



**POST-OPERATIVE CARE FOLLOWING
NASAL SURGERY**

SEPTOPLASTY/INFERIOR TURBINATE REDUCTION/FESS/SINUS SURGERY

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This information sheet is providing you with general information which may or may not pertain to your case. Each patient is different and you are encouraged to seek advice from Dr Chow about any concerns. Every aspect of the surgery cannot be covered in this sheet.

Septoplasty/inferior turbinate reduction

Possible Complications

Modern surgery is safe but does have risks. Complications can occur despite the highest standards and world's best practice principles used by Dr Chow. It is not possible to list all the risks but you should be informed of the common side effects and benefits so that you can make an informed consent. Dr Chow will discuss these in greater detail at consultation. You should write down any particular questions or specific concerns.

The potential risks are

General risk of surgery

- Wound infection – may require antibiotics
- Bleeding, blood clots or seroma
- Chest infection
- Sore throat from the breathing tube
- Scars that become raised (hypertrophic or keloid)

Specific Risks

- Bleeding for first few weeks
- Returning to hospital or operating theatre to control post operative bleeding (less than 1%)
- Nerve damage
- Recurrence of the original problem
- Worsening of the deformity or nasal obstruction
- Septal perforation, whistling, crusting and ongoing bleeding
- Revision surgery
- Infection
- Scar
- Anaesthetic
- Saddle deformity – flattening of nose

PREOPERATIVE (Before surgery) INSTRUCTIONS

- Please cease Aspirin, Aspirin-containing products, Plavix, Iscover and non-steroidal anti-inflammatories (such as Ibuprofen) for 10 days prior to and two weeks following your surgery. If you are on any medications that affect bleeding (such as Warfarin, Xarelto or Rivaroxaban) please notify Dr Chow.

- Smoking tobacco and alcohol increase anaesthetic and surgical risks. Please cease them for one to two weeks prior to and three weeks following surgery. They cause delayed wound healing, skin redness and other complications.
- Please notify us of all your routine medications and significant health history. You can remain on your daily medications, except for blood thinners unless instructed otherwise.
- Arnica, a natural herb that significantly decreases bruising, can be taken before and after surgery along with Vitamin C (ascorbic acid), which helps promote healing.
- If you are having a morning procedure you must not eat or drink after midnight the evening before. If you are having an afternoon procedure you must not eat or drink after 6.00am on the morning of surgery. You may, however, take your normal medications and brush your teeth.
- Please shower and remove any make-up and nail polish before arriving for your procedure.
- Unless you are remaining in hospital someone will need to drive you home after surgery and stay with you that evening.
- If you have any concerns please call the office. Remember, we are all here to give you the best possible care.

POST OPERATIVE

What Can I expect?

If nondissolvable packing is placed inside your nose during surgery, it is removed the morning following surgery. Your face will feel puffy, especially the first day after surgery. The nose will bleed for several hours after the packs are removed but we will make sure you are not bleeding excessively before you are discharged. A nasal bolster under the nose will assist in catching any blood/mucus so that you are not tempted to rub the nose. During the first 24 hours after surgery, you may need to change the nasal absorbent dressing 10-20 times. This is typical. The nurses will instruct you on how to change these absorbent dressings and this can be easily accomplished at home. Some oozing is expected because we sometimes avoid packing the nose, which causes considerable discomfort.

Sometimes, internal non dissolvable dressings/splints are inserted which will make the nose stuffy and blocked. These dressings may be sutured into the nose so do not pull them out as it will disrupt the wound and cause excessive bleeding. The internal dressings will be removed at the first post operative visit.

Pain medication may be required. Dr Chow will advise you to cleanse your nose with nasal irrigation or douches for at least 4 weeks and gently blow your nose after one week.

Absorbable sutures are usually used so they do not have to be removed. You can shower on the second day with incisions and sutures can get wet as water, soap and shampoo trickle over them. The incisions should not be directly scrubbed or irritated. Applying Vaseline four times a day to the sutures is an essential part of the healing process. Sutures that have been kept lubricated with ointment are less painful to remove.

Avoid contact sport or sleeping directly on your nose for 6 weeks after surgery. You can fly on aeroplane after 10-14 days. You should be able to be back at work after 7-10 days.

Numbness in the tip of the nose, upper front teeth, or roof of the mouth following surgery is to be expected because the intranasal surgery has caused a temporary disruption of some of the nerves in this area.

Some decrease in the sense of smell and alterations of taste is typical after surgery as the nerve fibers that are responsible for your sense of smell are present high in the nose and the nasal congestion blocks the flow of air to this area. This will improve within the first one to two weeks following surgery.

It is crucial that you follow Dr Chow's directions, especially those regarding head elevation for a few days after surgery. Some activities will be prohibited in the weeks after your procedure. Sun exposure, exertion, and risk of injury must be avoided.

Medications

Take what Dr Chow prescribes. You can take painkillers such as Panadol / Paracetamol, Nurofen, Panadeine forte, Tramadol or Oxycodone, Dexamethasone for swelling and antibiotic. Avoid Aspirin, Aspirin-containing products, Plavix for two weeks following your surgery. If you are on any medications that affect bleeding (such as Warfarin) please notify Dr Chow.

Nasal irrigation and douches

It is essential that you keep the internal mucosa of the nose clean and moist by regularly irrigating the nose with buffered salt water 4- 6 times / day. You can buy the solution FESS/Flo/Neilmed or similar at the chemist or use Dr Chow's formula

- 500 ml of boiled water, let it cool
- 1 teaspoon of sea salt
- 1 teaspoon of baking soda
- mixed them together and use a 10ml syringe or irrigation bottle (Flo or FESS)
- If you have a FESS bottle than keep it and fill the bottle with the solution above for reuse

Bend over the sink and irrigate each nostril and allow the solution to drain through the nostril. Do not inhale or attempt to swallow the solution. DO THIS 4 times each nostril, 4 times/day for 4 weeks or until nose is clear.

Nasal Blowing / Sneezing: After the first week you can gently blow your nose. If you sneeze, then sneeze with your mouth open to reduce the risk of bleeding. You can be more vigorous after 2 weeks and by 3 weeks you can resume your normal activity.

Follow up

Follow-up care is vital for this procedure so that healing can be monitored. Obviously, anything unusual should be reported to Dr Chow immediately. It is essential that you keep your follow-up appointments.

Please Inform Dr Chow's office if you have the following:

- High fever, chills or a temperature of more than 38 degrees
- Heavy bleeding from the wound
- Severe pain or tenderness
- Significant redness, or discharge around the incision
- Significant swelling/bruising of the face/eyes

If you have any concerns you can contact Dr Chow's office. Remember, we are all here to give you the best possible care.