

Post-operative instructions – Septoplasty, Turbinoplasty, Sinus Surgery

Surgery is often the most effective way to manage problems with the nose and sinuses. It is important to remember that even if you are not swollen or have no incisions on the outside of the face significant healing is occurring on the inside of your nose and sinuses.

Leaving the hospital

- You will need to have somebody collect you from the hospital and take you home. Most patients will go home on the same day. Some patients may require an overnight stay.
- Prescriptions will be given to you during your admission prior to departure. They will usually include the following –
 1. An antibiotic
 - Always complete the full course of antibiotics. If you feel you have developed a side effect please contact Dr Roth.
 - Remember to increase your intake of “good bacteria”. Examples – Inner health plus supplements, yoghurt, Yakult
 2. A nasal decongestant (eg Drixine)
 - These help to improve your breathing during the initial period where tissues are swollen and reduce oozing of blood. They can be used every 4 hours but must be stopped after 3 days.
 - They are most effective after irrigating the nose with a sinus rinse product.
 3. Sinus rinses (nasal washing or douching). See below.
 4. Steroids.
 - Some patients may require oral anti-inflammatory steroids. Most patients will start a topical steroid spray after the first post-operative visit.

Nasal Packing, Splints and Spacers

- In the vast majority of cases no splints or nasal packing are required. If you require nasal packing, this will be removed before you leave hospital.
- Occasionally a piece of soft silastic (thin, soft plastic) sheet will be required to support a particularly deviated nasal septum. This is gently removed at a one week follow-up visit. It is important to keep splints moist to avoid crusting building up around them and blocking your nose.
- Spacers may be required for patients having extensive endoscopic sinus surgery. These are positioned high in the sinuses to keep them open during healing and most patients are completely unaware of them. They are gently removed after one week.

Nasal Washing (douching)

- Sinus rinsing is an important part of your post-operative care. These should start the day after nose surgery and will help to keep the nose moist, reduce bleeding and speed up healing.
- A large volume delivery bottle (NeilMed Sinus Rinse or Flo Sinus Rise) is essential.
- Remember to keep these bottles dry after use, store with the lid off and clean them regularly. Always use boiled water (then let it cool) or sterile water.

At home

- You will need at least one full week to recover. Usually patients need one week off work then two further weeks off any sport, heavy physical activity or lifting. Even though you have no scars on the outside of your nose you may have had fairly extensive surgery on the inside.
 1. Avoid straining such as heavy lifting, straining on the toilet or physical exertion.
 2. Avoid things which make you flushed including hot and spicy meals and steaming hot showers
 3. GENTLE nose blowing is permitted 48 hours after surgery but it is usually better to clear the nose with nasal washing rather than with blowing as blowing your nose will increase the chance of bleeding.
 4. If you need to sneeze, open your mouth widely to release most of the force.

Pain Management

- Nose and sinus surgery is usually not particularly painful but this does vary from person to person and depending on the extent of surgery. It may be referred to your ears, face or teeth. Occasionally people have a sore throat from the breathing tube used during anaesthesia. Most pain settles after 2-3 days.
- Often pressure from dry blood or mucus in the nose can be uncomfortable and douching this will help to clear this and improve your pain and breathing.

Pain is best managed with regular pain medications rather than allowing pain to build up until it is severe.

- Take 2 paracetamol (panadol) 500mg tablets four times a day.
- If there is still pain you can use one 5mg oxycodone tablet four times a day or panadeine forte two tablets four times a day. The oxycodone can be used in addition to the paracetamol whereas the panadeine forte is used instead of paracetamol. These medications both require a prescription and one or the other will be given at the time of surgery.

Bleeding

- Most patients have no packing inserted at the end of surgery. This significantly adds to patient comfort but does slightly increase the amount of blood loss. Most of the time this is a slow ooze that settles within a few hours after surgery.
- Patients may also notice some wet blood clots or dried blood when irrigating their nose during the first week. This is normal and it is best to gently irrigate this blood out of the nose

If brisk bleeding does occur and is continuous, you will need to first try some simple measures –

1. Lean forward and squeeze the nostrils shut. Hold for 20 minutes.
2. Do not blow your nose
3. Check if the bleeding has ceased or is slowing down.
4. If the bleeding is slowing down hold for another 20 minutes.
5. If the bleeding is not slowing down after the first 20 minutes, please contact Dr Roth and head to your nearest hospital, by ambulance if necessary.

Follow-up

- Follow-up is essential to achieve the best results in nasal surgery. The first post-operative appointment is usually at 1 week.
- Splints or spacers may need to be removed and typically material needs to be gently suctioned away.