SEPTOPLASTY/TURBINOPLASTY

Septoplasty/Turbinoplasty is usually done under general anesthesia. Patients may be groggy for several hours after surgery. Some may remain sleepy for much of the rest of the day. Nausea and vomiting are occasionally seen and often improve by the evening of the surgery without intervention.

BEFORE SURGERY: No aspirin, Motrin, Ibuprofen, Advil, Nuprin or any other anti-inflammatory medicine for one week before and one week after surgery. Also avoid Vitamin E, herbal supplements, herbal teas, and red wine for one week prior to surgery. Tylenol is permitted at anytime. If you take Coumadin or other blood thinners please discuss this with your surgeon. Please do not eat or drink anything after midnight the night before surgery, but you may take any prescription medicines the morning of surgery with a sip of water. The hospital or surgical center will call you the day before with time and instructions for surgery. Make arrangements for a ride home after surgery.

PAIN: A moderate amount of pain is normal. A feeling of severe congestion and frequent headaches are also to be expected. Some of the discomfort is related to the surgery; most of it is related to the splints that have been placed inside your nose, which will be removed in 4-5 days. Severe, “deep” or worsening pain should be reported to our office immediately as it may indicate bleeding under the surgical site.

NASAL OBSTRUCTION/CONGESTION may be present for 3-4 weeks. This will initially be caused by the splints and after the splints are removed there will be swelling due to the surgery itself.

- DO NOT BLOW YOUR NOSE for two weeks, as this can do damage to healing tissue.
- If you remain congested or feel something in your nose, do not attempt to pull it out yourself. Call our office for an appointment, as sometimes blood clots or mucous need to be removed.
- Sleeping with your head elevated about 30 degrees by a stack of pillows or a reclining chair will help with the discomfort during the first week after surgery.

TURBINATES: Turbinates are the scrolls of tissue projecting out from the outer wall of the nasal cavity. They are the dust collectors and humidifiers of the nose. They are typically reduced in size and pushed off to the side during surgery. They can cause post-operative bleeding and crusting. There is a risk that the nose can be too dry and crusty after surgery, but this is unusual.
**MEDICATIONS** will be given to you to help control pain and an antibiotic will be given to help prevent infection. Please take these as directed and finish all your antibiotics. Make sure you take your pain medication with some food, as taking it on an empty stomach can induce nausea/vomiting. Use over the counter nasal saline (salt water) spray every two hours while you are awake. A humidifier in the room at night is helpful to keep the nose and mouth moist. Antibiotic ointment (Bacitracin, Bactroban, Neosporin, etc.) placed just inside the nostrils 3 times a day will help your nose heal faster. This can be gently applied with a Q-tip or a finger tip. Continue this until the crusting stops forming, usually 3-4 weeks. If you have any questions regarding your medicines, the dosing, or side effects, please call the office.

**GENERAL INSTRUCTIONS**

- **DO NOT** drive, make important decisions, use power tools, drink alcohol, tend children, or climb ladders for the first day or two after surgery. Your judgment or alertness is probably seriously impaired.
- Fainting or lightheadedness may occur. Use caution and move slowly when getting up from a bed or chair.
- Avoid strenuous activities or lifting any object heavier than 20 pounds for the next 2-3 weeks. Avoid bending at the waist as much as possible.
- Bleeding and drainage from the nose is common and you will be sent home with a gauze drip pad in place. You will probably need to use a drip pad for several days after surgery.
- Please do not blow your nose for 2 weeks.
- Call our office at 801-328-2522 with any questions or concerns.

**RISKS**

- While your nose has the packing/splints inserted you may experience headaches and/or sinus infections. Please remember you MUST take your antibiotic as directed by your doctor. Failure to take your antibiotic can result in an infection in your nose, nasal deformity, and toxic shock syndrome which is characterized by high fevers, rashes and weakness, and may result in death. Infection in the cartilage may cause a hole in the septum, or a collapse in the dorsum of the nose (a “saddle-nose” deformity). Smoking after surgery dramatically increases the risk of infection, deformity, and a perforation.
- Heavy bleeding from the nose is rare and usually not serious. Should it happen, remain calm, keep your head elevated, and apply ice compresses to the side of the bleeding. Place a paper towel under your nostrils to absorb the blood, but **DO NOT INSERT ANYTHING** into the nostrils as this may cause damage to your nose. Over the counter nasal decongestant spray, such as Afrin, will slow down the bleeding. Please call if you develop continuous bleeding of bright red blood (if the drip pad is saturated every 20 minutes), vomiting of blood, fevers above 101.5 degrees, draining pus from your nose, worsening pain, persistent nausea, extreme headaches or any vision changes.
• The sense of smell may not improve after septoplasty, and may rarely worsen or completely go away.
• There may be some minor (but improved) congestion, septal irregularity, and septal deviation. One side may be more open than the other. Scarring may form inside the nose. No nose is perfect after surgery. Rarely there can be increased dryness and crusting. Occasionally revision surgery is necessary. This typically is not performed until 9-12 months after surgery.

WHEN TO CALL US
• Worsening pain/headaches
• Vision changes
• Temperature greater than 101.5
• Continued bleeding of bright red blood (if the nasal drip pad is soaking through more than every 15 minutes)
• Persistent nausea or vomiting
• Drainage of pus from the nose
• Signs of dehydration (dry mouth, lack of tears, infrequent urination, fainting if standing up)
• Excessive diarrhea or constipation
• Any questions or concerns

FOLLOW UP APPOINTMENTS ARE IMPORTANT. PLEASE CALL OUR OFFICE AT 801-328-2522 TO SCHEDULE AN APPOINTMENT AS DOCTORS SCHEDULES DO FILL UP QUICKLY.

Please schedule your follow up appointment for 4-5 days from surgery to have your splints removed.