



Instructions

Nasal Surgery

Preoperative Instructions

- Please refer to the General Instructions
- You will have a chance to see the doctors in the morning before going into surgery. Last minute things may be addressed at that time.
- 5 days prior to surgery you will apply 2% Mupercin Ointment (an anti-bacterial medicine) to the inside of both nostrils three times a day for five days. This ointment will be phoned in to your pharmacy.
- Please obtain over-the-counter “Hibi Clens Solution”. This is also an anti-bacterial solution that you mix with a quarter size of the solution and mix it with your own shampoo and use it the night before surgery when you wash your hair. Please be careful not to get it in your eyes.

At Home after Surgery

- Relax with your head elevated on 2-3 pillows. You may sit upright if you choose.
- You may get out of bed to go to the bathroom with assistance.
- Eat light, soft, cool foods as tolerated. Please **avoid salt**.
- Moderate bleeding from the nose is normal. The gauze dressing will collect the blood and should be changed only when saturated.
- Cold compresses placed over the eyes will help to reduce swelling. They should be used continuously for the first several hours after surgery. Try not to get the tape or nasal dressing wet.
- Take medications as prescribed.
- You may be breathing through your mouth. A humidifier placed near the bedside is very helpful at minimizing a sore throat.

Follow-Up Care

- Eat before coming to the office for your postoperative visits. **Do not take pain medicine on an empty stomach.**

- After the splint is removed you may be able to breathe from your nose, but this may be difficult. If you can breathe through the nose then do so, if not, then breathe through your mouth and give it time. **No blowing until the doctor gives permission.**
- If you have to sneeze, do so with your mouth open and do not try to “hold it in”.
- Rest for the week after surgery and avoid excessive talking, smiling, chewing, or bending over.
- You may bathe, but do not get the cast or tape wet.
- Brush your teeth gently.

Follow-Up Care (con’t)

- **Lubricate the nostrils and incision site, using Bacitracin ointment or Vaseline to soften the hard crusts. If you have an external incision, please use extra care when touching this area.**
- **Please obtain and use a nasal saline spray to help keep the lining moist. Use 2 sprays in each nostril 5-6 times per day. This will minimize the crusting in your nose and make breathing easier.**
- Expect some light blood-tinged drainage from the nose for several days. If your nose begins to bleed you should first sit down and put your head back. You may gently squeeze the nostrils to apply pressure. If bleeding continues place a small piece of cotton saturated with nose drops into the nostril that is bleeding. If it persists, call the office.
- If there is itching under the dressing and redness of the surrounding skin, please call the office as you may be allergic to the tape.
- If there is excessive bleeding, pain, fever or if you injure your nose, call the office.

Extended Care

- After the dressings are removed avoid striking your nose or rolling on it when you are sleeping. Be careful of holding babies in your arms, as they often kick.
- After the cast has been removed clean the external nasal skin with some sort of astringent twice daily for the first two weeks.
- Do not rest your glasses (or sunglasses) on the bridge of your nose until the swelling and soreness subsides; approximately 4 weeks.
- Do not expose yourself to excessively warm conditions (whirlpool, sauna, sunbathing, etc...) for 4-6 weeks as these potentiate swelling.
- Ask Dr. Ayala about any scuba-diving or flying before undertaking these activities.
- No gym or heavy exercise for 3 weeks following surgery.
- **Your nose may be swollen and stuffy for several months.** Complete healing may take 12 months. It is to your advantage to schedule an appointment at 12 months so that we can check the final result.

Your surgery will be performed safely and with care in order to obtain the best possible results.

You have the right to be informed that the surgery may involve risks of unsuccessful results, complications or injury from both known and unforeseen causes. Because individuals vary in their

overall health and healing abilities, skin textures, anatomy, circulation, and the way they may react to medications and anesthesia, there can be no guarantee made as to the results of surgery. Furthermore, there always exists the potential for complications.

NASAL SURGERY

The following complications have been reported in the medical literature. They are listed here for your information, not to frighten you, but to make you aware and more knowledgeable concerning this surgical procedure.

If you have any questions regarding the potential complications listed, please discuss them with the doctor prior to your procedure.

Nasal Surgery Hemorrhage (Bleeding)

Usually related to some underlying condition that prevents clotting, but the exact cause may never be identified

Edema and Ecchymosis

Swelling and bruising will occur and occasionally can result in persistent dark circles under the eyes

Infection - Rare

.8-1.5% reported incidence

Skin problems

Excessive dryness, dimpling, redness, pustules and proliferation of dilated blood vessels are possible. A reaction to the tape with skin slough is also possible, but rare.

Hematoma

A collection of blood pooled in an area

Periostitis

Inflammation along sites of bone that were involved in the surgery

Septal Perforation

Hole in the nasal septum. This may result in excessive dryness and crusting and/or nose bleeds and whistling sounds from the nose. Perforations may be permanent or repairable.

Altered sense of smell

10% almost always reversible

Nasal obstruction

Inability to breathe well through the nose may be permanent or reversible. This may take longer to resolve in patients with nasal allergies.

Injury to lacrimal apparatus

Tearing problem due to the proximity of the surgical site. These problems are usually due to surgical swelling and usually improve spontaneously.

Irregularities or asymmetries