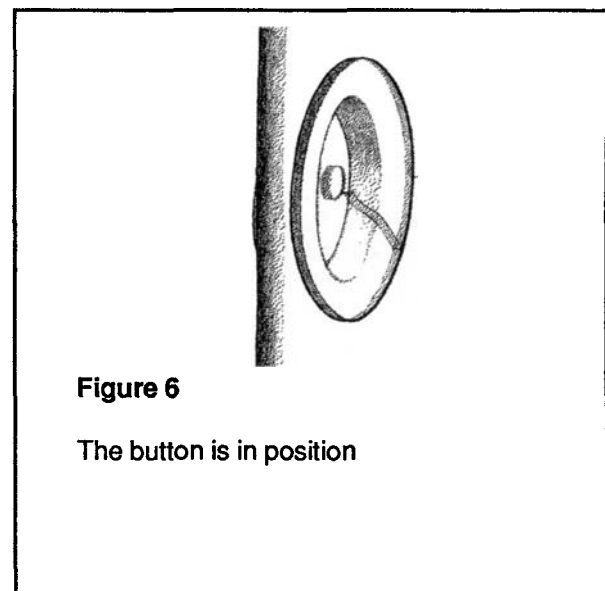
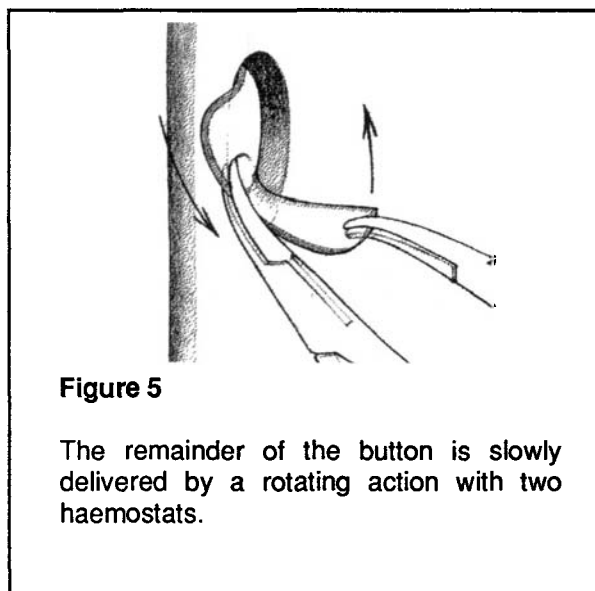
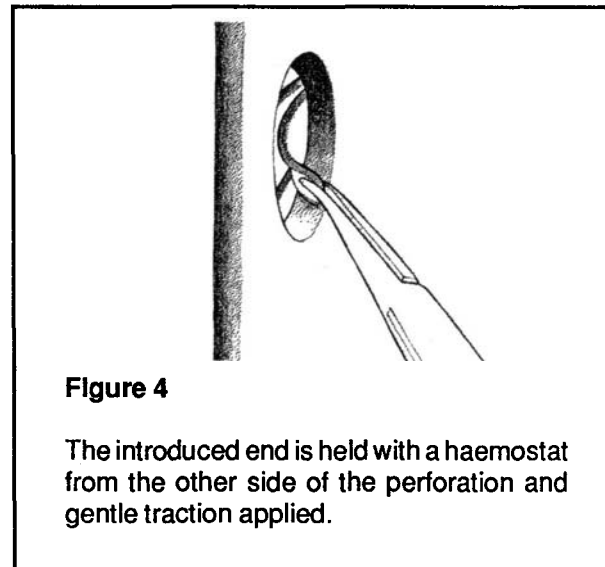
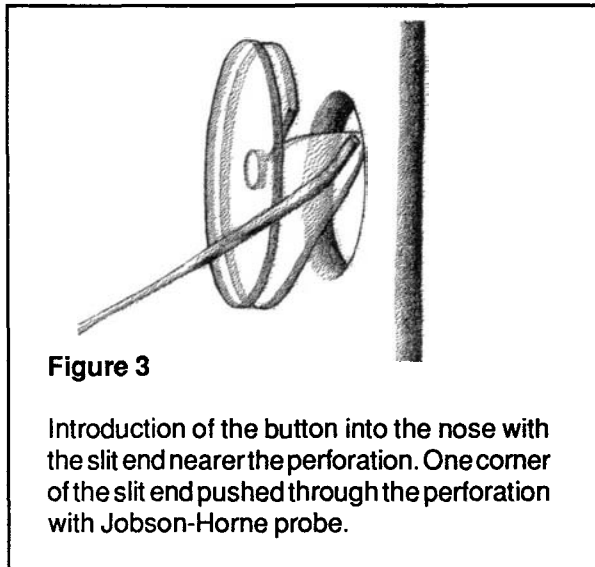
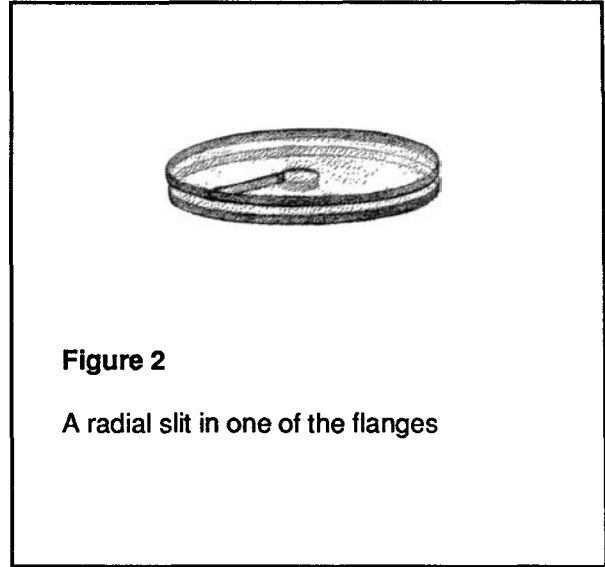
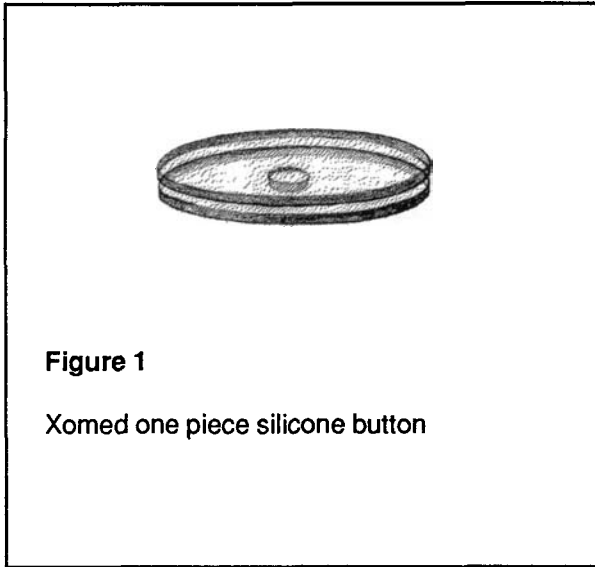
**Step 4:** Make a slit in one of the flanges from the outer edge to the hub (Fig. 2). Insert the septal button in one nostril with the slit side towards the septum. Deliver the tip of one of the slit edges through the perforation with a Jobson-Horne probe (Fig. 3). Hold the introduced edge from the other side with a haemostat (Fig. 4). With the help of another haemostat rotate the introduced edge in a corkscrew fashion till all of the flange is in the other nostril (Fig. 5). Rotate the flange further so that the slit end faces the nasopharynx (Fig. 6).

### Discussion

Over the past two years we have inserted ten buttons in ten patients. The most distressing symptoms our patients had were crusting and bleeding. All had been relieved of these symptoms, after the buttons were inserted. It was thought that the slit area would trap mucus and cause crusting, especially if the slit end was situated anteriorly. This proved to be of no consequence and no crusting was observed whatever the position of the slit area. Subsequent visits to our department, showed that the perforation edges had healed well within a few weeks after button insertion. Another observation was, that in two cases the perforation had closed down to the hub of the button. This is now being studied as a controlled trial.

The only problem we have noted is that if the flanges are left too large, they can touch the area where the lower lateral cartilages are inserted into the septum and this can cause pain and discomfort. We have also noted that a week of Naseptin cream or other anti-septic ointment in an infected nose prior to insertion can be helpful and cause less bleeding.

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**References**

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