

# Pre-Op and Post-Op Guide to Septoplasty & Turbinate Surgery (With Inclusion of Septorhinoplasty, where appropriate)

These instructions are designed to inform you in an attempt to keep you safe before and after your surgery. We hope you take this information seriously, read it completely, and address any concerns with the doctor or the staff prior to your procedure. Serious harm or death can occur from taking medications or following instructions incorrectly.

## **RESTRICTIONS BEFORE SURGERY**

- ✓ Stop ALL NSAIDS (aspirin, ibuprofen, Advil, Motrin, Motrin IB, Aleve, etc.), herbal supplements (like ginkgo Echinacea, chamomile), high dose vitamin E, omega fish oil for 2 weeks BEFORE surgery. These will increase the risk of bleeding during surgery. Tylenol is ok before surgery.
- ✓ NSAIDs and supplements can be started shortly after surgery.
- ✓ Continue your normal meds, including your nasal steroid (i.e., Nasonex, Flonase, Rhinocort, etc.) until surgery. You will stop your nasal steroid until about a week after surgery.

## **INFORMATION ABOUT THE SURGERIES THAT MAY BE DISCUSSED**

- **Septoplasty:** surgical straightening of the firm, inside wall dividing the nasal cavities.
  - ✓ Involves a small hidden incision inside one nostril. All work is done inside the nose to remove obstructing cartilage and bone. Surgical repair is closed with absorbable sutures. Involves no nasal shape changes.
- **Turbinate reduction/submucous resection:** surgical reduction to the soft tissue (submucosa) and bony turbinate tissue.
  - ✓ Involves small 2 mm incision on the inferior turbinate and an endoscope (camera tube) for visualization.
  - ✓ Microdebrider is used to remove some turbinate soft tissue (much like liposuction) and some bone.
- **Septorhinoplasty:** surgical procedure to improve the cosmetics and breathing function of the nose.
  - ✓ Involves septoplasty, reshaping nasal bones and/or nasal cartilage reshaping. Often involves “breaking” the nasal bones.
  - ✓ Can be done with or without a small incision between the nostrils.
  - ✓ Bruising and swelling around the nose, eyes, and midface is common.

## **GENERAL ACTIVITY**

- Involves outpatient (same day) surgery: BUT if you live alone, you MUST arrange for a driver to take you to/from surgery and check on you the first night post-op.
- If you live >3 hours from the hospital, book a local hotel room the night following surgery.
- You cannot drive the day of surgery nor while you're taking narcotic pain medicine.
- No bending, lifting >40 lb., or vigorous activity for 14 days post-op. You can resume light workouts at 14 days after surgery.
- Blood clots (adults): Walk around 3 times a day after surgery. While in bed and awake, flex your legs and move your feet. This can prevent blood clots forming in the leg veins, a potentially fatal complication of surgery. In general, rest sitting up or reclined and stay as active as you can tolerate after surgery.

*You may bring your iPad or similar video device to use in the preoperative area. The hospital has free Wi-Fi. Be sure the device is in a protective case.*

## **POST-OP RECOVERY**

- Most people require 7-14 days to recover (take 1 week off work or school). Nasal stuffiness is common for 2-4 weeks.
- Most patients take narcotic pain medicine for 1-2 days after surgery and NSAIDs for 1-5 days
- General fatigue for 1-2 weeks is not uncommon and is more common after more extensive sinus surgery

