

Cleveland Head and Neck Clinic

2414 Chambliss Ave., NW

Cleveland, TN 37311

(423)472-6581

PATIENT INFORMATION SHEET FOR SEPTOPLASTY, WITH OR WITHOUT TURBINOPLASTY

GENERAL

You have been scheduled for an operation on your nose to improve its function by opening the breathing passages.

The procedure you are having depends on your problem and the agreement you have made with our doctor. A septoplasty involves straightening the septum, the partition in the middle of the nose that divides it into two breathing passages. A turbino-plasty is a reduction of the turbinates, which are projections into the nasal passages. These projections may be too large and cause blockage to breathing.

A thorough history and physical exam will be done prior to your surgery. It is important that you tell us of any drug allergies or sensitivities that you may have, trouble with easy bleeding or bruising, and your medications (include aspirin-type products). Also, if you are female and have missed your last period or feel you may be pregnant, you must notify your doctor. Your pre-operative evaluation may include blood testing, x-ray or an ECG, and pregnancy test. You will be seen by a member of the anesthesiology staff prior to surgery, perhaps the morning of surgery.

For at least a week before surgery and three weeks after the surgery, do not take aspirin or aspirin containing drugs. Avoid other anti-inflammatory medications such as Motrin/Ibuprofen or Aleve/Naproxyn, for a week or so prior to surgery. If there are questions, then ask your doctor.

YOU MUST NOT HAVE ANYTHING TO EAT OR DRINK INCLUDING WATER OR JUICE AFTER MIDNIGHT BEFORE SURGERY! If you are on medication every day, make sure you discuss with your doctor about taking it the day of the surgery.

OPERATION

You will be told when to report to Ambulatory Surgery on the morning of the surgery, where you may receive medication to make you mildly sleepy. Your doctor will see you there and you will be treated with nose spray prior to being taken into the operating room.

The operation takes approximately one hour to perform, depending on the complexity of your obstruction. It is usually completed under general anesthesia. At the end of the operation, a soft splint will usually be placed inside your nose on each side of the septum. A suture holds the splints in place, so do not try to adjust their position. If there is too much bleeding, then packing may be required that will remain in place for 1-3 days, and removed in the office.

After surgery you will be observed for 1-2 hours and you may have a drip pad under your nose. You will be observed for excessive bleeding and given pain medication or medication for nausea as needed. You will be discharged once nursing criteria have been met and will be given instructions on when to return for follow up in the doctor's office, usually in one week to remove the splints.

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POST-OP INSTRUCTIONS:

1. Avoid strenuous activity such as bending, lifting, and working in extreme heat or cold. Slowly resume light activity 1 to 2 weeks after surgery. Do not return to full activity until cleared by your doctor.
2. Do not blow your nose until cleared by your doctor. You can sniff or wipe, but do not blow. This can stimulate bleeding. If you sneeze, do not block it off at your nose but open your mouth widely.
3. It is normal to have some blood drainage from the front of the nose or down the back of your throat. This usually improves daily and becomes mixed with mucus. The drip pad under your nose should be changed when soiled and may be left off when the ooze is minimal. Call the office if the pad must be changed more than every two hours or if spitting up clots of blood. Also call if the nasal drainage is clear and watery. Mucous drainage is common.
4. Use of salt water mist helps to reduce nasal crusting and blockage especially if nasal splints were placed during surgery. This can be purchased over the counter (i.e. Ocean, Ayr, or any nasal saline mist) and used every hour or so while awake for the first week, then three to four times daily for 3 weeks. If splints become blocked then your nose will be stuffy until they are removed one week after surgery.
5. It is best to keep your head elevated 30 to 45 degrees by using a recliner or sleeping on a wedge for the first few days following surgery. This reduces bleeding and swelling.
6. You may eat your regular diet, as desired, after recovery from the anesthesia.
7. The pain medication prescription may contain a narcotic with Tylenol/acetaminophen. It can be habit forming, so use it judiciously. It also can cause constipation, so increase your fiber and fluids. If you experience pain that is not relieved by the medication, call the office. As before surgery, do not take any aspirin containing medications until cleared by your doctor, usually 3 weeks. Instead of narcotics you can take Tylenol (in a dose recommended on the bottle) alternating with Ibuprofen, but do not take Tylenol/Acetaminophen with the narcotic as you can overdose on the Tylenol.
8. A sore throat is not uncommon after the surgery and may be secondary to the breathing tube used during your surgery or a dry throat. Drink plenty of liquids and this improves. Also, the roof of the mouth or upper front teeth may feel numb or sore since the floor of the nasal passage is roof of the mouth.
9. Call the office for fever more than 101.5^o, worsening pain, or headaches.
10. Avoid smoking or cigarette smoke exposure, as it can impair healing.

This information sheet does not cover all of the possibilities associated with your operation. Feel free to ask us about any aspects of your operation.