

Postoperative Instructions: Septoplasty/Turbinate Reduction

PAIN CONTROL: You may experience a mild sore throat from the endotracheal tube used during general anaesthesia. It should improve on its own after 4-5 days. Gargling or using throat lozenges can alleviate the discomfort in the meantime. Try to use over-the-counter Extra-strength Tylenol for mild to moderate pain. However, for severe pain, your provider has prescribed a narcotic that can be taken every 4 hours as needed. Especially in the 1st week postoperatively, do not use Aspirin, Advil, Motrin, Ibuprofen, Aleve, Vitamin E, or other similar medications, that also can also act as blood thinners, increasing your risk of nose bleeding. Be aware that prescription opioid analgesics (Percocet, Tylenol #3, Oxycodone, Vicodin) may produce constipation as well as make you feel drowsy. Use a stool softener such as Dulcolax or Miralax to prevent constipation. Your pharmacist can assist you in choosing a stool softener or laxative that is right for you. You can use cold compresses for the first 3-4 days postoperatively if there is an external nasal or facial swelling. After 4 days, warm compresses are more effective. Any swelling that continues to worsen after 4-5 days, especially with worsening pain, should be reported to your provider.

DIET: You can resume normal diet as tolerated immediately after surgery. Drink plenty of liquids.

ACTIVITY: Avoid strenuous activity that involves lifting weights over 10 pounds or heavy exercising, for a week. You may want to take a few days off work, but may return to sedentary work activities (desk work) as tolerated. Avoid contact sports or other activities that may risk nasal trauma for a month. Avoid air travel until you see your provider 7-10 days postoperatively.

NASAL SYMPTOMS POSTOPERATIVELY: You can expect to have mild bloody drainage from the back of the nose and on your nasal drip pad on the front of your nose for the first few days postoperatively. More severe bleeding such as bright red blood filling a quarter of a cup in a half hour, should be reported to your provider, and seen in a local emergency room immediately. Your nose may feel congestion that worsens over the first week postoperatively. This is due to some mild swelling combined with accumulation of mucous and old blood that sticks to the raw wounds and dry up producing what are called crusts. You can minimize crust production by using Sinus Rinse at least a couple times per day. You will receive instruction on how to use this simple to use over-the-counter product, which is available at most pharmacies, Costco, or Wal-Mart Stores. In select situations, your provider may elect to use some topical medications (steroids, antibiotics, etc.) that can be added into your Sinus Rinse. Also, very limited use of over-the-counter decongestant sprays (Afrin, Neosynephrine, etc.) is permitted in the immediate postoperative period, until you see your provider 7-10 days postoperatively.

POSTOPERATIVE CARE: Your first postoperative visit to your provider will be approximately 7-10 days after surgery. During this first visit your provider will suction your nose and remove any accumulated crusts that may have formed, that is causing some nasal congestion. Daily rinsing reduces the accumulations of these crusts. Although rarely too painful, you may want to take 1-2 pills of your prescription pain medicine 30 minutes prior to your first visit.

Please call your provider if you are experiencing the following:

- It is common to have a low grade fever for the first 5-7 days after surgery <102°. However, any fever >102° Fahrenheit should be reported

- Persistent bright red nasal bleeding resulting in filling more than a quarter of a cup in a half hour
- Persistent nausea and vomiting
- Progressing pain that is not alleviated by prescription pain medication
- Any change in mental status or vision (increased confusion, slurred speech, double vision or decreased vision)
- If you have increasing shortness of breath (breathing through your mouth), chest pain, or severe nasal bleeding call 911 or go to the nearest emergency room.