

Children's Ear Nose & Throat Center

Sub-specialists of Dell Children's Medical Center of Central Texas

A member of the  Seton Healthcare Family

Phone (512) 324-2720 • Fax (512) 324-2724
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NASAL SURGERIES

We appreciate the opportunity to care for your child. Please review this sheet as it will help you know what to expect for your child's surgery. Please do not hesitate to call us if you have any questions or concerns.

CLOSED REDUCTION OF A NASAL FRACTURE (CRNF): is a surgical procedure done under general anesthesia in which the surgeon realigns the nasal bones. It is called a "closed" reduction as there will be no incision made during the surgery. The surgery is 30-45 minutes in length and your child will be going home approximately 1-2 hours post-op.

OPEN REDUCTION OF A NASAL FRACTURE (ORNF): is a surgical procedure done under anesthesia in which the surgeon realigns the nasal bones. It is called an "open" reduction as there will be a small incision made on the inside of the nose during surgery. There will be dissolvable suture material used to close this incision. The surgery is 30-45 minutes in length and your child will be going home approximately 1-2 hours post-op.

SEPTOPLASTY: is a surgical procedure done under general anesthesia in which the nasal septum is replaced into a more normal position in the center of the nasal cavity. The Inferior Turbinates (finger-like "air conditioners" along the bottom of the nasal cavity) are usually reduced in size during a septoplasty to further improve nasal airflow. The surgery is 45 minutes - 1 ½ hour in length and your child will be going home approximately 1-2 hours post-op.

PRE-OPERATIVE CARE

- Avoid aspirin products (including Pepto-Bismol) or products containing Ginkgo Biloba or St. John's Wort for two weeks prior to surgery.
- Acetaminophen (Tylenol) may be given as well as over the counter cold medications and antibiotics.
- Please notify your doctor if there is a family history of bleeding tendencies or if the child tends to bruise easily.

POST-OPERATIVE INSTRUCTIONS

1. Activity: Your child should rest at home for 24 hours after surgery. Normal activity may be resumed as soon as your child feels up to it with the exception of gym, bike riding, contact sports, and heavy exercise (these should be avoided for several days after surgery). Your child can return to school 1-2 days after surgery as long as they are sleeping well at night, no longer requiring pain medication, and are able to eat a regular diet. If your child has a splint or packing in place, they may need to stay home a few additional days until these are removed.

2. Wound Care:

- A metal splint may be taped on top of the nose. Your surgeon will discuss how long this splint should remain in place. If the splint falls off, gently clean the skin with mild soap and water, and reapply with new tape.
- A gauze dressing ("mustache" dressing) may be taped in place under the nose when your child wakes up. It is there to collect any drainage that drips from the nose. If the

dressing is saturated with drainage, it can be changed. A dressing change is not needed if there is no drainage.

- Some children require a splint inside the nose to keep the structures in place and some require packing inside the nose to prevent bleeding. The surgeon will let you know if your child has one or both of these in place.

3. Drainage: Post-nasal drip and nasal congestion can be increased for several weeks. There may be drainage from the nose for the first few days after surgery. It can be bloody, pink, or mixed. If there is bleeding that saturates the mustache dressing every hour or so (more than just a few drops here and there) please call our office. It is recommended that a bottle of Afrin nasal decongestant be on hand at home during recovery. Do not use this unless you have called the office or doctor on call and have been instructed properly.

4. Medications:

Bactroban Ointment: apply this generously to each nostril 4 times per day. This will melt and coat the nose and sinuses in a thin layer to help prevent infection. Nasal Saline: your doctor may want you to flush your nose with nasal saline every hour while awake to clear away mucus and crust. The cleaner you keep your nose, the better you will heal!

5. Pain: Pain is usually relieved with Tylenol. Your child should sleep elevated on pillows or in a recliner for the first few days after surgery. This will help to decrease swelling that causes additional discomfort.

6. Diet: Begin with a clear liquid diet, progress to a light diet, and then to a normal diet as your child feels like eating. Encouragement of fluids and nutritious foods will help them feel better and aid in the healing process. Some children experience nausea and vomiting from the general anesthetic. This should resolve within a few hours.

WHEN TO CALL OUR OFFICE

Please call the office or after hours number if your child:

- Has a temperature of over 102 F that does not come down with Motrin or Tylenol
- Has persistent vomiting or is unable to drink fluids
- Has bleeding from the nose or down the throat
- Has discomfort unrelieved by the pain reliever

FOLLOW-UP: Your child will need an office visit 5-7 days after surgery if there is a splint or packing in place and 7-10 days for the others. The surgeon will give specific instructions for a return visit before you leave the surgery center.