

Short Communications

Raising of the mucoperichondrial flap in septal surgery

J. M. PHILPOTT, F.R.C.S., A. SINGH, B.Sc., M.B.B.S., G. MOCHLOULIS, M.D., C.C.S.T.(ORL)

Key words: Nasal Septum; Surgical Procedures, Operative

Elevation of the mucoperichondrial flap is the fundamental first step in achieving adequate exposure of the septal skeleton.¹ Failure to do so results in excessive bleeding, tearing of the flap and inadequate exposure. Identifying the correct plane can be particularly difficult, especially in cases of revision surgery. Here we describe a method of ensuring that the mucoperichondrium is elevated in the correct surgical plane.

The first step involves performing a hemi-transfixion, Killian² or Cottles³ incision as per preference of the operating surgeon. An initial incision is made to the approximate depth of the perichondrium. A cross is then made at the midpoint of the incision through the perichondrium down to cartilage. The perichondrial flap is raised using the 'leaf' created from the cruciform incision (Figure 1). This method is based upon the premise that a triangular 'leaf'-based flap is easier to raise than a straight

line. Once the plane is entered and the leaf raised, the anterior limbs of the cruciform incision are extended superiorly and inferiorly to ensure adequate exposure.

In cases of severe septal deflection or revision septal surgery, identifying the correct surgical plane can be difficult. We have found the above technique to be useful in ensuring that an appropriate flap has been raised.

Ideally, the hemi-transfixion approach requires an incision to expose the entire caudal end of the nasal septum. In certain cases this can be difficult to find, requiring retrograde dissection. Using the cruciform incision and lifting the anterior leaf means that, the correct mucoperichondrial plane can be identified allowing retrograde dissection to expose caudal cartilage.

Primary, as well as revision, septal surgery requires the hemitransfixion incision to identify the caudal end of the cartilaginous septum. We have found that the cruciform incision is a useful technique for identifying the mucoperichondrium and exposing the septal cartilage and can be easily adopted by the trainee as well as the experienced surgeon.

References

- 1 East C. Septoplasty and repair of septal perforation. In: Bleach N, Milford C, van Hasselt A. eds. *Operative Otorhinolaryngology*, 1st edn. London: Blackwell Science, 1997:173–81
- 2 Killian G. The submucous window resection of the nasal septum. *Ann Otol Rhinol Laryngol* 1905;**14**:363
- 3 Cottle MH, Loing RM, Fischer GC, Gaynon IE. The maxilla-premaxilla approach to extensive nasal septum surgery. *Arch Otolaryngol* 1985;**68**:303

Address for correspondence:

Mr J. Philpott, F.R.C.S.,
Department of Otolaryngology – Head and Neck Surgery,
St Mary's Hospital,
London W2 1NY, UK.

Mr G. Mochloulis takes responsibility for the integrity of the content of the paper.

Competing interests: None declared

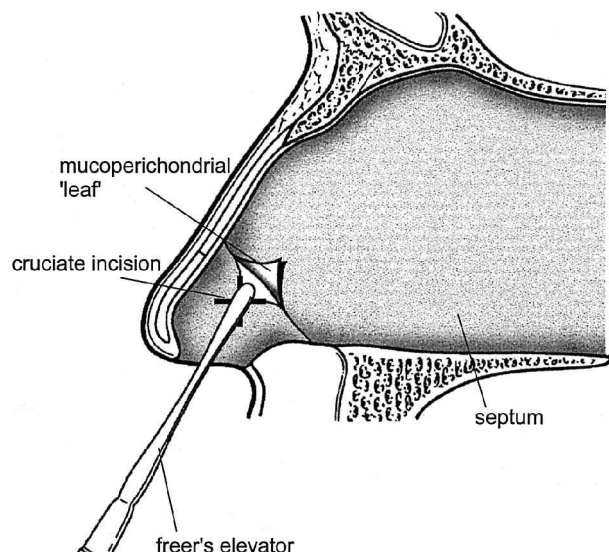


FIG. 1

Perichondrial flap being raised using the leaf created by cruciform incision.

From the Department of Otolaryngology and Head and Neck Surgery, St Mary's Hospital London, UK.
Accepted for publication: 13 November 2000.