

SEPTOPLASTY AND TURBINATE REDUCTION

WHAT TO EXPECT AFTER SEPTOPLASTY AND INFERIOR TURBINATE REDUCTION SURGERY

1. **Nasal Drainage-** Right after surgery, you may have drainage from your nose. At first, there may be a small amount of bright red bleeding, but do not be alarmed. A small amount is normal and may continue through the first week. Any bright red bleeding that is persistent, or is heavy, should be reported to Dr. Leatherman immediately. Old blood, which accumulated during surgery, is reddish-brown. It may drain for a week or more. It is of no concern.
2. **Nasal Congestion-** For the first week after surgery, your head may feel stuffy. This is because you will have swelling of the mucous membranes of your nose. This is normal and expected. The stuffiness will gradually decrease. If you had a septoplasty done, you may have a splint placed in your nose that will often collect debris and make you feel more obstructed. This will improve after the splint is removed a week after surgery.
3. **Discomfort After surgery-** There is some discomfort after surgery. Rather than actual pain, it is often more of an ache or pressure. This pressure may increase somewhat during the first week. If pain medication is prescribed, take as ordered. Do not take aspirin or medications which contain aspirin. These products may increase bleeding. Your nose may be tender to touch for several weeks. If your pain is mild, you may use acetaminophen as directed on the bottle instead of the prescribed pain medicine.
4. **Medications-** Take all medications as prescribed by Dr. Leatherman. Usually, an antibiotic will be ordered to prevent an infection. Decongestants, nasal sprays and sometimes a mild steroid is ordered to aid with healing and comfort. Saline nasal sprays (Ocean, Afrin) are to be used at least three times per day to moisturize your nasal membranes. More frequent use is allowed and will be helpful to clean your nose. Unless instructed otherwise, continue any nasal medications you were on prior to surgery. You may use oxymetazoline (Afrin) 12 hour nasal decongestant spray 2-3 sprays both sides twice a day for 5 days. This may help you breath better and reduce nose bleeds, but you must stop using it after 5 days. If you have high blood pressure, you should monitor your blood pressure if using the oxymetazoline, and do not use the oxymetazoline if the blood pressure is not in good control.



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5. **Nasal Irrigations:** You will begin **salt-water nasal irrigations 2 days after surgery**. This is in **addition** to the nasal saline spray. This will help clean your nose and is a very important part of your healing and long term nasal improvement. The preferred way to irrigate your nose is to use the *NeilMed Sinus Rinse* bottle, which can be found at many local pharmacies and large merchandise stores. It comes with packets that can be added to water to make the right concentration of salt water. Nasal irrigations should be started two days after surgery and will be continued for several weeks. An alternative method for irrigations is to mix your own saltwater solution to pour into a *NeilMed Sinus Rinse* bottle or a bulb syringe (the kind he used to clean out little children's noses). The bulb syringe is less effective, but adequate.

Salt-Water Irrigation Instructions. Begin two days after surgery.

- A. Stand over a sink. Bend your head forward and instill a bottle-full (or bulb-full) of solution into one nostril. This should be done forcefully enough to cause a rapid flow of solution into the nose, and it may run out your mouth or the other side of your nose. Open your mouth. Let the solution run into the sink from both your nose and mouth.
- B. Vigorously flush each nostril with one full sinus rinse bottle (or with two(2) bulbs of solution).
- C. Perform the irrigations 2 times a day until you are instructed to stop.

If you are mixing your own solution, use the following instructions.

Mix one-half (1/2) teaspoon kosher or pickling salt and one-half (1/2) teaspoon baking soda into two (2) cups warm water.

6. **Post- Operative Visits-** It is very important to keep all appointments after surgery. At these visits, Dr. Leatherman will examine / clean the operative area. This cleaning promotes healing and prevents scarring. These appointments start four to seven days after surgery. The frequency of your visits will vary, and are based on your rate of healing. **For the first post-op visit, you may want to take some pain medication just before the appointment to help make the cleaning of the nose more comfortable. Only do this if you have someone to drive you.**

PRECAUTIONS DURING THE FIRST WEEK

- 1. **Activity-** Even though your surgery may seem minor, your body needs additional rest for healing. You should stay home for one day. Increase your activity over a one week period. Physical activity (swimming, jogging, exercise) may be resumed after one week, if approved by your surgeon.
- 2. **DO NOT BLOW YOUR NOSE-** It is important that you do not blow your nose. **You may sniff back secretions.** Blowing the nose may cause bleeding to occur. Usually, you may blow your nose after the first post-operative visit.



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3. **Sneezing-** If you must sneeze, do so through your mouth with your mouth open. Sneezing through your mouth reduces pressure and discomfort of the operative site.
4. **Do not lift heavy objects-** Avoid lifting heavy objects (15 pounds) during the first two weeks after surgery. These activities place pressure on the operative site and may cause bleeding.

SUGGESTIONS FOR COMFORT

Keep your head elevated on three pillows. This position will help decrease swelling and Allow for better drainage of nasal discharge.

Take all medications as prescribed.

Breathe through your nose with it covered with a warm, damp wash cloth for 5 to 10 minutes, two to three per day.

Call Dr. Leatherman immediately if you have any of the following:

1. Bleeding that does not stop after a few minutes.
2. **Fever** over 101 degrees Fahrenheit
3. Any other problems that you need help with concerning your surgery.

Follow up in clinic on _____ at _____ a.m./p.m.



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