

## NASAL SEPTAL SURGERY INSTRUCTIONS INSTRUCTIONS PRIOR TO SURGERY

### NO ASPIRIN OR NSAIDs (e.g., ibuprofen) ONE WEEK PRIOR TO SURGERY

- I. Please read and familiarize yourself with these instructions both BEFORE and AFTER surgery. By following them carefully, you will assist in obtaining the best possible results from your surgery. If questions arise, do not hesitate to communicate with us and discuss your questions at any time. Take this list to the hospital with you and begin observing these directions on the day of surgery.
- II. You will report to the hospital according to the instructions given to you by our office. If you are to have surgery in the afternoon, do not eat anything or drink anything that morning, or your surgery will be canceled. In addition, if you have a cold, cough or fever, we prefer to delay the surgery until your health improves.
- III. Please remove all jewelry, including all body piercings.
- IV. Physicians give some patients prescribed medications to take as directed prior to surgery. The medications you normally take should be continued the morning of surgery with a sip of water (except for those on the list to be avoided).
- V. **Please see the list of medicines, including aspirin and ibuprofen, that you must discontinue taking two weeks prior to surgery.**

### INSTRUCTIONS FOLLOWING SURGERY

Every operation is accompanied by swelling of the surrounding tissues. Following septal surgery, almost all of the swelling occurs within the nose. This swelling will cause near complete nasal obstruction after surgery. This swelling is usually greatest the second and third days after the operation. The majority of the swelling will subside within one week. There are several things you can do during the first week to will help minimize the swelling.

1. During the day, stay or sit upright or stand as much as possible.
2. Sleep with the head of the bed elevated with two or three pillows or sleep in a recliner chair.
3. Apply ice packs to your nose for 20 minutes every two hours while awake for the first 24 hours.
4. Avoid bending over or lifting anything heavy.
5. If nasal congestion becomes very uncomfortable after 24 hours, you may use Afrin® (a nasal decongestant spray)—one spray each nostril every eight hours as needed for a **MAXIMUM** of three days. Excess Afrin can lead to rebound increased congestion.

#### I. Facial Care:

1. Wash your face gently with mild soap and water twice daily after discharge from the hospital.
2. Men can begin shaving (except the upper lip area) as soon as desired.

#### II. Nasal care:

1. **Do not blow your nose for one week, and then you may blow both sides at the same time.**
2. Avoid sneezing—if you have to sneeze, “sneeze” through your mouth.
3. During the first night after surgery, you can expect that your nose will be obstructed because there may be packing in it. You will have a drip pad underneath the nose that you may have to change seven to eight times during the night because of bleeding. It is not unusual to see a lot of blood. You should be sleeping with your head up, which will allow drainage to flow into your drip pad and minimize dripping into the back of the throat.
4. If you had nasal packing inserted at the time of surgery, you will need to remove these packs on the first day after surgery or **as directed by your doctor**. The nasal packs are slender sponges with strings that are taped to your nose or cheeks.

Using a firm, steady pull, remove the sponges and allow them to fall into the sink. Lean over and let the blood drip into the sink until it clots and stops. The bleeding may be heavy for up to 15 minutes. Sit up and place a drip pad under your nose and use it as long as you have any excess drainage of blood or mucus. You may need to change the drip pad as often as every hour. You can then apply some drip pads. Do not be alarmed if you have some bleeding upward of 15 minutes. You may need a drip pad for a few days after the initial surgery.

5. You may change the drip pad as often as necessary but do not rub the nostrils.
6. Avoid “sniffing” if the nose feels blocked. This action will only aggravate it because suction creates more swelling.
7. After leaving the hospital, you may clean the nostrils with a cotton applicator (Q-tip) saturated with hydrogen peroxide.
8. You may use saltwater nasal spray (Ocean, Ayr, etc.) as tolerated to help clear crusts in the nose. Use the saltwater spray gently. The nose usually remains congested for seven to 10 days after surgery.

### **III. Other:**

1. No swimming, gym or strenuous activity for one month. No diving or water skiing for two months. Avoid exertion.
2. You should avoid smoking and alcohol for the first weeks postoperatively.
3. Continue the medication you take home from the hospital as directed until the supply is exhausted.
4. It is wise not to pick up small children for two weeks after the operation, as they may accidentally hit your nose.

### **5. Report:**

- any excessive pain
- any rise in temperature over 102 degrees
- any injury to your nose

### **RISKS OF NASAL SEPTAL SURGERY**

As with every surgical procedure, there are risks and complications associated with nasal septal surgery. The purpose of the procedure is to straighten out the nasal septum so that it lies as close to the midline as possible, thus allowing symmetric nasal breathing. While every attempt is made to achieve the ideal, there can be some shifting of the cartilage and bone during the healing process. Bleeding or infection is rarely severe.

Septal perforation leading to chronic crusting and bleeding and persistent obstruction is also rarely seen. Decrease or loss of the sense of smell has been reported as well. Some patients report some numbness in the base of the septum and upper central teeth, which resolves over several weeks in virtually all cases.

General anesthesia is the preferred method for septal surgery. The techniques involved use short-acting medications so that the surgery can be safely performed on an outpatient basis unless you have complicating medical conditions. Adverse reactions to general anesthesia do occasionally occur and, although unusual, could be serious. You will have the opportunity to discuss this further with your anesthesiologist on the day of surgery.