

## Nasal Surgery

This handout explains different types of nasal surgery and what to expect.

### Types of Surgery

**Septoplasty** is a surgery done to straighten the septum. The septum is made of bone and cartilage. It divides the inside of your nose into two parts. Your surgeon takes out or shapes the parts of the cartilage or bone causing the blockage in nasal airflow. The goal of the surgery is to improve how well you breathe through the nose.

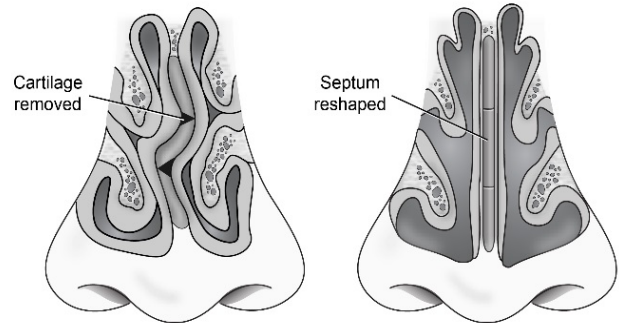
**Rhinoplasty** is a surgery done to straighten or change the look of the nose. Sometimes a septoplasty is done at the same time as a rhinoplasty. This is called a **septorhinoplasty**.

**Nasal Turbinates** are the part of your nose that help to warm and moisturize the air you breathe. They can grow and block nasal breathing.

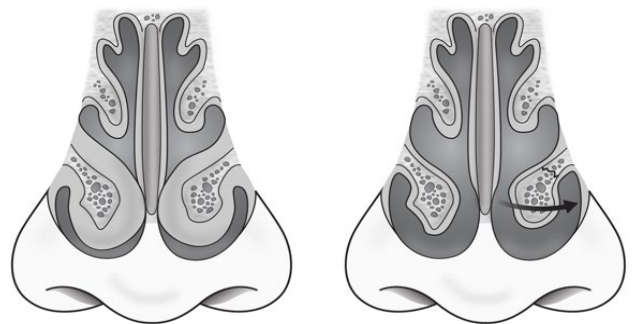
**Inferior Turbinate Reduction** is a surgery done to remove the turbinates, make them smaller, or move them. This surgery improves the nasal airflow.

**Nasal Valve Surgery** is a surgery done to open the middle or lower portion of the nose when it is collapsed or blocked. **Cartilage grafts** are often used to help shape the nose or repair the nasal valve and improve nasal airflow. Cartilage can be taken from three places in the body. The nose itself, the ear, or in some cases the ribs.

