

Dr. Burchhardt

Post-Op Instructions - Septoplasty/Rhinoplasty/Nasal Valve Repair (Nasal Surgery)

YOU HAVE RECEIVED SEDATIVE MEDICATION AND/OR GENERAL ANESTHESIA WHICH MAY MAKE YOU DROWSY FOR AS LONG AS 24 HOURS

- DO NOT** drive or operate machinery for 24 hours
- DO NOT** drink alcoholic beverages for 24 hours
- DO NOT** make major decisions, sign contracts, etc. for 24 hours

WOUND CARE

Expect some oozing of blood from the nostrils for the first 24-48 hours. A nasal drip pad may be applied, and changed as needed. Clean the inside of the nostrils with **a Q-tip and hydrogen peroxide**. This will dissolve blood, and the Q-tip will be bloody. This is expected, so don't be alarmed. The nostrils should be cleaned twice a day, and following the cleaning apply **Polysporin™ / bacitracin ointment (or another double antibiotic ointment)**. The small sutures at the base of the nose should be cared for in the same manner. Use **nasal saline spray (over the counter, non-medicated salt water spray)** to spray in your nostrils 6 times daily. This will also help prevent crusts from forming, and may help keeping your splints clean.

- **Intermittent nasal bleeding is common after nasal surgery.** Keep in mind that most discharge is mucous mixed with small amounts of blood (hence the light red color of the discharge). You will need to change the drip pad as necessary for the few days following surgery. If red blood without mucus becomes excessive (needing towels to collect it) please call our office immediately.
- **If you have bleeding that is bothersome, you may use Afrin (a nasal decongestant spray) for 3 days.** This spray has a risk of dependency and prolonged use impairs healing, so only use this spray if bothersome bleeding persists. For active, excessive bleeding without mucus (needing towels to collect the blood compared to the small gauze drip-pad, please call our office immediately)
- **Again, no nose blowing! Very gentle sniffing is ok.**
- **Nasal congestion, facial pressure, and inability to breathe through the nose are normal.** The nose will swell after surgery – both on the inside and the outside. Swelling often peaks around 3 days after surgery, so it is normal for your congestion and pressure to be at its worst around that time.

DRESSING

Tape with or without a small cast is applied to your nose. This must be kept dry. It will be removed approximately one week after surgery. Most patients will have two thin flexible splints along the septum (the divider inside the nose that separates the two sides of the nasal passage). These will cause you to be somewhat stuffy. They are removed easily, without significant discomfort when the external dressing is removed. Dr. Burchhardt usually does not use nasal packing; therefore this will not need to be removed. You may have some dissolvable packing in place, that your body will dissolve over time. This will contribute to any reddish-brown drainage you may have.

SWELLING

Swelling and bruising can be minimized by keeping the head elevated and by applying cold compresses to the eyes. Place a piece of gauze or a washcloth in a bucket ice cubes with a moderate amount of water. Keep two on your eyes, and change these every 20 minutes – 20min on with 20min off. A ziplock bag with frozen peas or corn works as well. Do this for the first 48 hours.

DO NOT BLOW YOUR NOSE

If you need to sneeze, **SNEEZE WITH YOUR MOUTH OPEN**

MEDICATIONS

Keflex (cephalexin), or **Ciprofloxacin**, or **Clindamycin** -- an antibiotic used to prevent infection.

Daniela Burchhardt, MD

Facial Plastic Surgery

Medrol Dosepack (methylprednisolone) – used to decrease swelling. Start the Dosepak in the morning with breakfast the morning after surgery. Follow package directions. **TAKE WITH FOOD.**

Norco (hydrocodone) or **Tramadol** - a pain reliever. Take 1 or 2 every four to six hours as needed for pain, starting the evening of surgery. Do not drink alcohol when taking pain relievers. Do not take Norco together with Tylenol, as Norco already has Tylenol in it. However, you may alternate with Tylenol every 4-6 hours.

Zofran (Ondansetron) – an anti-nausea medicine. Take one pill (4mg) as needed every 8 hours after surgery for nausea and/or vomiting. This medicine can cause a headache in some people as a side effect.

Nasal saline spray (salt water spray) – can be purchased over the counter. The spray will help keep your nose clean. Use at least 5-6x per day. Remember not to blow your nose.

Double antibiotic ointment (polysporin or bacitracin) – can be purchased over the counter. Apply liberally to any incisions and your nostrils 2-3x per day

Optional supplements available over the counter to help reduce bruising:

Vitamin C (ascorbic acid) – helps to promote the healing process. Continue to take 3000 mg (1000mg three times a day with meals) for 1 week after surgery, starting the morning after surgery. Do not take if nauseated.

Arnica – a natural herb that significantly decreases bruising (over the counter at most health food stores). This comes in pill version that you can start taking as directed 2-3 days prior to surgery and after surgery. You can apply the gel version over any bruised skin after surgery to help speed up recovery.

DIET

No restrictions. Avoid alcoholic beverages and cigarettes for 2 weeks (both affect healing). At first the upper lip may be sore, and the gums numb or sensitive. Therefore, the first 2 to 3 days after surgery many patients prefer soft foods that don't require a great deal of chewing or biting down. Avoid drinking through straws for the first week after surgery.

ACTIVITY AND BATHING

The day of surgery, **rest. No bending, lifting or straining. Keep head elevated.** Sleep on 2 or 3 pillows. Do not exert yourself for 2 to 4 weeks following surgery. To do so risks starting profuse nasal bleeding, that could require packing and adversely affect your result.

No CPAP use for at least 2 weeks for septoplasty and 6 weeks for rhinoplasty.

Do not wear glasses for 6 weeks after rhinoplasty, including no sunglasses.

Do not get the tape or cast on your nose wet.

SPECIAL INSTRUCTIONS

Call our office if you develop any of the following: Fever (>101°F), pain not relieved with pain medication, swelling, redness at incision sites, heavy bleeding, foul drainage, persistent nausea and vomiting, or any other concerns