**SINUS SURGERY/SEPTOPLASTY POSTOPERATIVE INSTRUCTIONS**

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You have undergone the procedure ENDOSCOPIC SINUS SURGERY/SEPTOPLASTY in which your nose was operated on to improve the way it functions. This was done all on the inside of your nose through your nostrils using a high-definition endoscope (camera) and specialized surgical instruments. After your surgery has ended, you will be taken to the post-anesthesia care unit and given time to recover under the watchful eye of anesthesia doctors and nurses. Here, once you’re awake, you’ll be allowed to drink clear liquids and have something small to eat, if you choose. You will likely have some moderate nasal congestion and mild oozing from the nose; this is normal. You may have stents inside the nose to help with post-operative swelling and support. This will need to stay in place for the first week after surgery, so please do not try to remove it. Also, you may need to wear a small pad under your nose for the first several days to catch some oozing and this may be changed by you as often as necessary.

**THINGS TO EXPECT**

PAIN: Postoperative pain is an unavoidable reality, however there are many ways your surgeon and you can minimize that discomfort. First, it is likely your pain will be fairly low or non-existent in the recovery room. This is because of numbing medication that has not yet worn off. An increase in pain within the first minutes to hours after surgery is expected. If indicated, your surgeon will provide you a prescription for a strong pain reliever. It is imperative to take this medication only as directed because it can cause serious complications if misused. These strong pain relievers typically are taken every 4-6 hours as needed for pain. PLEASE DO NOT TAKE THEM MORE OFTEN, OR IN HIGHER DOSES, THAN DIRECTED. After the first few days, typically nothing more than a few Extra Strength Tylenol is needed for pain. Please DO NOT take medications like Ibuprofen, Motrin, Aleve, Aspirin, or other NSAIDs as these all increase the risk of postoperative bleeding and bruising. Using ice packs on your cheeks, eyes and softly draped over the nose can decrease pain, swelling and bruising. Elevating your head when lying down decreases pain, swelling and the throbbing sensation typical of postoperative pain. If your pain is not controllable after taking these measures outlined above, please call your doctor to receive further instruction.

BLEEDING: Some mild bleeding the first few days after surgery is expected and normal. Use the nose drip pads as necessary. If you saturate >8 pads/hour, please contact your surgeon. If bleeding is persistent, please apply 2 liberal sprays of Afrin nasal spray every 8 hours. If this does not stop the bleeding please contact your surgeon. DO NOT PINCH YOUR NOSE.

FEVER: A mild fever postoperatively is normal. This is your body’s response to the surgery and is an important part of the healing process. This should be controlled with some Tylenol. However, if your temperature goes above 101.5˚F, take an extra dose of Tylenol and retest the temperature after 4 hours. If it remains above 101.5˚F (38.6˚C) please contact your surgeon for instruction.

NAUSEA/VOMITING: Nausea with or without vomiting is common after general anesthesia. If this occurs ensure good hydration, eat bland foods and if it does not stop after 24 hours please contact your surgeon.

**THINGS TO DO**

NASAL CARE: Your nose is going to need some care daily. The evening of surgery, please perform one nasal saline irrigation using a Neil-Med sinus rinse bottle or Neti-Pot. Starting the first day after surgery and continuing every day until the first follow up appointment please perform nasal saline irrigations a MINIMUM OF 3 TIMES PER DAY. Please feel free to perform more than 3 per day if you choose, but always be sure to do AT LEAST 3 per day. Please DO NOT try to blow your nose. This can make you bleed and has the chance of displacing the structures of your nose that were just fixed. If you have stitches just inside the nostril, you may apply hydrogen peroxide to loosen and remove scabs followed by liberal application of **VITAMIN A&D OINTMENT** three times per day. If these stitches are not present, or are not bothersome, please do not feel obligated to clean or apply ointment.

DIET: Most importantly, you must stay very well hydrated after surgery. This helps with decreasing pain and supports your body as you heal. You may eat whatever is appealing to you, but limiting your salt to less than 2000mg/day will help to avoid additional swelling. Please do not drink alcoholic beverages while using the strong pain medication or high doses of Tylenol.

BATHING: Starting the day after surgery, it’s advised to shower daily if you feel up to it. Please just keep your surgical dressing, tape and/or splint from getting wet. Showering is better, please no soaking in a bathtub or hot tub. It is OK to wash your hair letting the water go over the back and not your face. Washing your face may be better accomplished in the sink.

ACTIVITY: While you have just had invasive surgery, you should not remain sedentary during your recovery. Please refrain from anything strenuous, no squatting down, no bending to 90 degrees at the waist and no lifting over 10 pounds. You should rest with your head elevated. Please get up and move around or take a slow walk each day for the first week. After being seen for the first postoperative visit, your surgeon will direct the level of activity after that.

MEDICATIONS: Take any prescribed medications as directed. If you take any blood thinning medication, please refrain until your first postoperative unless specifically instructed by your surgeon. Medications and supplements to avoid include, but are not limited to: Aspirin, Ibuprofen, Motrin, Aleve, Warfarin/Coumadin, Xarelto, Eliquis, Lovenox, Garlic, Ginkgo, and Ginger. The natural supplement Arnica Montana has shown some benefit for reducing bruising and may be taken if you wish. If you are curious whether a medication you take is OK to continue please ask your surgeon.

**DANGER SIGNS THAT MUST PROMPT A CALL TO YOUR SURGEON**

1. Any acute change in level of alertness or activity (extreme lethargy, slurring of speech, etc)
2. Temperature >101.5˚F
3. Any active bleeding that does not respond to Afrin and elapsed time of 30 minutes
4. Continuous nausea lasting >24 hours or refusal to take fluids
5. Eye pain or acute change in vision (double vision, loss of vision), especially when accompanied by significant bleeding, bruising or swelling around the eyes

**FOLLOW UP APPOINTMENTS**

1 WEEK: At this appointment your surgeon will examine your nose and evaluate how it’s healing from surgery. Numbing and decongesting sprays will be put in the nose and the doctor will look in the nose with a light and/or camera and suck/pull out mucus and postoperative debris. If there are stents inside your nose this will be removed.

3-4 WEEKS : At this appointment your surgeon will examine your nose and evaluate how it’s healing from surgery. Numbing and decongesting sprays will be put in the nose and the doctor will look in the nose with a light and/or camera and suck/pull out mucus and postoperative debris. Usually, this is the final follow up appointment that needs to be scheduled, but periodically an additional postoperative visit may be necessary and the doctor will determine the appropriateness of this visit.

**IMPORTANT CONTACT INFORMATION**

**OFFICE**

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