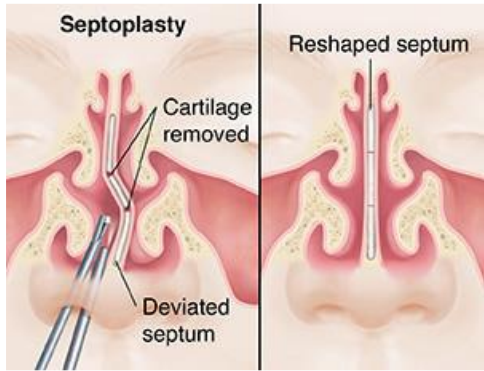




Septoplasty *Post-operative instructions*



Septoplasty is a surgical procedure to straighten the bone and cartilage dividing the space between your two nostrils (septum). When the septum is crooked, it's known as a deviated septum. A deviated septum can make it harder to breathe through your nose and can increase the risk of sinus infections due to poor drainage.

During septoplasty, your nasal septum is repositioned to the middle of your nose. This may require your surgeon to cut and remove parts of your nasal septum before reinserting

them in the proper position. BRIT (Bilateral Reduction of Inferior Turbinates) is often performed with a septoplasty to help open the nose (See information sheet about BRIT). Once a septoplasty is healed, you'll likely find it's easier to breathe.

Risks - As with any major surgery, septoplasty carries risks, such as bleeding, infection and an adverse reaction to the anesthetic.

Other possible risks specific to septoplasty include:

- Continued symptoms, such as nasal obstruction
- Recurrent deviation
- Excessive bleeding
- A change in the shape of your nose
- A hole in the septum
- Decreased sense of smell
- Clotted blood in the nasal space that must be drained
- Temporary numbness in the upper gum, teeth or nose

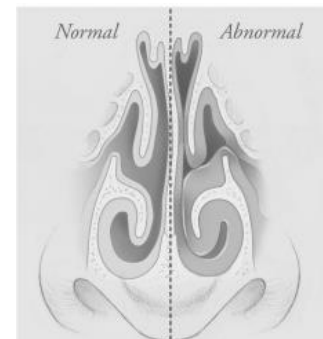


Image Shows Turbinates

You may need additional surgery to treat some of these complications. You may also need additional surgery if the outcome of septoplasty doesn't match your expectations

Recovery- We typically ask patients to plan about one week off school/work following the procedure, but most patients can return sooner. We would ask that the patient not return to work if they are taking narcotic pain medication, or if the nose is oozing blood.

Activity - We recommend head elevation (at least 30 degrees , or 2-3 pillows) while in bed during the first week. You can sleep in a recliner or use several pillows/wedges to keep head up at night. This reduces swelling, oozing, and discomfort. We suggest no heavy lifting or vigorous activity during

the first week. We would request that the patient not travel out of the North Florida area during the first 2 weeks.

Pain- The pain following a septoplasty is typically mild to moderate and generally feels like a sinus infection, with distribution across the cheeks, upper teeth, around the eyes, or in the forehead. It is not uncommon to have some throat pain after a septoplasty due to the breathing tube which is in place during the operation. This typically lasts several days. Acetaminophen (Tylenol®) or Ibuprofen (Advil® or Motrin®) can be used as needed after surgery. In addition to this your surgeon will prescribe a pain medication that will be sent to your pharmacy prior to surgery

Nasal Care- We recommend saline nasal spray after surgery 2-3 times a day for 1 week. This is to be administered gently into both nostrils over the sink. Much of the spray will bounce off the splint and come out the front of the nose, but some will travel around or through the splint into the throat and can be spit out. Saline is important to promote healing, remove old, clotted blood, and to keep the splints open.

Some may experience nose bleeds following the procedure. Keep a gauze under the nose to catch any drainage. You can use Afrin nasal decongestant (neosynephrine or oxymetazoline) for a few days to help reduce bleeding. If the bleeding is constant call our office or go to the ER for evaluation. Please also clean the front of the nostrils with a Q-tip and saline /Hydrogen peroxide to remove the dried blood. Your doctor may also give you an antibiotic ointment to apply daily. You can also use bacitracin (over the counter ointment).

Follow-up appointment: Typically, one week after surgery. Our office will call you to make a follow up appointment. Please take a pain medication 1 hour prior to the appointment to help with splint removal related pain.

Who to call?

Please direct all questions and concerns related to your child's surgery to our office (904) 398-5437

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A Division of Florida Pediatric Associates, LLP
4168 Southpoint Pkwy S, Unit 201 Jacksonville, FL 32216
904-398-KIDS (5437) FAX 904-398-3077
WWW.ENTFORKIDS.COM