



Septoplasty and Turbinoplasty Perioperative Instructions

Introduction

This information provides instruction on how to prepare you for nasal surgery and how to care for yourself following surgery. It includes symptoms to monitor, restrictions and guidelines for diet and activity. The following information will help you make a more comfortable and rapid recovery.

What information is needed before surgery?

Before surgery, you need to make your surgeon aware of the following information about you or any other family members:

- A history of bleeding problems or bruising easily
- A history of complications with anesthesia
- Symptoms of upper respiratory infection (cold, runny nose, flu, croup or fever) within one week of surgery
- Exposure to chicken pox or other illnesses within the previous two weeks or any current illnesses
- Medications currently being taken by the patient both prescription and over the counter
- Any allergies or existing medical problems

What about taking medications before surgery?

For two weeks before surgery and two weeks following surgery, it is important that the patient doesn't take any medications that contain aspirin, ibuprofen or naproxen. These medications interfere with blood clotting and may increase the risk of bleeding during or after surgery. Aspirin is in several over the counter medications, for example, Anacin, Pepto-Bismol and Alka-Seltzer Cold. Ibuprofen is in medications such as Advil, Motrin and Pediaprofen. Naproxen sodium is found in Aleve.

Please consult your pharmacist about the content of medications or refer to the information provided with these and other medications.

For pain or fever, the patient should take acetaminophen (Tylenol) or the pain medication prescribed by your doctor, but not both. Acetaminophen does not increase the risk of bleeding.

What are the risks of surgery?

The risks of nasal surgery include, but are not limited to, problems related to:

- Bleeding
- Breathing
- Anesthesia
- Dehydration
- Infection
- Voice Changes
- Cosmetic Deformity
- Perforation of the septum
- Persistent nasal crusting
- A need for additional procedures

Discuss the risks, benefits, and alternatives to surgery with your doctor. Make sure that all your questions are answered before surgery.

What can be expected after surgery?

While it generally takes 5 to 10 days to recover after a septoplasty and/or turbinoplasty, some patients may feel better in just a few days while others may take up to 14 days or longer to recover.

Restrictions

Most patients rest at home for seven days after surgery. As a rule, the patient can return to school or work when they are eating and drinking normally, off pain medications and sleeping through the night. Even though the patient may be feeling well, the risk of bleeding may continue to be longer than 14 days. During this time, the patient should avoid vigorous activity, straining or heavy lifting. In addition, vigorous nose blowing should be avoided/minimized. For six weeks following surgery, the patient should avoid any activities that may risk contact to the nose. For 24 hours following anesthesia or taking prescription medication, one should avoid:

- Rough physical play
- Using motorized or dangerous vehicles, toys or equipment
- Drinking alcoholic beverages
- Making important decisions or signing legal documents

Managing Symptoms

Nausea and vomiting - Some patients may experience nausea and/or vomiting from the general anesthetic during the first 24 to 36 hours following surgery. If promethazine (Phenergan) suppositories or oral ondansetron (Zofran) have been prescribed, use them as directed every six hours. Contact your surgeon as directed if nausea or vomiting is experienced for more than 6 to 12 hours after anti-nausea medication is taken.

Fever - Patients may run a low-grade fever (99 to 101 degrees Fahrenheit) for several days following surgery. Your surgeon will recommend treatment with Tylenol. If the fever rises to 102 degrees or higher, contact your surgeon.

Pain - Most patients experience some pain following nasal surgery. Pain may affect how patients eat, drink or sleep. The degree of pain may vary during recovery from mild to severe and may last up to 14 days following surgery.

Your surgeon will prescribe pain medication that should be administered every 4 to 6 hours for the first few days after surgery. The patient may transition to over-the-counter Tylenol whenever he or she is ready.

The patient's age and medical history will determine if acetaminophen with oxycodone or other narcotics may be safely used. The side effects of oxycodone and many similar narcotics are sedation, nausea, vomiting, constipation and stomach pain. Your surgeon will recommend a dosing schedule that minimizes side effects. **Because it is so important, we again mention that for two weeks following surgery the patient should take no medications that contain aspirin, ibuprofen or naproxen.**

Dehydration can worsen pain, so staying well hydrated will improve pain control. Other steps that can be taken to improve pain control include a humidifier in the patient's bedroom and/or an ice pack loosely applied to the nose for short periods of time. If you experience any complication from your pain medications or any other medications that are prescribed by your surgeon, please contact your surgeon.

Breathing - Swelling in the nose may cause mouth breathing or snoring. Improvement in breathing is generally seen when any internal nasal splints are removed or in 7 to 14 days after surgery. The frequent use of nasal saline spray will help decrease nasal stuffiness and crusting.

In the unlikely event that breathing becomes very difficult or the patient becomes unresponsive, stops breathing or turns blue, CALL 911.

If the patient is breathing too fast or too slowly but is awake and alert, contact your surgeon.

Bleeding - Discuss the risks and management of bleeding with your surgeon. Patients will normally have some mild nasal bleeding and/or blood tinged nasal drainage following nasal surgery. The gauze mustache dressing may be changed as needed and may need to be changed up to 4 to 5 times a night following surgery. If the patient experiences any severe bleeding from the nose or mouth, they should lean their head forward and hold gentle pressure on the sides of the nasal tip. If this persists longer than a few minutes, they should immediately be brought to the closest hospital emergency room. **Again, any severe persistent bleeding requires attention.**

Drinking - It is very important that patients drink plenty of fluid after nasal surgery. Encourage juice, non-caffeinated soft drinks, Popsicles and Jell-O.

If the patient is showing signs of dehydration (has only 2 or 3 urinations per day or is crying without tears), contact your surgeon.

Eating - In general, a normal diet can be resumed immediately after the patient returns home following surgery as long as there is no nausea.

Nasal Congestion - DO NOT blow your nose until you have seen your surgeon back for a postoperative clinic visit and been permission to blow your nose. Use saline (salt water) nasal mist spray if needed for nasal crusting or congestion. If you must cough or sneeze, try to do this with your mouth open.

Voice - The patient's voice may be different after surgery. If there is a voice change that persists for more than three months, notify your surgeon.

Showering - Showering may be resumed immediately after patient returns home following surgery. Care should be taken to keep any external nasal casts dry.

Follow Up Care

Your surgeon and his staff will arrange follow up appointment. If you have any questions or concerns before that time, contact your surgeon.

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