

## SEPTOPLASTY/SEPTORHINOPLASTY (SRP) POST-OPERATIVE INSTRUCTIONS

Your active participation is important to the post-operative success of your treatment. The following guidelines will help you know what to expect in the days following surgery, and will help to optimize a successful surgical outcome. Do not, however, hesitate to call if you have any questions or concerns.

**General Information:** Expect nasal stuffiness, decreased sense of smell, and “head cold” type symptoms (increased mucus drainage, mild headache, throat irritation). There will likely be some soreness just inside the nostrils, at the tip of the nose, or in the upper teeth. It is also not unusual to feel somewhat tired after surgery. We will be placing a small temporary Doyle splint in your nasal passage to aid drainage and breathing (pictured below).

You will need to rinse through the splint 4 times a day with saline to keep it clean.



If you have an SRP, there will also be a thermoplastic splint on top of the nose.

Both splints will be removed in our office 3-5 days post-op (you should already have an appointment scheduled for your splint removal).

**Activity:** Bed rest and light activity is recommended for the first 24 hours postoperatively. We encourage getting up to walk for at least 30 minutes each day. You may increase your activity level as necessary, but use common sense. Light exercise may begin approximately 2 days after surgery. Avoid any heavy lifting, bending, straining, or stooping for at least 2 weeks after surgery as this may cause bleeding. Try to keep your head elevated during sleep for at least 3 days after surgery. Sleeping on 2 or more pillows is effective. A recliner chair is an excellent option. Most patients are able to return to work or school within 2-3 days after surgery. It is okay to shower or bathe postoperatively. Treat your nose with care. Avoid situations that might result in any trauma to your nose.

**Diet:** Begin with a liquid or soft diet for 24 hours, then advance to regular foods as soon as comfortable.

### **Medication:**

You will experience some pain and discomfort during the first 24 hours after surgery, though this varies from individual to individual. This can usually be controlled with Tylenol (acetaminophen), or Ibuprofen. For more significant pain, use the pain medication prescribed. Tylenol and Ibuprofen can each be taken every 6 hours. You should begin by alternating Tylenol and Ibuprofen every 3 hours and using prescribed narcotics in small amounts only as needed to help control more severe pain. If you are having any trouble managing pain, please do not hesitate to call our office for further advice.



**Wound Care:** It is okay to blow your nose as long as you do so gently. If you have to sneeze, try to keep your mouth open. It is not unusual to experience some nasal bleeding during the first several days after surgery. For this reason, a nasal drip pad will be applied postoperatively. The recovery room nurse will give you some gauze to take home so that this can be changed as frequently as necessary. Bleeding usually tapers off during the first 24-48 hours. Sometimes you may have to change the nasal drip pad several times within an hour, but overall the frequency should decrease after a 24-48 hour period. If heavier bleeding occurs, it is best to keep the head elevated and apply an ice pack to the nose. Usually this will suffice; however, if bleeding continues, Afrin (oxymetazoline) nose spray may be applied and repeated several times as necessary. If the bleeding still persists, we recommend that you contact the office. It is not unusual to cough up a bit of bloody phlegm or secretions for the first couple of weeks after surgery. You may gently clean the tip of the nose with a Q-tip and peroxide as often as necessary.

**Follow Up:** You should have an appointment scheduled 3-5 days after surgery to return to our office for your splint removal. The next follow-up appointment will vary depending on Dr. Zaghi's recommendation. If you need to confirm the appointment, please contact our office at: 310-579-9710.

**Risk Factors for Complications During the Procedure:** Complications are rare, but possible risks/complications of surgery include but are not limited to bleeding, pain, numbness, septal perforation, failure of procedure, infection, injury to adjacent structures, scarring, and need for revision surgery. When performed under general anesthesia, the procedure carries the same risks as any other surgical procedure that requires a patient to be put to sleep.

At any time, call our practice if you experience any of the following:  
Severe pain that does not improve with medication, brisk bleeding, severe swelling at the site of surgery, difficulty breathing, or fever higher than 102°F

- During office hours (8 AM - 5 PM, Monday - Friday), call us at: **(310)579-9710**
- After hours, call Dr. Zaghi directly at **(818)489-2444; (818)48-ZAGHI**
- Call 911 for any emergency, or report to your nearest emergency room.

Feel free to call upon us at any time. We want you to be as comfortable as possible during your healing period.

Sincerely,

Dr. Soroush Zaghi, MD and The Team at The Breathe Institute