



---

## **POST OPERATIVE INSTRUCTIONS**

### **Septoplasty and/or Turbinate Reduction**

This sheet will tell you about post-operative care for the septoplasty patient. Please read these instructions carefully. If you have any questions or concerns, either before or following the surgery, please call the office at 540-347-0505.

The post operative patient will be discharged from the Outpatient Department of the hospital, after he/she is fully awake and the danger of serious bleeding is minimal. He/she may be drowsy and nauseated. Please allow the patient to rest as much as possible upon arrival at home.

#### **WHAT TO EXPECT AFTER SEPTAL SURGERY**

1. **Nasal Drainage** -- Following surgery, there may be nasal packing in the nose and a small mustache dressing under the nose to absorb the drainage. There may be internal splints in place, as well. At first the drainage will be bright red, but should change to pink within 24 hours. You will be instructed on how to change the dressing by the Outpatient Department staff prior to being discharged. This dressing may need to be changed frequently for the first day. Once the packing is removed at the office several days after surgery, drainage may continue. Normally such drainage will be dark reddish brown in color or even a little yellow.

2. **Nasal Congestion** -- For the first week after surgery, swelling of the mucous membranes of your nose will make your head feel stuffy. Please be patient because the stuffiness will gradually decrease over the next few weeks. After this, the improvement in your nasal breathing should be noticeable. Once the nasal packing/splints are removed at the first office visit following surgery, much of the initial pressure will be relieved.

3. **Discomfort After Surgery** -- Discomfort after this type of surgery will consist more of an ache or pressure rather than actual pain. This pressure may increase somewhat during the first week. These symptoms arise from increased swelling and the accumulation of sinus secretions. Take, as directed, the pain medication that has been prescribed for you. If this does not relieve the discomfort, try adding the Phenergan that was prescribed. If this still gives only minimal relief please contact us. **DO NOT TAKE ASPIRIN or IBUPROFEN**, or any products containing these ingredients, as they can increase risk of bleeding.

4. **Medications** -- Take the medications, as directed, that have been prescribed for you. Generally these include an antibiotic to prevent infection, something for pain relief, and something for nausea.

5. **Nasal Irrigation/Spray** -- You were given instructions for cleaning your nose with saline at home at your preoperative visit or will be instructed by the physician after surgery. Use of saline to your nose is imperative and is the most important aspect of what you can do to make recovery as quick and as easily as possible.

6. **Post Operative Visits** -- It is very important to keep all post-operative appointments. At these visits, the surgeon will clean and examine your operative area. The frequency of these visits varies, depending on your rate of healing. We recommend that you eat before arriving for your appointments and that you take your pain medication one hour prior to your first and second office visit. If you are taking a prescription pain medication with codeine, or something similar, please have someone drive you.

#### **PRECAUTIONS DURING THE FIRST WEEK**

**Activity** -- Even though your surgery may seem minor, your body needs additional time and rest for healing. Stay home the first few days and until you are seen in the office for the first post operative visit. Gradually increase your activity over a one week period. If approved by the physician, more intense physical activities such as swimming, jogging, aerobics, may be resumed after two to three weeks. But avoid bending over and lifting heavy objects (over 5 pounds) during the first two to three weeks. These activities place increased pressure on the operative site.

**Do Not Blow Your Nose** -- It is important that you do not blow your nose. You may sniff back secretions. Blowing your nose places too much pressure on the operative site and may cause bleeding. Usually you may blow your nose after the first or second visit to the office. Please check with the doctor while you are in the office to obtain clearance.

**Sneezing** -- If you must sneeze, do so with your mouth open. This will reduce pressure and discomfort to the operative site.

### **SUGGESTIONS FOR COMFORT**

Keep the head elevated on 2 to 3 pillows. This position will help decrease swelling and allows for better drainage of secretions. Using a cool vapor humidifier at your bedside for the first week may aid in relieving dryness. Keep plenty of liquids available, such as juices, water, & tea. You may also want to have some lip balm and hard candy on hand to ease the dryness caused by increased mouth breathing.

### **CALL YOUR DOCTOR IMMEDIATELY IF YOU HAVE ANY OF THE FOLLOWING:**

1. **Visual problems**, such as loss of vision, double vision, black eyes or increased swelling of the eyes.
2. **Neck stiffness** (you are unable to touch your chin to your chest) accompanied by fever, extreme fatigue, and marked headache.
3. **Fever** over 101.5 degrees.
4. **Excessive bleeding** from the mouth or nose.
5. **Increased anxiety** or changes in behavior.