

POSTOPERATIVE INSTRUCTIONS FOR SEPTOPLASTY AND TURBINATE REDUCTION SURGERY

You have elected to proceed with a “Septoplasty” and/or “Turbinate Reduction” surgery. To best prepare yourself for the procedure, it is important that you review the general instructions and information below.

I. WHAT TO EXPECT (NORMAL SYMPTOMS) AFTER NASAL SURGERY

1. Nasal Congestion

- a. It is normal to experience nasal congestion after surgery. This is due to a combination of:
 - i. Swelling of the soft tissues inside the nose
 - ii. Splints that were placed inside the nose and will be removed at your first post-operative visit
 - iii. Accumulations of blood and mucus in the nose and sinuses, which will resolve as you perform nasal saline irrigations

2. Bloody Nasal Drainage

- a. It is normal to experience some bloody drainage from the nose in the first week after surgery
 - i. The expected amount of post-operative bloody drainage is a slow but consistent ooze from one or both nostrils
 - ii. The drainage will soak the gauze dressing under your nose within a few hours, requiring the dressing to be changed frequently
 - iii. A brisk, high-flow bleed should be reported to your doctor by calling (310) 423-1220

3. Crusting

- a. It is normal to develop large crusts (dried blood and mucus) inside your nose in the first week after surgery
- b. Please do not pick the crusts out, but rather:
 - i. These crusts can be dissolved over time by use of nasal saline irrigation
 - ii. You may also use Q-tip or cotton ball soaked with peroxide to gently remove any scabs or crusts that form around the nostrils

4. Pain

- a. It is normal to experience a moderate amount of pain after surgery
- b. For pain control:

- i. Applying ice packs to the face around the nose (not directly on the nose) can help to reduce pain and swelling in this area. You can ice for 5-10 minutes at a time every few hours for the first week after surgery
- ii. Your doctor may also recommend a combination of Tylenol and Ibuprofen after surgery, or may send a prescription for stronger pain medications to your pharmacy. Use as directed, and never take pain medications on an empty stomach.

5. Nausea

- a. Nausea and/or vomiting is common in the first day or two after surgery
 - i. This is due to the aftereffects of anesthesia, and should subside within a day or two after surgery
- b. There are no specific dietary restrictions after surgery, but it is generally recommended to start with liquids (if you are nauseous) and then slowly advance to a regular diet as tolerated in the first few days after surgery

II. SURGICAL DRESSINGS AND WOUND CARE

1. Gauze Dressing Under the Nostrils

- a. A small gauze dressing will be placed underneath your nostrils to prevent nasal drainage from dripping
 - i. You can change this gauze dressing as needed whenever it becomes saturated (in the first few days, this may be every few hours)
 - ii. The nursing staff will provide some supplies so that you can replace these dressing at home, but you may also need to purchase additional supplies (obtained at any pharmacy)
 - iii. We recommend use of 4" x 4" (or similarly sized) gauze dressing and soft medical tape

2. Splints

- a. Splints are soft silicone tubes that are sewn in place inside the nose (temporarily) to stabilize the septum after surgery. These will be removed at your first post-operative visit
- b. Splints can make it difficult to breathe through your nose in the first week after surgery until they are removed
 - i. Please be reassured that this is normal and expected and will improve after the splints are removed

3. Nasal Saline Irrigation

- a. Rinsing the inside of your nose is important to optimize healing after surgery
- b. Please perform nasal irrigation at least once or twice a day using any of the following:

- i. *NeilMed* Sinus Rinse Kit
 - ii. *NeilMed* Neti Pot
 - iii. Any other similar device nasal irrigation device
- c. While the splints are in place (the first week after surgery), they will partially block the nostrils, so you will likely not be able to get the saline irrigation deep into the nasal cavity
 - i. Please just perform the irrigation in the nostrils to clear out any crusts / dried blood in the nostril openings
- d. After the splints are removed at the first post-operative visit, you will be able to perform the full saline irrigation (in one nostril and out the other)
 - i. You are recommended to continue irrigation for 1 month after surgery

4. Sutures and Incisions

- a. The external skin incision between your two nostrils will have sutures that need to be removed at your first post-operative visit
 - i. Please apply Vaseline, Aquaphor, or any other antibiotic ointment to this incision two to three times a day for the first 2 weeks after surgery
- b. The internal incisions inside the nostrils will have sutures that will dissolve with saline irrigation and do not need to be removed

III. ACTIVITY LIMITATIONS

1. Blowing Your Nose

- a. Please do not blow your nose for 1 week after surgery
 - i. Blowing your nose may potentially cause:
 - 1. Bleeding
 - 2. Disruption of healing
 - 3. Leakage of air that causes the skin to swell around your eye and be extremely uncomfortable
 - ii. If you sneeze, please do so with your mouth open (and of course covered with a tissue, etc.)
 - 1. Do not try to hold it in, as this can cause bleeding
 - 2. Do not sneeze with your mouth and nose closed, as this can also cause bleeding

2. Light Exercise

- a. Light exercise and activities (i.e. walking, small household chores, etc.) are acceptable and encouraged after surgery
 - i. Getting up and out of bed can help to prevent complications such as blood clot formation in the legs (which can rarely occur after general anesthesia)

3. Heavy Exercise

- a. Heavy lifting / strenuous activities should be avoided for the 1 week after surgery.

