

Patti Huang, MD FACS  
5520 Independence Parkway, Suite 202, Frisco, Texas 75035  
Telephone (214) DR HUANG

### Septoplasty and/or Inferior Turbinate Reduction Post-operative Instructions

After septoplasty and/or inferior turbinate reduction, it is normal to experience mild bleeding and oozing from the nose for the first 12-24 hours after surgery. You can remove the drip pad placed below your nostrils once the oozing has stopped. Keeping your head elevated at night or while sleeping will help to reduce this oozing. You should also avoid hot liquids or foods, as they tend to dilate the blood vessels in your nose and increase oozing.

Call your surgeon if your oozing requires replacement of more than 10 pads in 24 hours or if you experience brisk bleeding at any time. During the week after your septoplasty, you will need to keep your nasal passages clean. You will have splints on either side of the middle wall (septum) of your nose. These splints have a small tube or opening that, if kept clean, will allow for easier breathing during the week after your surgery. Frequently use an ocean nasal spray bottle (or equivalent saline mist, gentle irrigation with Neil Med is reasonable as well) to clear the nasal passages. Many patients find that using ocean nasal spray as often as once per hour is quite effective.

You may apply an antibiotic ointment, such as bacitracin, triple antibiotic, Bactroban (mupirocin), or polysporin ointment inside each nostril. Please schedule a follow-up visit in 7 to 10 days as directed by your surgeon. During this visit, your surgeon will remove your nasal splints and clean the nasal cavities of any remaining debris. This can be mildly uncomfortable and it is reasonable to take either Tylenol or your prescribed pain medication prior to this visit. Make sure that you have had something to eat prior to your appointment and please have a companion available to drive you home after your appointment. Continue to use nasal saline, either ocean spray or a saline irrigation, for several weeks after surgery until the normal mucus production of your nose returns.

It is often helpful to place a small amount of bland ointment (Vaseline or polysporin) into each nostril during this period as well. If you were using a topical nasal steroid spray (Flonase, Nasacort AQ, Qnasl, Rhinocort or Nasonex) prior to surgery, you can generally restart your spray after your nasal splints have been removed. Be sure to use your nasal steroid spray after using any nasal saline so that it is not washed out of the nose and be careful not to insert the tip of the spray bottle deeply into the nose.

The days following surgery:

- Avoid bending, stooping, straining, heavy lifting or physical exertion for 10 days or until your doctor permits you to do so. An elevation in blood pressure can trigger a nosebleed. As you increase mobility, you may see a return or increase of pain. Traveling should be avoided for two weeks after surgery.

- Avoid any excessive fatigue or unnecessary exposure, which may cause you to catch a cold. If this should happen, notify your doctor with any symptoms.
- DO NOT blow your nose for one to two weeks. Begin nasal saline washes with Ocean Spray, gentle Neil Med irrigation or Ayr nasal spray after surgery (Four or more times per day. You cannot use the irrigation too much).
- Sneeze with your mouth open. Do not try to suppress the sneeze in any way as this puts pressure on your sinuses and your nose.
- There are no bathing restrictions. Avoid swimming until your doctor permits you to do so.
- Foods: Normal diet may be resumed if no nausea and/or vomiting has occurred. Gradually work up from clear liquids and crackers to foods that are tolerated. Remember to drink plenty of fluids if you have no restrictions to do so. Water is best!
- You should be seen one week after your surgery.

#### Answers to frequently asked questions.

- If you develop excessive nausea/vomiting or lightheadedness, call your doctor immediately. If you develop a fever over 101.5 degrees F, please call your doctor as well.
- Swelling inside the nose is expected and may completely block the nose. This may last up to 10 to 14 days. Blood-tinged mucous may drain from the nose and down your throat.
- If you were given steroids during surgery or prescribed steroids after surgery, you may experience an elevation in anxiety or sleep disturbances. Less common symptoms are hallucinations.
- If you were given narcotics/pain medication during surgery or were prescribed narcotics for after surgery, watch for urinary retention. This is especially common in males over 50 or males with a history of prostate problems. Contact your physician if you are unable to urinate within hours after your surgery.
- With all patients, common symptoms with narcotics/pain medications are itching without rash and nausea. If rash or vomiting develop after taking a medication please contact your physician.

#### Medications:

- If your doctor ordered medication, take as directed. If you have questions regarding your medication, please check with your pharmacist or doctor.
- Do not take Aspirin products.
- Please also avoid Motrin, Advil, or any other non-steroid anti-inflammatory medication. These can tend to thin the blood so do not use in cases of excessive bleeding.
- Do not drive or operate any machinery or drink alcoholic beverages while taking narcotics.
- If you experience excessive nasal bleeding, use 2-4 sprays of Afrin in each side of the nose and hold pressure on the soft part of the nose for 10 to 20 minutes, and call the physician.