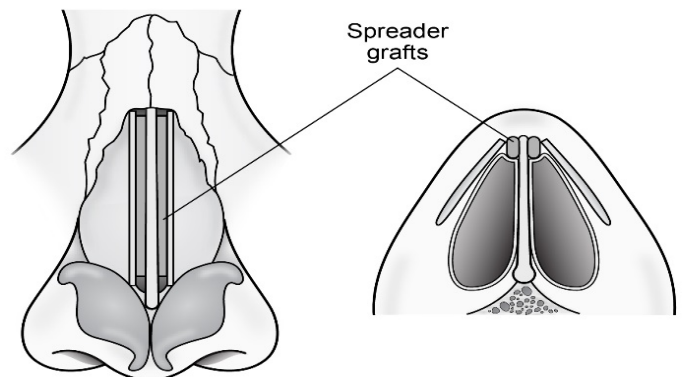
Septoplasty Surgery: Before and After



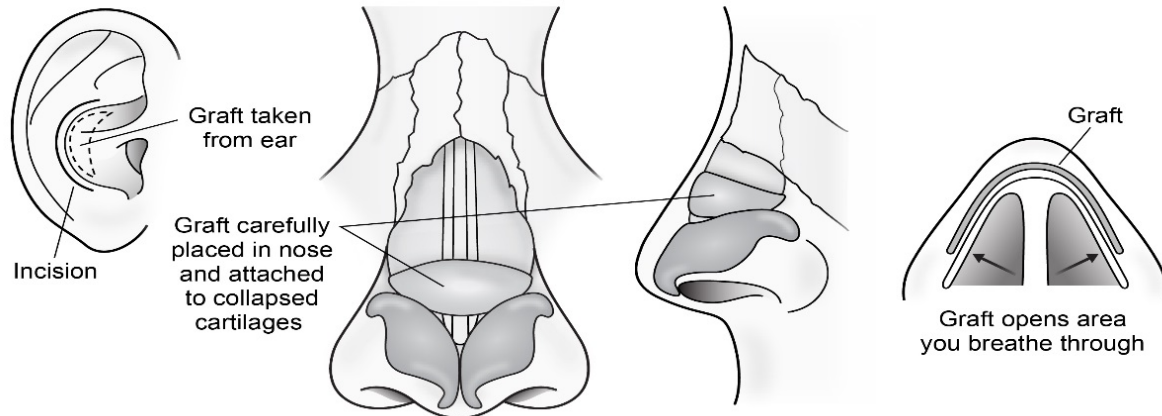
Turbinate Reduction: Before and After



Example of Cartilage Graft for Nasal Valve Surgery – Spreader Grafts



## Example of Cartilage Graft for Nasal Valve Surgery – Butterfly Graft



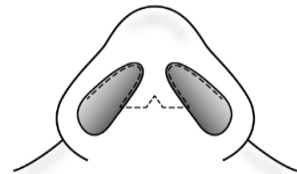
### Incision Care

**You may shower the day after surgery.** Do not soak your incisions. No tub baths, swimming or whirlpools for 2 weeks to allow the incisions to heal.

Most incisions are made inside your nose. In some cases, your surgeon may make other incisions on the outside of your nose.

**If you have an incision on the skin under your nose:** Use a cotton swab to wash it gently with soap and water. Rinse with water carefully. Apply a thin coat of Vaseline ointment\* to the nasal skin incision 2-3 times daily for 1-2 weeks. It is normal to have numbness and stiffness over the tip of your nose. You may have swelling and mild tenderness around your nose, upper lip and cheeks. This should be decreased within 2 weeks. Some patients will have mild tip tenderness for 2-3 months.

Nasal Skin Incision



**If you have an incision on your ear:** Use a cotton swab to wash it gently with soap and water. You may gently clean off any dry blood. Rinse it carefully with water. Apply a thin coat of Vaseline ointment\* to the ear incision 2-3 times daily for 1 week. There may be gauze sewn to your ear called a bolster. Do not try to remove this gauze. This will be removed at your first clinic visit.

\*Do not use antibiotic ointment as some patients can have skin reactions. Use Vaseline ointment instead.

### Nasal Congestion

Expect your nose to be stuffy. This is caused by swelling that will decrease over the next few weeks. At first, you will mostly breathe through your mouth after surgery. This may cause your mouth and throat to feel dry and sore. You may use a humidifier, vaporizer, and Chapstick to provide comfort.

## Nasal Drainage

At first, nasal drainage can be bloody. It will slowly change to a pink-yellow color over the next few days.

- You are sent home with a small gauze pad under your nose. This is called a dressing or a drip pad. Change the dressing under your nose when it gets soiled. You may need to change this every 15-60 minutes after surgery. Stop using the gauze when the drainage stops.
- Expect crusting in your nose for up to 6 weeks while the incisions inside your nose heal. **Do not pick the inside of your nose to clean out the crusting.**
- **Use a nasal saline spray to help loosen any crusting in your nose. Your surgeon will tell you when to start saline spray after surgery.** Use 2 sprays in each nostril at least 3 times per day. If you need to buy a bottle, saline sprays (Ocean, Ayr, Simple Saline) can be bought over-the-counter at any pharmacy. Do not use saline irrigation (Neti pot or Squeeze bottle) until your first clinic visit or unless instructed by your surgeon.
- **Do not blow your nose for 1 week.** After one week, you may blow your nose very gently. Do not hold back a sneeze. Sneeze with your mouth open.
- Do not use decongestants or antihistamines unless your surgeon tells you to. Ask your surgeon when you can restart your nasal steroid spray if you use one.

## Nasal Packing

A splint and/or packing may be used inside the nose to help support the septum after surgery. Some splints/packing inside your nose are removable. **Your surgeon will tell you if you can remove your packing at home or if we will remove it at your first clinic visit.** Other packing will dissolve on its own. If you are not sure, do not remove any part of the packing inside your nose.

Expect some mild blood tinged drainage after the splints/packing are removed from inside your nose. This will slowly lessen over the next few hours.

## External Nasal Splint/Cast

You may have a molded plastic splint or cast glued to the outside of your nose. This splint/cast is used to support and protect your nose as it heals. This will be removed at your first clinic visit. **Avoid getting the splint/cast wet.** Do not run water directly on to the splint/cast. A little water will not hurt it. Sometimes only tape is used on the outside of your nose. Also avoid getting this wet.