These activities include:

- i. Lifting anything heavier than 10 pounds
 - ii. Bending over with your head below level of the heart
 - iii. Strenuous exercise that may raise your blood pressure or heart rate (i.e. long runs, sprinting, cycling, swimming, etc.)
- b. For contact sports and activities (i.e. anything where you may get hit on the nose), please avoid for 4-6 weeks after surgery

4. Flying

- a. Do not fly for 1 week after surgery, and only after given clearance by your surgeon after your first post-operative appointment

IV. POST-OPERATIVE MEDICATIONS

- 1. Please resume all your routine medications after surgery
 - a. Important Exception: Do not restart blood thinning medications such as Plavix or Coumadin (Warfarin), until specifically instructed to do so by your surgeon
 - b. NSAIDs such as Ibuprofen, Advil, Motrin, and Aleve are OK to use after surgery
- 2. Some patients may be prescribed antibiotics after surgery. Please complete the full course of antibiotics as directed

V. POST-OPERATIVE APPOINTMENTS AND FOLLOW-UP

1. First Post-operative Visit

- a. The first post-operative visit will be approximately 1 week after surgery. At this visit, the following will occur:
 - i. Internal splints, external casts, and sutures placed during surgery will be taken out
 - 1. Removal of splints, cast, and/or sutures can be uncomfortable
 - 2. It may be helpful to have someone drive you to the first post-operative appointment, so you can take pain medication prior to your appointment if needed
 - ii. If you had Sinus Surgery at the same time, the surgeon will need to perform a post-operative sinus cleaning, also known as a “sinus debridement”
- b. The first post-operative appointment should have been scheduled for you by our surgery schedulers. If you do not have a post-operative appointment, please call (310) 423-1220 to schedule

2. Additional Post-operative Visits (after the first post-operative visit)

- a. Depending on the type of surgery you had performed, there may be one or more additional post-operative visits after your first post-operative visit
 - i. These visits are to check that everything is healing appropriately and to help answer any questions you may have about the surgical recovery
- b. If you had Sinus Surgery, additional post-operative “sinus debridements” may be performed at these follow-up visits
 - i. For the most successful outcomes, it is important that you keep all of your post-operative appointments

VI. FREQUENTLY ASKED QUESTIONS (FAQs)

1. Is it normal to have a stuffy nose after surgery?

- a. Yes. The first week or two after surgery, your nose will feel very congested. *For more information, please see Section I.1 above*

2. When can I blow my nose?

- a. You can blow your nose gently 1 week after surgery. *For more information, please see Section III.1 above*

3. How many times do I need to rinse a day?

- a. At a minimum once or twice a day (but you may heal faster if you perform more). *For more information, please see Section II.3 above*

4. What can I use if there is a little bleeding?

- a. If you experience a sudden increase in nasal bleeding after surgery, you can spray Afrin (oxymetazoline, available over the counter) into the affected nostril and then pinch the nostrils and hold pressure for 10 minutes.
- b. Applying ice packs to the face and sucking on ice cubes can also help to reduce bleeding.
- c. If there is still persistently increased bleeding despite the above, please call the office at (310) 423-1220.

5. When can I shower?

- a. It is ok to shower immediately after surgery. However, if you have an external cast on the nose, please try to keep the cast as dry as possible. *For more information, please see Section II.4*

6. When can I resume exercise?

- a. For light exercise and activities, OK to resume the day of surgery. For heavy exercise and activities, please avoid for 1 week. *For more information, please see Section III.2 and III.3 above*

7. When can I resume contact sports, such as soccer, football or basketball?

- a. You can resume these activities 4-6 weeks after surgery. *For more information, please see Section III.3 above*

8. When do I need to follow-up?

- a. Your first post-operative appointment should be approximately 1 week after surgery. There may be (depending on the type of surgery) additional follow-up visits after this, to be determined by your surgeon at the first post-operative visit.
For more information, please see Section V.1 and V.2

9. When can I fly?

- a. After 1 week. *For more information, please see Section III.4.*