

WHAT TO EXPECT

Pain

Some pain can be expected after surgery. Numbness, sensitivity or discomfort may occur in the teeth, roof of the mouth or tip of the nose. Headaches may be present in the first week or, occasionally, for longer. These symptoms usually improve during the second post-operative week.

Fatigue

The general anaesthetic, surgery and medications may cause you to feel fatigued for some days.

Blocked, runny nose, blood clots

Blood-stained mucus will usually drip from your nostrils or into your throat for the first week or so and your nose will be blocked with mucus and blood clots. These symptoms will decrease over the course of the second week. Sinus rinse will help to clear your nose (see below). Sometimes, the surgeon may have placed soft plastic stents in your nose, to be removed in the office about a week later. If present, these may contribute to some nasal blockage.

Using a thin film of **vaseline** around the nostrils, over the wound/stitches stops blood and mucous from crusting and sticking to the skin and splints. Apply it after each rinse with a cotton bud.

Bleeding

Some blood stained nasal discharge is common after nasal procedures. This will be seen with saline irrigations but should decrease over the course of the first 1-2 weeks.

If you have any significant bleeding (brisk bleeding, lasting more than 1 minute) at any time, promptly attend your nearest public hospital Emergency Department.

WHAT TO DO

General care

Rest at home, keep your head elevated (even when sleeping) for 3-4 nights and avoid nose-blowing or straining for 2 weeks. For the first 2 days, an ice pack placed gently over the eyes will help with swelling and bruising - use these for no more than 20min per hour whilst awake. A gauze worn under your nostrils will help to collect the discharge.

Activity

You should rest at home for the first week and may begin gentle walks in the second week, if you feel well. Avoid other exercise until your surgeon permits it. **You will need 2 weeks off work.**

Do not fly until your surgeon permits it.

Medications (please note these may vary between patients)

a) Antibiotics: these may cause nausea, vomiting, diarrhoea or rash.

b) Prednisone: may disturb sleep, increase appetite or affect mood.

There is no need to take your regular Nasonex or Dymista for 2 weeks.

IMPORTANT INFORMATION

Attend your nearest Emergency Department for serious complications e.g bleeding or prolonged vomiting or drowsiness.

Saline Nasal Rinse

This should be used at least 4-6 times each day, from the day after surgery. The sachet of salt mixture (or a teaspoon of sea salt) should be emptied into the rinse bottle, about 200mls of water added and the solution shaken until the salt is dissolved. (We recommend using boiled tap water, which has cooled to a comfortable temperature). Standing over a sink, the nozzle of the bottle is then placed into one nostril and the bottle squeezed. One full bottle should be squeezed through one nostril and the process repeated on the other side. This should be done gently at first, as there will be some resistance from the blood clots in your nose. Over the week, rinses with firmer pressure will help to clear the clots from your nose. If septoplasty splints are in situ, then irrigation is more difficult and a simple saline spray (eg. FESS) may be all that can be used effectively until the splints come out. Then standard irrigation can commence.

Pain Relief

- 1) **Paracetamol** (Panadol, Panamax) should be taken from the day of surgery, regularly every 6 hours, up to 4000mg daily maximal dosage.
- 2) In addition, you may have been prescribed any combination of:
 - a) **Celecoxib** (Celebrex), once or twice daily, up to 200mg daily maximal dosage.
 - b) **Tapentadol** (Palexia), which can be slow release (50mg twice daily) OR immediate release (50-100mg every 4-6 hours, up to 600mg maximum daily dosage)
 - c) **Oxycodone** (Endone), taken every 4-6 hours, as prescribed, for any pain which persists despite use of the regular painkillers.

Do not exceed the maximal daily dose of medications.

Codeine-containing medication should not be taken on the same day as Oxycodone.

Oxycodone may cause nausea, constipation or drowsiness.

Celecoxib may cause stomach upset.

If pain persists despite these or you have a medication side effect troubling you, contact your surgeon or see your GP.

Aspirin should be avoided due to the risk of bleeding.

Post-operative appointment

You will need to see your surgeon in the office 1 - 2 weeks after surgery, unless otherwise arranged.

At this appointment, any splints inside the nose, and the cast/tapes over the nose will be removed, and the nose gently cleaned.

After this, the skin of the nose may be pimply or red. We recommend soap and water to clean it, and the skin will slowly return to normal.

Frequently asked questions;

1. Can I do some work from home in the first 2 weeks after surgery? Some people are able to manage some computer work but many cannot, due to fatigue, headaches, or nasal stuffiness. We recommend a full 2 weeks off work.
2. What happens to the stitches? Any of the ones that are in the skin at the front of the nose will slowly dissolve - keeping them covered in vaseline helps this process. The stitch holding the splint in will be removed at the first post operative appointment.
3. How long does it take the bones to heal if they've been broken? 6-8 weeks; we recommend no bumps to the nose or playing sport for this time period to reduce the risk of inadvertent injury that may result in a change to the appearance/function of the nose.
4. When will the swelling go down? Over the first 1-3 months, the swelling dramatically improves. From 3 months to 1 year, the swelling continues to improve, but more slowly. Massage and taping of the nose may help, and steroid injections may be offered by your surgeon if troublesome tip swelling continues.