If you have an external nasal splint/cast, you may wear your lightest weight glasses lightly resting on your nasal cast or taped to your forehead. After your nasal splint/cast is removed, you should limit the time that glasses are worn for 2 weeks.

## **Obstructive Sleep Apnea (OSA) and CPAP After Nasal Surgery**

Talk to your surgeon about how surgery may affect your obstructive sleep apnea (OSA). Some studies have shown that surgery can help to improve OSA symptoms; but, results can vary. It is important to also talk to your sleep specialist before and after nasal surgery. Your surgeon and sleep specialist can work together to help manage your OSA after surgery.

Depending on the extent of your surgery, your surgeon may or may not have you wear your CPAP after surgery. Certain types of CPAP masks may be better tolerated after surgery. **If you are scheduled to stay overnight in the hospital, bring your CPAP device with you the day of your surgery.** Your surgeon will tell you when you can start to use your CPAP again.

## **Pain**

Discomfort after nasal surgery is different from person to person. Most patients say that the pain they have after nasal surgery is mild to moderate. Pain normally lasts 5 to 7 days. You will get a prescription for opioid pain medicine to use as needed at home. If you use opioid pain medicine, take a stool softener to prevent constipation.

You may be told to use acetaminophen (Tylenol). Your surgeon will tell you if you can take anti-inflammatory pain medicine after surgery (ibuprofen, Advil, Aleve, Motrin or Naproxen).

Cold packs can be used to reduce swelling, and ease pain. Cold packs work best if used during the first 48 hours. It is okay to use the cold pack for the rest of the week if it helps you feel more comfortable. Apply ice packs for 20 minutes at a time 6-8 times daily. Frozen peas or corn in a Ziploc bag wrapped in a towel works well.

## **Other Medicines**

- Unless you have been told not to stop your Aspirin, do not take aspirin for 1 week before or 1 week after surgery, as it can cause bleeding.
- You may be prescribed a low dose steroid to help with swelling. Start taking this the day after surgery as directed.
- If antibiotics have been prescribed, take them as directed. These should also start the day after surgery.

## **Activity**

**For 1 week, only do light activity:**

- No strenuous activity, aerobic exercise or jogging for 1 week.
- Walk as much as you like starting 48 hours after surgery.
- Do not lift more than 20 pounds for 1 week.
- Do not bend forward with your head down for 1 week.
- You may drive a car **only** if you are **not** taking opioid pain medicine.
- Keep your head elevated about 30° above your heart for 1 week. To do this, sleep on 2-3 pillows or sleep in a recliner.

Talk to your surgeon if your job requires a lot of physical activity. Discuss when it will be safe for you to go back to work. After 1 week, if you feel better, you can go back to your normal routine.

## **Diet**

You can eat or drink whatever you like. Your front teeth may feel sore when you chew, so soft foods may be easier the first few days. You may use straws to drink. Do not drink alcohol while taking opioid pain medicine.

## **When to Call**

Please call us if you have:

- Bleeding that soaks the small gauze pad in 10 minutes or less.
- A temperature that is 101° F or higher for 2 readings 4 hours part.
- Pain not controlled by the pain medicines.
- Persistent nausea and vomiting.
- Problems urinating or emptying your bladder.
- Incision or drain sites that become more painful, swollen, red and/or feel warmer than usual.

## **Phone Numbers**

If you have any questions or problems once you are home, please call.

Monday through Friday 8:00 a.m. to 4:30 p.m. call the UW Hospital Otolaryngology (ENT) Clinic at **(608) 263-6190**. If outside the Madison area, call toll free at **1-800-323-8942**.

If you saw your surgeon at Transformations Clinic, call **(608) 836-9990** or **(608) 263-7502**.

During evening hours or on weekends, the clinic number will give you the paging operator. Ask for the Ear, Nose and Throat (ENT) doctor on call. Leave your name and phone number with the area code. The doctor will call you back.

Your health care team may have given you this information as part of your care. If so, please use it and call if you have any questions. If this information was not given to you as part of your care, please check with your doctor. This is not medical advice. This is not to be used for diagnosis or treatment of any medical condition. Because each person's health needs are different, you should talk with your doctor or others on your health care team when using this information. If you have an emergency, please call 911. Copyright © 7/2019 University of Wisconsin Hospitals and Clinics Authority. All rights reserved. Produced by the Department of Nursing. HF#7742.