Septoplasty & Sinus Surgery Post-Operative Instructions

1. You may have splints in your nose for 2-3 days following surgery; this will make breathing through your nose difficult. A humidifier or vaporizer should be used in the bedroom to prevent throat pain with mouth-breathing.

2. Frequent hot showers, breathing in steam from a pot of boiling water, or simply sniffing a small amount of water through your nose will help break up congestion and clear any clot or mucus that builds up within the sinuses after surgery. You may also clean the front of the nose and nostrils with a Q-tip dipped in hydrogen peroxide or warm soapy water; do not pull at the splints or the thin blue suture holding them in place.

3. Change the moustache dressing as often as needed. Some oozing of blood and mucus is expected for 2-3 days after surgery, and the dressing may need to be changed frequently during the first 24 hours following surgery. In case of profuse nasal bleeding, apply ice to the bridge of the nose and pinch the nose just above the tip and hold for 10 minutes; if bleeding continues, contact Dr. Pritikin through the office or answering service.

4. Do not blow your nose until cleared to do so.

5. Take pain medication as prescribed. It is OK to substitute Tylenol if the pain medication is too strong or causes nausea. It is important to stay well hydrated after surgery. Constipation is a common side effect of pain medications. Take a mild laxative. Avoid straining with bowel movements.

6. Sleep with an extra pillow or two, elevating your head slightly. You do not need to sleep sitting up in a chair.

7. Obtain all medications and nasal sprays prescribed and use as directed. Antibiotics are used in the initial post-op period to prevent infection while the sinuses are healing. The mucolytic medication and the saltwater nasal spray may be started immediately.

8. Take all of your routine medications as prescribed, unless told otherwise by Dr. Pritikin; any medications which thin the blood should be avoided. These include aspirin and aspirin-like products (Advil, Motrin, Excedrin, Aleve, Celebrex, Naproxyn). Migraine medications should be used only after discussion with Dr. Pritikin and should not be taken at the same time as a narcotic pain medication.

9. There are no diet restrictions, but alcohol consumption is not recommended and tobacco use is prohibited as Nicotine decreases blood flow to the healing nasal tissues and can actually compromise wound healing. Please make sure that you have eaten something the morning of splint removal; low blood sugar may make you feel faint when the packs are removed.

10. No heavy lifting (nothing more than 10 lbs), no bending or stooping to lift, and no vigorous exercise until cleared by Dr. Pritikin.

11. No airplane travel for 2 weeks following sinus surgery; the cabin pressure changes can cause pain and swelling within the sinuses. You may fly sooner after nasal septal surgery alone.

12. You can expect to have a stuffy nose for about 3-5 days after surgery, with some intermittent congestion for up to 2 weeks depending on a personal history of allergies or other factors. Sense of smell will be diminished during this time, and sense of taste will also be affected. There may be some tenderness or numbness in your upper teeth. You may express old clot and discolored mucus from your nose for up to 3-4 weeks after surgery, depending on how frequently and how effectively you irrigate your nose with the saltwater spray.

13. Signs of a post-operative infection, which may occur within the 6 weeks after surgery, include fever, foul odor in the nose, discolored nasal secretions, facial pain and pressure, and a cough. If any of these signs develop, contact Dr. Pritikin to discuss treatment.

14. After splint removal, patients are seen back in the office approximately 7 days later. Sinus debridement/cleaning is performed at this post-op visit and small tampons or spacers may be removed from the sinus cavities. Debridement may be repeated again 2-3 weeks later. This is done to remove blood, mucus and crusts that build up in the sinuses which could lead to infection or further obstruction.