

**Jeff M Robichaud, Medicine, Professional Corporation Bsc MD FRCSC, DABOto
Assistant Clinical Professor McMaster University
Otolaryngology- Head & Neck Surgery Practicing in Facial Plastic Surgery**

**23 Hannover Drive. Unit # 5
St Catharines, ON L2W 1A3
Phone: 905-685-0267 Fax: 905-685-0265
info@niagararhinoplasty.com**

Septoplasty and Turbinate Reduction.

Before the operation:

2 weeks before the operation you should not take any ASA. Non-steroidal anti-inflammatory medications such as Motrin, Ibuprofen (Advil), Naproxen or any medications containing these drugs can be taken up to five days preoperatively. Celebrex and Mobicox may be taken up to the day prior to surgery. All herbal medications should also be avoided as they can interfere with normal blood clotting and anesthetic agents. If you take pills for high blood pressure, you should still take them the morning of surgery with sips of water. One of the risks of the surgery is post operative bleeding which will be less likely if these instructions are adhered to. There are many new blood thinners now being used which each have a different duration of effect. Please make certain you review this with the office, so you are only off of them the appropriate amount of time.

Patients may attend a pre-operative tour at the hospital where blood work and pre-operative testing will be done if any has been ordered. Most healthy patients do not require a pre-operative appointment and will receive a reminder phone call or email to confirm surgery 2-3 weeks in advance.

After the Operation:

You will be discharged the same day of the operation. You should have someone with you the first evening. It is normal to have some blood come from the nose for up to 2 weeks after the operation. You should not have brisk nasal bleeding. Blowing your nose should be avoided for at least 3 days, and then only gently afterwards for 2 weeks. Your upper teeth may be a bit sore which is temporary and will resolve in a few weeks to months depending on how much surgery was necessary in the area called the maxillary crest of the nose. This is a small bone located just above the upper central teeth. If you develop thick green or yellow nasal discharge following surgery, you should contact the office before your follow up. On weekends or evenings, you may need to go to a walk-in clinic or Prompt care center for treatment.

If the tape from the nasal gauze causes local irritation this can be managed by using a cotton ball at the end of the nostril to soak up minor bleeding as an alternative. Once any dripping has stopped this is no longer required. You should keep your head elevated for the first two days post op to reduce intra nasal swelling and bleeding.

Blood thinners should not be resumed if there is any active bleeding.

There may be nasal stents called Doyle Splints in the nose to help support the repaired septum after the operation. These are removed 2-7 days after the operation. Follow up is generally 2-3 weeks post operatively if you don't have any intra nasal stents or packing. You will be given your follow up appointment at the time of discharge after surgery. The office can be reached at our phone number above, or by email at info@niagararhinoplasty.com to if you need to change your follow up appointment.

You should not use your steroid nasal spray for 3 weeks after the surgery while things heal. It is recommended that you use a Saline Nasal Spray or Hydrasense medium nasal spray for the first five days post op. You will then use Neilmed Sinus rinse spray two or three times daily for up to 3 months after surgery. Most patients need about one week off from work to recover, but this can be longer if you work in an industrial environment or are required to do heavy lifting at work.

There can occasionally be adhesions that develop in the nose that are easily divided in the office on follow up if needed. You should expect some temporary relief after surgery followed by some ongoing nasal congestion for a few weeks with progressive improvement as the intra nasal swelling, from the surgery, resolves. This operation does not treat sinus infections but is primarily aimed at improving nasal breathing. This can have the added benefit of treating snoring, loss of smell and taste, and in some cases sleep apnea. If you are not feeling any improvement after 2 months you should call to arrange an additional follow up. Septoplasty surgery is generally quite effective but can in rare occasions require revision. In some cases, you may have an additional problem with an area called the "nasal valve" that may need treatment. This can be determined on close follow up if required.

Medications Recommended To Have At Home After The Operation:

Otrivin: If there is persistent minor bleeding this can be sprayed 2-3 sprays in the affected side and should slow this down. If brisk bleeding persists, it is recommended you go to the emergency room.

You will be provided with some Tylenol 3 or Percocet but should try to use extra strength Tylenol or Celebrex as primary management for the first 2-3 days.

Once bleeding is minimal Advil or Motrin are excellent options as well and can be used safely.

Gravol to manage post op nausea. Usually 25-50mg every 4-6 hours as needed.