



Instruction Sheet
SEPTOPLASTY/TURBINATE SURGERY

Baptist Downtown • Southside • Baptist South

PRE-OPERATIVE INSTRUCTIONS:

- Unless prescribed by a physician, do not take any aspirin, aspirin products or NSAIDs one week prior to surgery or after surgery. **(Be aware that for certain surgeries, your surgeon may request that you stay off these types of drugs longer than one week before or after surgery. Please follow their instructions for your specific surgery).** Tylenol is okay.

IMPORTANT: If your physician has placed you on a daily dosage of aspirin or other blood thinner such as Coumadin or Plavix, check with your prescribing doctor regarding instructions for preoperative and postoperative aspirin use. If you have been placed on aspirin by a cardiologist, please discuss your specific stop and restart times with both your cardiologist and surgeon.

- Have nothing to eat or drink after midnight the day before surgery.
- If you take daily medications, take them the morning of surgery with a sip of water. If you have questions about this, check with the hospital preop nurse during the presurgical evaluation.
- Wash your face and hair well the morning before surgery. Do not apply any facial makeup.
- Please make arrangements for transportation to and from the hospital the day of surgery.

POST-OPERATIVE INSTRUCTIONS:

What to expect:

- Typically, there is virtually no swelling or bruising noted about the face after this surgical procedure. Postoperatively, you may experience some nasal stuffiness or pressure and decreased sense of smell. This may be associated with “head cold” type symptoms such as increased mucus drainage, mild headache or throat irritation. Snoring may be worse than usual. There will likely be some soreness just inside the nostrils, at the tip of your nose, or in the upper teeth. It is also not unusual to feel somewhat tired and lethargic right after surgery.
- All of these symptoms typically disappear within days to weeks. However, if they persist, please bring them to your surgeon’s attention during your follow up visits.
- At any time during the postop period, please call the office if you have any questions or concerns about excessive bleeding, nasal drainage, pain, persistent fever, nausea, visual changes, swelling or other concerns that seem out of the ordinary from what you have discussed with your surgeon or read in this handout.

Activity:

- Bed rest and light activity is the rule for the first 24 hours postoperatively. You may increase your activity level as necessary, but use common sense.
- Avoid any heavy lifting, bending, straining, or stooping for at least 2 weeks after surgery as this will put additional pressure on the operative site and may cause increased swelling or bleeding. Light exercise may begin approximately 10 days after surgery. If you have questions about certain activities, please ask us.
- Try to keep your head elevated during sleep for at least 3 days after surgery. Sleeping on 2 or more pillows is effective. A recliner chair is also an excellent option.
- Depending on the individual and the type of surgery done, disability from work may vary. Most patients are able to return to work or school within 7 days postoperatively.
- It is okay to shower or bathe postoperatively. Avoid particularly hot or steamy showers for several days after surgery.
- Treat your nose with care. Avoid situations that might result in any trauma to your nose.

Diet:

- Begin with a liquid or very soft diet for 24 hours. You may advance to regular foods as soon as is comfortable for you.

Medication:

- Pain, if any, is usually minimal, though this varies from individual to individual. Tylenol (acetaminophen) by itself is an excellent choice for mild post-operative discomfort. For more significant or persistent pain, do not hesitate to use the pain medication prescribed. Do not take the prescription pain medication and Tylenol at the same time. Avoid aspirin products or Motrin (ibuprofen) for the next week (or as directed by your surgeon) unless aspirin has been prescribed as a daily medication (see preop instructions above).
- Tylenol may be taken for mild fever, though again, avoid taking the prescription pain medication and over-the-counter Tylenol at the same time. If postoperative fever (>101 degrees) persists for more than 24 hours, notify the office.
- Antibiotics also will be given during the postoperative period. Take all medications as prescribed for you by the physician. If you are nauseous, you can begin the antibiotics the day after surgery. Call the office for any adverse reactions to your medications (vomiting, diarrhea, rash, difficulty breathing or swallowing).

- You will need to obtain some nasal saline spray, which can be purchased over-the-counter at most pharmacies.

Wound Care:

- Your surgeon may have you begin to use nasal saline irrigations after surgery. He will discuss this with you. If you have any uncertainty or questions about this, please contact your surgeon's office.
- If you have to sneeze, it is better to do so through your mouth.
- It is not unusual to experience some nasal bleeding during the first several days after surgery. For this reason, a nasal drip pad will be applied post-operatively. The ambulatory surgery unit nurse will be giving you some gauze to take home so that this can be changed as frequently as necessary, depending on the amount of bloody drainage from the nose. Although it can last longer, bleeding usually tapers off during the first 24 hours. Sometimes you may have to change the nasal drip pad several times within an hour, but overall the frequency should decrease after a 24-hour period.
- If heavier bleeding occurs, it is best to keep the head elevated and apply an ice pack to the nose. Usually this will suffice; however, if bleeding continues, Afrin (oxymetazoline) nose spray may be applied and repeated several times as necessary. If the bleeding still persists, we recommend that you contact the office, as your surgeon may want to reevaluate you to determine where the bleeding is coming from. It is not unusual to cough up a bit of bloody phlegm or secretions for the first couple of weeks after surgery. You may gently clean the tip of the nose with a Q-tip and peroxide as often as necessary.

Follow-up:

- Typically, your surgeon will see you again in the office within 2 weeks after surgery to reexamine your nose and clean out any residual crusting or debris. Further visits are not typically necessary, but may be indicated in certain circumstances.
- In order for you to receive the maximum benefit from the surgery, please keep your postoperative appointments. If a conflict in your schedule arises, please call the office as soon as possible and reschedule your appointment.



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As with any surgical procedure, there is a risk of bleeding, infection, scarring, and unforeseen complications. With septoplasty and turbinate surgery, there is also a possibility that the final functional result of nasal obstruction relief will be less than you desire. Although uncommon, revision surgery may be necessary to maximize your functional result. Septal perforation is a rare complication. Such a perforation could cause crusting and a whistling sound in the nose, which might necessitate a septal button or closure of the perforation. Nasal dryness or change in smell are also possible but rare.

Should any revision surgery be necessary, it will be considered after three to six months. Complete healing and final results cannot be achieved and evaluated prior to this period of time. If allergies are also a factor in your nasal obstruction, future medications and allergy consultation may be necessary.

If you have any questions prior to the surgical procedure, please feel free to discuss them with your surgeon. We would like you to understand fully the alternatives, risks, and possible complications of this surgery before signing the consent form.