

The Minimally-Invasive Sinus Center at Baylor Frisco

Postoperative Instructions for Nasal Surgery

You may have questions about the post-operative period. This sheet will address the most frequently asked questions. Read this carefully and keep it in a convenient place for easy reference for you and your caregivers. If you have questions that are not adequately answered or not covered by this instruction sheet, then please ask your Physician or the Sinus Navigator during the post-operative rounds, or call the Physician's office during normal office hours.

Immediate post-operative period

The patient will likely be disoriented in the immediate post-operative period. This is due to the anesthetic agent(s) and may last up to several hours. The patient may have nausea and vomiting. This can be controlled with medication. Pain medication will be given as needed to alleviate the pain. Once the patient is alert enough, the recovery room nurse will give him/her something to drink. Once the patient can drink some liquid and keep it down, he/she can be released from the recovery area. At this point the patient will either be discharged home if all of the discharge criteria are met or admitted into the hospital as previously planned. If the patient does not meet all of the discharge criteria, then plans will be made for overnight observation. Most nasal procedures are done on an outpatient basis.

Medicines

The patient will be discharged with several medications. An antibiotic will be prescribed if there is any type of nasal packing or device. It is important to take this as instructed to completion; as it will prevent infection of the material. Although most nasal surgeries are only mildly uncomfortable, there will usually be a narcotic prescribed for severe pain. Please follow the dosing schedule on the prescription. Minor pain or fever should be treated with Tylenol (acetaminophen). Most narcotic prescriptions also contain acetaminophen, so use caution to avoid double administration. Avoid aspirin or other non-steroidal anti-inflammatory drugs, e.g., ibuprofen, Motrin, Advil, Aleve, for at least 7-10 days postoperatively as these medications can cause bleeding. A third medication may be given as needed to alleviate nausea and vomiting.

Activity Restrictions

- 1) No nose blowing for the first 10 days, then you may gently blow your nose.
- 2) If you have to sneeze during the first 10 days, sneeze with your mouth open; this will take some of the pressure off of your nose.
- 3) Avoid strenuous activities or heavy lifting for the first week. Light activities such as paperwork, schoolwork, watching television, or walking are acceptable.
- 4) The level of activity should be slowly increased after the first post-operative week as tolerated. By the end of the second postoperative week, the patient should be back to his/her pre-operative level of activity.
- 5) The patient should not travel out of town for at least 2 weeks after surgery.

Post-operative Care

For nasal surgery, particularly sinus surgery, the post-operative care is as important as the surgery itself. The surgery will not have maximum benefit without adequate postoperative care.

Nasal Saline Irrigation

This is the most important part, and it cannot be emphasized enough. It is essential to irrigate the nostrils to prevent or minimize crust formation. Persistent crusting can lead to scar formation and subsequent obstruction of your sinus cavities. Use a hypertonic saline solution (see recipe below) 2-3 times a day, beginning the day after surgery, or as instructed. Use a cup of hypertonic solution for each side with every irrigation. You may use a baby bulb syringe, a turkey baster, or a Neil-Med Sinus Rinse Kit. The Neil-Med is preferred for sanitary reasons, as the bottle can be cleaned more readily than the bulb syringe or baster. Place the tip of the bulb syringe with your mouth open and squirt the solution into your nose. The solution will either come back out the same nostril, out the other nostril, or down the back of your throat. Continue to do this until the cup is used up. Repeat for the other side. Younger children may not tolerate the nasal irrigation, and they will have to just rely on the nasal saline sprays.

Nasal Saline Spray

Buy any over-the-counter nasal saline spray, using two puffs each nostril every 3 hours while awake. This is to be used in between the 2-3 nasal saline irrigations each day. It is important to keep the nasal cavity moist; as this will keep the crusting to a minimum and make it easier for the Physician to clean the surgical sites at your post-operative appointments.

Decongestant Nasal Spray

You may use an over-the -counter nasal spray such as Afrin (**oxymetazoline**), 2 puffs every 8-12 hours as needed for mild bleeding from the nasal cavity. Avoid neosynephrine, as this can elevate blood pressure.

Room Humidifier

Running a cool Mist Humidifier (not warm mist, which can cause nosebleeding) while stationary or sleeping can be helpful.

Food

Start with soft foods then progress to your preoperative diet as tolerated.

Return to Work/School

Please read the section above on *Activity Restrictions*. Most patients are able to return to school or work within 5-7 days. For those patients whose work involves strenuous activities, light work may be performed after the first week. Strenuous

work should be avoided until 2 weeks after surgery. School-aged patients may be excused from gym classes or school athletics for 2 weeks.

Exposure

The patient should not be exposed to cigarette smoke for at least 2 weeks. Avoid exposure to extreme heat, extreme cold, damp weather or sick people for 2 weeks.

Follow Up

A follow up appointment is typically scheduled for 1 week after the surgery. The schedule may vary depending on the specific procedures you had.

Anticipated Problems & Complications

Fever

A low grade fever (<101 F/<38 C) is common during the first 48 hours after surgery. This can be readily treated with either the prescription analgesic, such as Lortab, Norco or Tylenol #3, all of which already contain acetaminophen, or simply using acetaminophen alone. Do not give aspirin or ibuprofen-related products. The fever can be caused by or exacerbated by dehydration due to inadequate oral fluid intake. It is therefore important to continue to take in an adequate amount of fluids throughout the postoperative period. Please call your Physician if the temperature is >101.5 F/>38 C.

Nausea/Vomiting

This is not uncommon during the first 24 hours and usually disappears after 48 hours. There are a number of potential causes for the nausea. First, it could be a reaction to the anesthesia. Also, sometimes during the surgery, a small amount of blood is swallowed, which is very nauseating. Finally, the narcotic analgesic itself can contribute to the nausea if taken on an empty stomach. A prescription for suppositories or orally dissolving tablets can be supplied as needed.

Bleeding

After nasal surgery, it is common to ooze a bit from the front of the nose and/or down the back of the throat. This is usually self-limited and will stop within 3-4 days. For mild bleeding, use a topical nasal decongestant, such as Afrin (oxymetazoline). An icepack over the nose is sometimes beneficial. You may need to wear a small piece of gauze in front of your nose for the first few days to catch the bloody drainage. If the bleeding is severe and you cannot control it, please call your Physician and/or go to the nearest emergency room.

Nasal Obstruction

This is expected after nasal surgery and is usually due to swelling, crusting and various types of nasal packing your Physician might have used. You may or may not have packing in your nose post-operatively. The obstruction will improve as the swelling goes down and after the packing is removed. Fifty percent of the

swelling will resolve within a month, and the remaining 50% will resolve over the next 3-6 months. The saline irrigation and postoperative cleaning should remove the crusting and hasten the healing.

Hypertonic Saline Solution Recipe

1 quart warm distilled water
1 rounded tablespoon salt*
1 teaspoon baking soda

Mix well. You may make this solution ahead of time, but do not keep it for more than a week. If you warm the solution, do not make it hot.

* Use **non-iodized** salt, canning salt or sea salt. Regular table salt contains iodide which is harmful to the cilia in your nose.

**The Minimally-Invasive Sinus Center at Baylor
Medical Center at Frisco
5601 Warren Parkway, Frisco, TX 75034
(214)407-5000**