



At the start of your recovery, you will have increased nasal drainage, often with some bright red bleeding. Do not be alarmed. A small amount of bleeding is normal and may continue through the first week.

Any heavy, bright red bleeding should be reported to the doctor. Old blood which accumulates in the nose during surgery is reddish brown in color, drains from the nose for a week or more and is of no worry.

It is common to have some thick, discolored drainage continue for four to six weeks after surgery.

You will experience a stuffy, congested nose for several weeks.

The small dressing which you were wearing under your nose in the hospital is for your convenience. It is only to absorb any nasal drainage. It will need to be changed frequently in the first few days after surgery. When the drainage slows, you do not need to wear the dressing. You may wipe or dab the nose gently with a soft facial tissue.

Do not insert anything into the nose. If some dried blood has accumulated within your nostrils, you may gently remove it with a cotton-tipped applicator moistened with hydrogen peroxide.

**SNEEZING.** If you must sneeze, keep your mouth open to decrease pressure within your nose.

**DRY NOSE.** You must use a saltwater nasal spray (Ocean®, AYR®, Afrin Saline®) 4 to 5 times per day to keep the nose moist. When the air is dry, a cool mist vaporizer will also help keep the nose moist.

**AIR TRAVEL.** Airplanes are dry and you must be sure to keep your nose moist by using a saltwater (saline) nasal spray frequently during your flight. If you experience facial pressure during air travel, a decongestant pill (e.g. Sudafed®) or a nasal spray (e.g. Afrin®, Neo-Synephrine®) may provide comfort.

**DRY LIPS.** Dry lips caused by breathing through your mouth can be moistened with Vaseline® or baby oil.



## THE FIRST OFFICE VISIT AFTER SURGERY

While there is rarely any discomfort in removing the nasal splints, some patients are anxious about the first office visit after surgery. If you have had nasal congestion, you will have some relief when the splints are removed. The splint is held by one stitch which is easily removed. Any remaining stitches are self-dissolving and will come out on their own within a week or two of surgery.

## THE FIRST MONTHS AFTER SURGERY

**PHYSICAL ACTIVITY.** Aerobic activity may be resumed after one week, but you must avoid getting the nose bumped or hit for one month. However, DO NOT SWIM for two weeks because water in your nose may cause a nasal infection. If bright red bleeding occurs, decrease these activities for a few days.

**THE RECOVERY PROCESS.** Your nasal breathing will not be its best until about six weeks after surgery. Some days, the breathing will be good. Other days, it will not. During this time, it is common for your nasal breathing to alternate from one side of the nose to the other.

*Remember, your recovery is a process, not an event.* ☺

Date of Surgery: \_\_\_\_\_

Surgery Center: \_\_\_\_\_

Surgery Center Phone Number: \_\_\_\_\_

First Appointment after Surgery: \_\_\_\_\_

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# SEPTOPLASTY

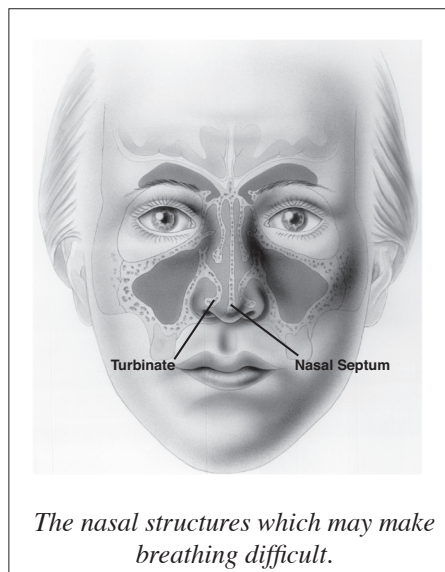


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The partition between the two sides of your nose is called the nasal septum. It may grow to one side or may be pushed by an injury. This condition—deviated nasal septum—can cause difficult breathing, facial pressure and pain, nasal drainage, recurrent sinus infections. The procedure to correct this condition is called a SEPTOPLASTY and is performed entirely within the nose with no skin incisions.



Even though you will have no visible incisions and swelling and discomfort are minimal, you are having a major nasal surgical procedure. Therefore, you will be required to take certain precautions.

This information is provided to help you have a comfortable and successful recovery. No matter what is said in these guidelines, if you have any question about your postoperative care, please do not hesitate to call the doctor.



## PREPARING FOR SURGERY

**MEDICATIONS YOU MUST AVOID BEFORE SURGERY:** ASPIRIN, IBUPROFEN PRODUCTS (Advil®, Nuprin®, Motrin®, other NSAIDS). You must not take any of these products for one week before and one week following your surgery. A list of medications to avoid is given to all Dr. Levine's patients. If you do not have this list, please call Dr. Levine's office.

**SPECIAL MEDICATIONS.** Bring medication taken regularly with you. If you use medications for high blood pressure, heart problems, asthma or diabetes, check with your surgeon about taking them the morning of your surgery.

**SURGERY SCHEDULE.** You will be told by the hospital or surgery center when to arrive for your surgery.

**EATING & DRINKING BEFORE SURGERY.** Most anesthetics require a time period with no food or drink. You will be advised about your eating and drinking schedule.

**WEAR CLOTHING THAT FASTENS IN THE FRONT.** Pulling clothing over your head may injure your nose when you are dressing after surgery.

**WHAT TO BRING.** Most patients go home the same day. Since there is a small chance you will need to stay overnight, you will want to bring a few personal items such as toothbrush, slippers, and robe.

Most patients find it easier to use the hospital gowns instead of their personal bed clothes. If you usually wear contact lenses, you will be more comfortable wearing your eye glasses after surgery.

**LEAVE VALUABLES AT HOME.**

**ARRANGE YOUR TRANSPORTATION.** Since you should not drive for 24 hours after surgery, you must have someone available to drive you home.

## THE DAY OF SURGERY

**ANESTHESIA.** You will have the chance to discuss your anesthesia with a member of the anesthesia department before surgery. The doctor will also see you before surgery to answer any last minute questions.



**AFTER SURGERY.** Following surgery, you will remain in the recovery area several hours to be sure you have recovered from surgery and anesthesia.

**NASAL DRESSINGS.** After surgery there may be a small, soft absorbent dressing in your nose which will be removed before you leave to go home. There will be a mustache-like dressing on your upper lip to absorb any drainage. It is common to change this dressing often immediately after surgery.

After a septoplasty, there may be a nasal splint—a thin, flexible inner dressing to hold the nasal septum straight—that will be removed at your first office visit. Before you go home, you will be given any supplies and dressings you may need for your home care.

**INFORM YOUR FAMILY.** While your family does not need to be present while you are having your surgery, the doctor will always try to talk with them immediately after surgery. This can be done in person or they can be telephoned at work or home.

**PAIN.** Because there is some discomfort after surgery, there will be pain medication for you on the day of surgery and a prescription for your home use. You may take acetaminophen (Tylenol®) as directed on the label. **DO NOT TAKE ASPIRIN OR ASPIRIN PRODUCTS** because they have the tendency to cause bleeding.

## THE FIRST WEEK AFTER SURGERY

**AVOID PHYSICAL ACTIVITY AND EXERTION.** Excessive physical activity raises the blood pressure and can cause nasal bleeding.

**OBTAIN ADDITIONAL REST.** Even though your operation is short, you may be tired and fatigued.

**NASAL CARE.** Do not blow your nose for the first seven days. If there is blood or mucus in your nose, gently sniff it back into the throat.