# Pre-Op and Post-Op Guide to Septoplasty & Turbinate Surgery (With Inclusion of Septorhinoplasty, where appropriate)

## POST-OP CARE OF THE NOSE AND SINUSES

- Bloody/watery nasal drainage for 7-10 days is common. You will have some blood dripping from the front of your nose for 2-3 days or so. Use a nasal drip pad (a gauze roll placed under the nose) and change this regularly.
- Use KY Jelly/Ayr Gel/Aquaphor in the nostrils at least 3x/day to keep them moist. You may use a hydrogen peroxide-soaked Q-tip to gently remove dried blood from the front of the nostrils.
- Don't blow your nose hard or sneeze with your mouth closed for 1 week after surgery.
- **Sinus rinsing with salt water (saline): Your most important step for proper nasal care following surgery**
  - ✓ Buy the Neil-Med Sinus Rinse™ kit (over-the-counter at any grocery store or pharmacy) before your surgery day.
  - ✓ Start rinsing approximately 7-10 days after surgery.
  - ✓ Rinse 4-8 oz. per nostril AT LEAST 3x/day (up to 10x/day is ok).
  - ✓ Once a week, microwave both the bottle and black top of your Neil-Med Sinus Rinse™ kit on high for 90 seconds to sterilize.
  - ✓ This cleans your nose of clots and scabs which may be painful to remove after surgery.
- Use Simply Saline™ spray (over-the-counter): use a 2-3 second spray in the nose every hour while you're awake.
- Keep your head elevated when resting; sleep propped up with 2-3 pillows (especially the first 3 nights).
- Use a humidifier or vaporizer within 6 feet of your head at bedtime or in whatever room you'll spend most of your time.
- Septorhinoplasty patients: Ice the top of the nose over your splint for 1-2 days; a bag of frozen corn/peas works well.

## BATHING

→ You may bathe normally immediately after surgery. If you have a nasal splint on the outside of your nose, keep it dry.

## DIET

- Normal daily fluid requirement for adult or child in ounces = 0.5 ounces X body weight in pounds (1 cup+8 ounces)
- In the first 5 days after surgery, drink double or triple the daily fluid requirement. The urine should be light yellow to colorless if fluid intake is adequate.
- Eat when you're hungry. Don't force yourself to eat. Eat anything you want, but avoid hot and spicy foods which can increase nasal blood flow and possibly nasal bleeding.
- Don't drink alcohol while taking narcotic pain medicine. Resume your normal medications unless they were held to decrease your bleeding.
- Take a fiber supplement or stool softener for the first week after surgery and while on narcotics.

## PAIN

- The most discomfort is in the first 1-3 days after surgery. You may experience headaches, nasal tip pain, or teeth sensitivity. Some patients require narcotics for 1-3 days. Septorhinoplasty patients will feel more "bone pain" for 3-7 days
- Take the pain medication as prescribed. Don't take more than prescribe; it may hurt you. It will take away some, not all, of your pain.
- Non-narcotic (over-the-counter) pain medications:
  - Acetaminophen (aka Tylenol) given every 6 hours on a schedule to stay ahead of the pain and encourage hydration. The acetaminophen adult dose is 650 mg. Total acetaminophen from all medications not to exceed 4,000 mg per 24 hours. Tell your doctor if your liver doesn't function normally. This condition requires a lower Acetaminophen dose per 24 hrs.
  - Ibuprofen (aka Advil, Motrin, etc.) may be used in a limited fashion *after surgery*. The adult dose of ibuprofen is 600-800 mg every 8 hrs. NO more than 3 doses in 24 hrs. Tell your doctor if your kidneys don't function normally. This condition requires a lower ibuprofen dose every 8 hrs. Also, you MUST drink plenty fluids to flush ibuprofen through kidneys. DO NOT TAKE if dehydrated.

## **Pre-Op and Post-Op Guide to Septoplasty & Turbinate Surgery (With Inclusion of Septorhinoplasty, where appropriate)**

### **FOLLOW-UP CARE**

- Nasal packs: usually no packing is used. If placed, nasal packs will be removed 1-3 days after surgery.
- Nasal splint(s): If placed, internally or externally, these are removed at 7 days after surgery.
- Post-op visits: Usually at 1 and 4-6 weeks (and sometimes 8 and 12 weeks) following surgery.
- Make your first post-op appointment before your surgery. More frequent appointments may be needed for the best results after sinus surgery.
- Post-op sinus surgery appointments may require nasal scab removal. Plan on taking a pain pill 1 hour before your 1<sup>st</sup> and possibly second appointment if your nose is excessively sensitive.

### **WHEN TO CALL THE DOCTOR**

- ✓ Excessive nasal bleeding.
- ✓ Medication reactions: rashes, itching, difficulty breathing, etc.
- ✓ Leg swelling
- ✓ Difficulty breathing, getting your breath, high rate of breathing
- ✓ Chest pain, chest tightness, chest heaviness
- ✓ Persistent fever over 102.5 °F (taken via ear scan thermometer or similarly accurate device) (not oral temp)
- ✓ Dehydration