



Closed Reduction of a Nasal Fracture Postoperative Instructions

Recovery from anesthesia usually occurs over several hours. Following the surgery, the patient is transported to the recovery room where they are observed for approximately one-half to one hour. They are then transferred to the day surgery unit where they may visit with their family and friends, have something to drink and eat, get out of bed and go to the restroom. Once the patient has fulfilled all of the criteria required by the surgeon and the day surgery staff, they are allowed to return home. We usually have the patient budget 1-2 days off work or school after the procedure.

Diet: The patient is given clear liquids in the day-surgery unit after being transferred from the recovery room. The patient can then advance to a regular diet over the following day or two depending upon whether nausea is present or not.

Activity: We instruct the patient to maintain head elevation while in bed during the first week. This reduces swelling, oozing and discomfort. We suggest no heavy lifting or vigorous activity during the first week. We ask the patient to avoid sports or sports practice during the first week.

Instructions/expectations:

Pain: The pain following a closed reduction of a nasal fracture is generally mild and subsides during the first few days after surgery. It is usually well-controlled by taking Tylenol or a mild narcotic. We would request that the patient avoid NSAID pain medications such as Motrin, ibuprofen, Advil, Aleve or aspirin. It is not uncommon to have some throat pain after the surgery due to the breathing tube which is in place during the operation. This typically lasts several days.

Nausea: Nausea is occasionally present after a general anesthesia. If present in the hospital, the nursing staff can administer anti-nausea medications. If present after discharge, anti-nausea medications can be called in by your surgeon or their office staff.

Fever: Fever is not expected after this surgery. If a fever over 100 is present, please call the physician.

Swelling: There is usually only mild swelling of the lower nose or nostrils. Bruising around the eyes is occasionally present, either from the surgery or the original injury. The bruising typically subsides over the first 1-3 week.

Oozing: Some patients will have oozing of blood or bloody mucus for the first few days. If the patient is having hemorrhage from the nose, we would request that you contact your surgeon for further instructions. The patient is sent home with a drip pad if there is oozing in the hospital prior to discharge.

Cast: The patient may have a cast on the nose after surgery. This typically stays in place for 5 to 7 days after surgery. If it falls off before the patient's first follow-up visit, you do not need to call or try to replace it. If not, it will be removed at the postop visit. Removal of the cast is generally painless.

Splints: In most cases, the surgeon will not insert packing or splints into the nose. If they do place splints, they will discuss care of these with the patient or their family.

Saline: We usually ask patients to start saline nasal spray the day of the surgery or the day after. This is to be administered gently into both nostrils over the sink. Saline is important to promote healing, remove old blood, and to move mucus out of the nose. We usually ask that saline be administered about 3 to 4 times daily for the first week.

Medications:

Pain medication(s) as per your surgeon's instructions. Commonly used medications include acetaminophen or prescription acetaminophen or hydrocodone. Antibiotics will occasionally be prescribed by your surgeon.

Follow-up appointment: Typically one week after surgery. Call the office to confirm appointment.