**Septoplasty and Inferior Turbinate reduction F**

**Preoperative Instructions**

**What is Septoplasty and Inferior Turbinate Reduction?**

The nasal septum is a structure made of cartilage and bone that divides your nasal passages into the right and left sides. A deviated septum refers to a septum that is crooked or pushed to one or both sides. This can narrow your nasal passage and lead to nasal blockage and obstruction.

The turbinates are structures on the sidewall of the inside of the nose made of bone and soft tissue. They help warm and moisturize air as it flows through the nose to the lungs. The tissue of the inferior turbinates can expand in response to inflammation such as allergies, sinusitis, or viral upper respiratory infections. The inferior turbinates can block nasal airflow when they are enlarged.

**Before surgery:**

If possible, avoid **Aspirin** products, **Gingko Biloba, St. John's Wort, Fish Oil, or Vitamin E** for 2 weeks prior to surgery. Anti-inflammatory medications such as **ibuprofen, Motrin, Advil, Aleve, Naproxen, Celebrex** should also be avoided for 2 weeks prior to surgery though are commonly acceptable for pain control **after** surgery provided you are not experiencing bleeding. Acetaminophen (Tylenol) may be used safely before and after surgery. Please notify us if there is family history of a bleeding/clotting disorder or if you bleed easily.

**Risk of surgery:**

Septoplasty and inferior turbinate reductions are done very frequently and safely but all surgery carries some risk. Risks include pain, severe bleeding, hole/perforated nasal septum, nasal dryness, change to the outside shape of the nose, numbness of upper teeth/roof of mouth.

**Day of surgery:**

Septoplasty and turbinate reductions are performed under general anesthesia. **DO NOT EAT OR DRINK** the morning of your surgery. Surgery typically takes 30-60 minutes, and most patients may go home afterward. Some patients may stay overnight if there are significant medical comorbidities.

* If you have any questions **PRIOR TO SURGERY** or have questions about your insurance/benefits, please call **970-221-1177**

**Postoperative Instructions**

**Post Operative Packing/Splints:**

* Some form of packing or splints are typically left inside the nose intentionally in the first part of post operative recovery.
* Saline can be useful to use following surgery. This can be done via saline mist spray. Can be used frequently, 4 or more times a day to help splints/packing clear of mucus/blood.
* Nasal congestion/blockage is expected while packing/splints are in place.
* These are removed on a subsequent post operative visit.
* Removal of packing or splints is typically not associated with severe pain. Patients usually only require Ibuprofen or Tylenol for this.

**Bleeding:**

* Bleeding is common and expected after surgery. It is typically most heavy in the first 24-48 hours after surgery and tapers off after. Bleeding beyond a week is possible.
* Keeping head elevated and sleeping on an incline can be helpful. Ice across the bridge of the nose can also help with bleeding, swelling, and pain.
* Can use Afrin (oxymetazoline) spray every 4 hours in the initial days after surgery. This can help to reduce bleeding. If the nose is not bleeding significantly, plain saline can be used.

**Activity:**

* We recommend planning for the possibility of needing between 4-10 days off work or school for recovery. The most bothersome time after surgery is while packing/splints are in place. Once removed, symptoms are typically much better. Some patients can work during the first week, but it might be uncomfortable.
* Light activity is recommended. Vigorous activity, heavy lifting, straining during the 2 weeks may lead to excess bleeding.

**Pain:**

* Pain is typically mild/moderate though some can feel more significant pain. Burning sensation is also typical initially after surgery.
* Tylenol and Ibuprofen can be used first line after surgery for mild to moderate pain. Opioid pain medication is often prescribed as well. This may be needed for the first several days after surgery. DO NOT drive while taking opioid pain medications.

**Nausea/Vomiting/Constipation:**

* Pain medications can cause constipation. You may use Laxative (ie milk of magnesia) or Softeners (ie Colace) if needed.
* Nausea and vomiting may occur following general anesthesia or with pain medications. If persistent, please call the office. You may be prescribed nausea medications after surgery by the Surgeon**.**

**Fever:**

* Low-grade fever (99.0-101.5) is common after surgery. Tylenol/Ibuprofen may help. Please call the office if the fever is over 102.5

**Eating and Drinking:**

* There are no dietary restrictions after surgery. General anesthesia can cause nausea and vomiting. It is recommended to start with a bland diet and advance as tolerated.

**Follow up:**

* Follow up is often scheduled at the time of surgery for packing/splint removal.
* It is important to keep follow-up visits.

**For questions AFTER SURGERY, contact 970-221-1177**

**For emergencies after office hours, contact 970-221-1177 to speak to the ENT Provider on call.**