

PRE-OPERATIVE INSTRUCTIONS:

- Unless prescribed by a physician, do not take any aspirin, aspirin products or NSAIDs one week prior to surgery or after surgery. **(Be aware that for certain surgeries, your surgeon may request that you stay off these types of drugs longer than one week before or after surgery. Please follow their instructions for your specific surgery).** Tylenol is okay.

IMPORTANT: If your physician has placed you on a daily dosage of aspirin or other blood thinner such as Coumadin or Plavix, check with your prescribing doctor regarding instructions for preoperative and postoperative aspirin use. If you have been placed on aspirin by a cardiologist, please discuss your specific stop and restart times with both your cardiologist and surgeon.

- Have nothing to eat or drink after midnight the day before surgery.
- If you take daily medications, take them the morning of surgery with a sip of water. If you have questions about this, check with the hospital preop nurse during the presurgical evaluation.
- Wash your face and hair well the morning before surgery. Do not apply any facial makeup.
- Please make arrangements for transportation to and from the hospital the day of surgery.

POST-OPERATIVE INSTRUCTIONS:

What to expect:

- After surgery, you will experience some stuffiness and decrease of your ability to breathe through the nose. This may be associated with a sense of pressure in the sinuses, increased mucus drainage, and a temporary decrease in your sense of smell. Most patients also feel somewhat tired and lethargic right after surgery. Other symptoms may include sore throat, headache, ear fullness, and mild lightheadedness. If a septoplasty has been performed, there may also be soreness just inside the nostrils, at the tip of your nose, or in the upper teeth.
- All of these symptoms typically disappear within days to weeks. However, if they persist, please bring them to your surgeon's attention during your follow up visits.
- At any time during the postop period, please call the office if you have any questions or concerns about excessive bleeding, nasal drainage, pain, persistent fever, nausea, visual changes, swelling or other concerns that seem out of the ordinary from what you have discussed with your surgeon or read in this handout.

Activity:

- Bed rest and light activity is the rule for the first 24 hours postoperatively. You may increase your activity level as necessary, but use common sense.

- Avoid any heavy lifting, bending, straining, or stooping for at least 2 weeks after surgery as this will put additional pressure on the operative site and may cause increased swelling or bleeding. If you have questions about certain activities such as exercise, please ask us.
- Try to keep your head elevated during sleep for at least 48 hours. Sleeping on 2 or more pillows is effective. A recliner chair is also an excellent option.
- Depending on the individual and the type of surgery done, disability from work may vary. Most patients are able to return to work or school within 48 hours postoperatively.
- It is okay to shower or bathe postoperatively. Avoid particularly hot or steamy showers for several days after surgery.

Diet:

- Begin with a soft diet. You may advance to regular foods as soon as is comfortable for you.

Medication:

- Postoperative pain varies in intensity from individual to individual, but is rarely severe. Tylenol (acetaminophen) by itself is an excellent choice for mild post-operative discomfort. For more significant or persistent pain, do not hesitate to use the pain medication prescribed. Do not take the prescription pain medication and Tylenol at the same time. Avoid aspirin products or Motrin (ibuprofen) for the next week (or as directed by your surgeon) unless aspirin has been prescribed as a daily medication (see preop instructions above).
- Tylenol may be taken for mild fever, though again, avoid taking the prescription pain medication and over-the-counter Tylenol at the same time. If postoperative fever (>101 degrees) persists for more than 24 hours, notify the office.
- Antibiotics also will be given during the postoperative period. Take all medications as prescribed for you by the physician. If you are nauseous, you can begin the antibiotics the day after surgery. Call the office for any adverse reactions to your medications (vomiting, diarrhea, rash, difficulty breathing or swallowing).
- You will need to obtain some nasal saline spray, which can be purchased over-the-counter at most pharmacies.

Wound Care:

- Within 24 hours of surgery, you should begin frequent saline irrigations 10 to 15 times per day. You can also begin to blow your nose lightly at this time.
- If you have to sneeze, it is better to do so through your mouth.

- 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 post-operatively. The ambulatory surgery unit nurse will be giving you some gauze to take home so that this can be changed as frequently as necessary, depending on the amount of bloody drainage from the nose. Although it can last longer, bleeding usually tapers off during the first 24 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-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, as your surgeon may want to reevaluate you to determine where the bleeding is coming from. 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:

- Typically, your surgeon will see you again in the office within 2 weeks after surgery to reexamine your sinuses. You will probably return two to three more times over the next two months for repeat examinations. Depending on your particular sinus problems, long-term follow up may be necessary.
- In order for you to receive the maximum benefit from the surgery, please keep your postoperative appointments. If a conflict in your schedule arises, please call the office as soon as possible and reschedule your appointment.

As in any surgical procedure there is always the risk of bleeding, infection, scarring and unforeseen complications. Due to the location of the sinuses there is a possibility of trauma to the brain and associated complications, trauma to the eye resulting in visual loss, double vision, tearing, or a change in smell. Revision surgery may be necessary for the final functional result or recurrent sinus disease. As in all surgical procedures, there are always risks associated with general anesthesia. If a septoplasty is being performed concomitantly there is risk of a hole in the septum that would result in a whistling sound or crusting in the nose. There is also the possibility of recurrent episodes of sinusitis that would necessitate further surgery. Allergy evaluation and continuation of medications is also a possibility.

If you have any questions please discuss them with your surgeon prior to your surgery. It is imperative that you understand the alternatives (i.e. continued antibiotics and decongestants, allergy work up, other surgical options) the risks, and complications fully prior to your signing the consent form. Your signature on the consent form will verify that you have read the above information and that any questions have been adequately answered and that you wish to proceed with the surgery.