

DRS. GEHRIS, JORDAN, DAY & ASSOCIATES, LLC

Head and Neck Surgery . Ear, Nose and Throat Surgery . Facial Plastic & Reconstructive Surgery

Otolaryngology – Head and Neck Surgery

C. W. Gehris, Jr., M.D., FACS

T. E. Jordan, M.D., FACS

K.V. Day, M.D.

C.M. Lawson, M.D.

L.R. Proctor, M.D.

T.M. Clark, C.R.N.P.

D.F. Gagne', C.R.N.P.

General Plastic & Reconstructive Surgery

T.E. Jordan, M.D., FASC

Audiology

D.D. Allen, M.S., FAAA

S.N. Domzalski, M.S., CCC-A, FAAA

A.C. Waite, M.S., CCC-A, FAAA

K. Garson, AuD, CFY

Post-operative Considerations Patient Instructions: Nasal and Sinus Surgery

Pre-Operative Consideration – General

1. No aspirin of Advil (or related products) for two (2) weeks before and then two weeks after surgery.
2. Nothing by mouth the morning of surgery (ask about the medications you usually take).
3. Please make sure the:
 - a. History and Physical
 - b. Pre-Op lab work; and
 - c. Pre-Op visitare scheduled ahead of time.

Post-Operative Considerations – General

1. Packing may be inserted in the nose for one or two days after surgery. Therefore, some breathing through the mouth is necessary and using a vaporizer will help with the dry mouth that goes along with this. When the packing is removed, some nasal swelling occurs and the nose will stuff up. Also, some crust may form. The swelling and crusting may persist up to six weeks in the ordinary case. It is important no to try to remove them as they may be attached to stitches. Very gentle nose blowing and sniffing is permitted to help clear the nose after all packing and tubes are out (10-14 days) and a spray, such as “Ocean”, “Ayr”, or “NaSal” may be used. For the first week, keep head and shoulders up 2-3 pillows or more, at all times. Apply cold (ice) compresses (gauzes soaked in ice water) to side of nose as much as possible for the first 48 hours.
2. A low-grade fever (up to 101 orally) is frequently observed while the packs are in. Tylenol may be used for this and for mild pain. Call the doctor for vomiting, persistent fever more than 101 degrees, and alteration in mental status.
3. After the packs are removed, two pieces of soft, rubber-like material will be left in the nose, supporting the septum in the middle. These are intended to support this area for ten or more days. The physician must remove them. While they are in – **DO NOT BLOW YOUR NOSE!**
4. Lots of mucus and a little blood may drain from the nose for a day or two after the packs are removed, but frank bleeding should be reported to the physician. The gauze drip pad taped under the nose may soak totally with mucus and blood, up to 20 times in the first 24 hours, but if more, call our office. Maintain the drip pad as long as drainage is present, then may discard (may be 3-7 days)
5. If the external appearance of the nose has been altered in any way, tape and a splint may be applied to the outside of the nose. The physician only should remove these unless you are instructed otherwise. If glasses press on a tender area of the nose, they must be held off the nose by a piece of adhesive tape looped round the center of the glasses and up to the forehead. After three weeks this should no longer be necessary.

Upper Chesapeake Medical Campus

520 Upper Chesapeake Drive

Suite 206

Bel Air, MD 21014

Tel. 410-879-9100

Fax 410-879-0227

Orchard Square

1212 York Road

Suite C202

Lutherville, MD 21093

Tel. 410-821-9110

Fax 410-821-0321

421 South Union Avenue

Havre de Grace, MD 21078

Tel. 410-939-1819

Fax 410-939-7094

Franklin Square

9103 Franklin Square Drive

Suite 302

Baltimore, MD 21237

Tel. 410-879-9100

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6. Time off work may be anywhere from a few days for a minor secondary procedure to one week for simple septal surgery, to two weeks for complete rhinoplasty.
7. Some nasal swelling, both internally and externally, may make evaluation of the final result impossible for up to a year. If revisions of the work are necessary, they are only rarely performed before one year's time has elapsed. It is important to try to guess what the eventual outcome will be based on the experience of the first few months.
8. If there are any questions, please do not hesitate to call the office!!

A. The four golden rules after surgery are:

1. Do not blow your nose; sniff instead of blowing. Sniffing is permissible.
2. No aspirin and no Advil products (see preoperative considerations). Both of these promote bleeding and increase the hemorrhage rate by about 5%. Tylenol is okay. This includes the two weeks before surgery as well.
3. Sneeze through your mouth, not your nose.
4. Watch out for "big dogs and small children". Both are apt to bang into recently operated noses and cause damage (spouses, too).

B. Activity

Due to the possibility of nose bleeds for two weeks after surgery, please limit any strenuous activity for two weeks. No bending, stooping, or lifting. Limit stairs initially and limit all other "grunt and groan" activities including constipation (often brought on by pain medication). You may wash your face, shower, or bathe at any time following surgery. Please do not use water that is too hot for you or you may pass out.

C. Diet

No restrictions.

D. Medications

At your pre-operative visit you will receive a prescription for both an antibiotic (to be continued for about 10 days post-operatively) and pain medication. Usually there is no need to change any other medications taken regularly except in the case of asthma patients. Ask about whether you should take your usual medications the morning of surgery.

E. Treatments

1. Clean nose openings (nostrils) 4 times daily with Q-tip and peroxide, to remove crusts, clots, etc. After cleaning, apply a little ointment, such as Neosporin to the area.
2. Salt water nasal spray (Ocean, NaSal, Ayr, etc.) can be used as needed in the first week for crusting or thick nasal secretions while splints are in place.
3. Once splints are out, very often the doctor will ask you to start with nasal wash-out regimen either using sniff technique, a Water Pik with a nasal adapter, an irrigation bulb, or a sports bottle. This should be done four times a day. Please see our Nasal Irrigation Instruction sheet.

F. Follow-Up Visits

1. Usually there will be a post operative visit scheduled at a week (splint removal) and two weeks (check-up). From there, it depends on one's progress, but can usually be bi-weekly for an extended period of time for sinus patients, 6 weeks or more for septal cases.
2. In cases of questions, call the offices and the messages will be forwarded to the doctor. Evenings and weekends, one of the physicians from the group will be taking calls and available to assist you. The number to call is 410-879-9100. This is the main Bel Air telephone number and will direct you to the physician on call.