

David A. Phillips, MD
Christopher Y. Chang, MD
Catie Chalmers, MS, CCC/A
Judy Foster, RN

550 Hospital Drive
Warrenton, VA 20186
T 540-347-0505
F 540-347-5224
www.fauquierent.net

FAUQUIER EAR NOSE & THROAT CONSULTANTS, PLC



Post-Procedure Instructions

Internal & External Nasal/Sinus Surgery

Septoplasty/Turbinate Reduction/Sinus Surgery- You may have a thin plastic splint that is placed during your surgery on each side of your septum (cartilage that separates left and right sides of the nose). These are typically removed 1 week after surgery. Nasal packing may also be present. These will generally be removed 1-5 days after surgery. While nasal packing is in place, you will not be able to breathe through your nose. Once packing is removed (or the day after surgery if no nasal packing placed), you **MUST** perform saline nasal irrigation (spray for the first 3 days, and irrigations thereafter). Saline washes will slowly and gently dissolve any crusting and promote good healing. Perform up to every 2 hours while awake. Forcibly removing crusting and drainage by blowing or picking your nose will tear the mucosa and only cause further bleeding and re-crusting resulting in a vicious cycle that will not heal properly (imagine lips that are dry and cracked). Sneeze with your mouth open! You will experience nasal congestion, obstruction, and blood-tinged drainage. However, with time, this will all resolve. Remember, healing is a process, not an event.

Rhinoplasty- Everything from the above paragraph applies. In addition, you will have an external nasal splint to keep swelling to a minimum and hold the nasal structure in place. This helps to keep the nose in position and protect it from accidental injury. **DO NOT REMOVE THIS!** It will be removed at the first visit. However, it may fall off on its own in about 7 days. You may notice bruising around the eyes. This is normal and can be kept at a minimum by applying ice for the first 36 hours (20 minutes on, 20 minutes off in alternation while awake). This will also help with swelling. You will have sutures along the inside lower edge of your nose. You may have sutures on the outside of your nose as well. Keep head elevated on a pillow when laying down.

Admonitions

- Do NOT blow your nose
- Do NOT sneeze with your mouth closed
- Do NOT try to forcibly or manually remove crusting with your fingers
- Do NOT drive while taking any narcotic pain medications.
- NO STRENUOUS ACTIVITY during this time. Avoid bending over/lifting/pushing/pulling anything over 5 pounds.
- Resume normal diet as tolerated. Please drink plenty of fluids during this time (64 ounces per day at least). It is normal to have a decreased appetite for the first few days after surgery.
- **NASAL CARE.** There will be a mustache-like dressing (nasal drip pad) on your upper lip to absorb any drainage. It is common to change this dressing often immediately after surgery. Before you leave the hospital, you will be given any supplies and dressings you may need for you at home care. Once drainage stops, you no longer have to use this dressing. Remember, at the start of your recovery, you will have increased nasal drainage, often with some bright red bleeding. Do not be alarmed. A small amount of bleeding is not unusual and may continue through the first week. Any heavy, bright red bleeding should be reported to the doctor. Old blood which accumulates in the nose during surgery is reddish brown in color, drains from the nose for a week or more and is of no worry. It is common for moderate amount of drainage which is thick and discolored to continue from four to six weeks after surgery. The small mustache-dressing under your nose is for your convenience and may need to be changed frequently. When the drainage slows, you will not need to wear it. Gently wipe or dab your nose with a soft facial tissue. You will

experience a stuffy, congested nose for several weeks. Do not insert anything into your nose. If some dried blood has accumulated within your nostrils, you may gently remove it with a cotton tipped applicator moistened in hydrogen peroxide. Do perform saline nasal washes. It will help more than any prescription medication to promote healing and prevent infection.

- For rhinoplasties, DO remove any scabs and crusting along the inside edges of your nose and any incisions on the outside of your nose with half strength hydrogen peroxide (mixed with water) before applying bacitracin ointment. A Q-tip is helpful.
- DRY LIPS. Dry lips caused by breathing through your mouth can be moistened with Vaseline or baby oil.
- AIR TRAVEL. Airplanes are dry and you must be sure to keep your nose moist by using a salt-water (saline) nasal spray frequently during your flight. If you experience facial pressure during air travel, a decongestant pill (e.g. Sudafed) or using a nasal spray (e.g. Afrin, Neo-Synephrine) may provide comfort.
- THROAT CARE. Your throat may continue to be sore following surgery. It will hurt to swallow. To help keep the back of the throat moist, use a room humidifier. You will have medicine for the pain to help reduce any swelling and to prevent infection.
- ACTIVITY. You will feel a lack of energy for two to three weeks and will need more rest than usual. Reduce your activity level to accommodate these needs. Heavy lifting or straining is not recommended.
- VOICE. You may notice your voice has an unusual sound quality. This is not uncommon and generally will return to normal as your throat heals.
- THE RECOVERY PROCESS. Your nasal breathing will not be its best surgery. Some days, the breathing will be good. Other days, it will not. During your nasal breathing to alternate from one side of the nose to the other.

Medications and Follow-Up

- Narcotic pain killer as instructed (generally 1-3 tabs every 4 hours as needed).
- Antibiotic as instructed.
- Bacitracin ointment if incisions present (over-the-counter)
- Afrin 1-3 sprays to the nose every 6 hours as needed for nasal bleeding. After spraying, pinch the nose for 10 minutes by the clock (over-the-counter)
- Saline nasal spray 4 sprays to the nose every 2 hours while awake (over-the-counter)
- Phenergan 25mg every 6 hours as needed for nausea
- Resume all home meds except NSAIDS (motrin, ibuprofen, aspirin, etc) and anti-platelet medications (ticlid, plavix, etc) which may be resumed in 3 days. Coumadin may be resumed the day after surgery as instructed by your PCP.

You will have a return appointment in about one week unless otherwise instructed by your physician. If applicable, on return visit, the final pathology should be known as it takes about 7 days for determination.

Contact Us

- With any questions or concerns during business hours if not life-threatening.
- Call us immediately if temperature >101.5 for more than 24 hours, persistent bright red bleeding, difficulty swallowing or breathing, sudden swelling, severe headaches, double or worsening vision, severe headache or pain.