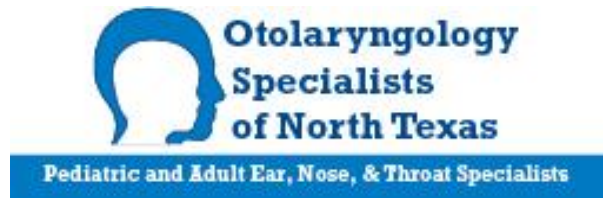


Otolaryngology Specialists of North Texas

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Post-operative instructions following Septoplasty (with or without turbinate reduction) for Dr. Brad Gamble and Dr. Michael Kubala of Otolaryngology Specialists of North Texas. Offices are located in Plano-Frisco and Dallas.

Recovery:

Recovery from anesthesia usually occurs over several hours. Following the surgery, the patient is transported to the recovery room where they are observed for approximately 1-2 hours. They are then transferred to the day surgery unit where they are allowed to visit with their family and friends, have something to drink and eat, get out of bed, and go to the restroom. Once the patient has fulfilled all of the criteria required by the surgeon and the day surgery staff, they are allowed to return home. We require that the patient be transported home by a family member or friend. We typically ask patients to budget about one week off of work following the procedure, but most patients are able to return sooner. We would ask that the patient not return to work if they are taking narcotic pain medication, or if the nose is oozing blood.

Diet:

The patient is typically given clear liquids in the day surgery unit after being transferred from the recovery room. The patient can then advance to a regular diet over the following day or two, depending upon whether nausea is present or not.

Activity:

We typically have the patient maintain head elevation while in bed during the first week. This reduces swelling, oozing, and discomfort. We suggest no heavy lifting or vigorous activity during the first week. We would request that the patient not travel out of the DFW area during the first 2 weeks.

Instructions/expectations:

pain: The pain following a septoplasty is typically mild to moderate and generally feels like a sinus infection, with distribution across the cheeks, upper teeth, around the eyes, or in the forehead. Narcotic pain meds are prescribed, and are usually taken by the patient during the first few days. At any point, the patient may transition to Tylenol for the pain as it becomes milder. We request that the patient avoid NSAIDS, such as Motrin, ibuprofen, Advil, aspirin, or Aleve. It is not uncommon to have some throat pain after a septoplasty due to the breathing tube which is in place during the operation. This typically lasts several days.

nausea: Nausea is occasionally present after a general anesthesia. If present in the hospital, the nursing staff can administer anti-nausea medications. If present after discharge, anti-nausea medications can be called in by your surgeon or their office staff.

fever: Fever is not expected after nasal surgery. If a fever over 100 is present, please call the physician.

swelling: Typically, there is only mild swelling of the lower nose or nostrils. Bruising around the eyes is not typical, unless the patient had a cosmetic rhinoplasty performed along with the septoplasty. If the skin of the nostrils is irritated, an over-the-counter antibiotic ointment will help.

numbness: Often patients note some numbness of the upper lip, upper gum in front of the central teeth, or the palate directly behind the two front teeth. This typically lasts a few weeks after surgery.

oozing: All patients will have some oozing of blood from the nose after a septoplasty. This typically occurs during the first few days after the procedure. Most patients will ooze a minor amount, but some can bleed more significantly. If you are having hemorrhage from the nose, we would request that you contact your surgeon for further instructions. We would request that the patient wear a drip pad under the nostrils when the nose is oozing. The nursing staff at the surgery facility will teach you about placement of the drip pad.

splints: In most cases, the surgeon will insert splints into the nose to keep the septum straight as the healing occurs during the first week. While the splints are in place the patient will feel that there is something in the nose, and will experience some nasal congestion. Since the splints are synthetic, the patient's congestion does not typically respond to decongestants, nasal steroids, or antihistamines. The splints are typically removed one week after surgery, and this process is usually not painful for the patient.

saline: We usually ask patients to start saline nasal spray the day of the surgery, or the day after. This is to be administered gently into both nostrils over the sink. Much of the spray will bounce off of the splint and come out the front of the nose, but some will travel around or through the splint into the throat, and can be spit out. Saline is important to promote healing, remove old clotted blood, and to keep the splints open. We usually ask the patient to administer saline as often as they can while awake, a minimum of 4-5 times a day.

Medications:

Pain medication(s) as per your surgeon's instructions. Commonly used medications include acetaminophen or prescription acetaminophen/hydrocodone. Antibiotic will be prescribed by your surgeon.

Follow-up appointment: Typically one week after surgery. Call the office to confirm appointment.

Notes: _____
