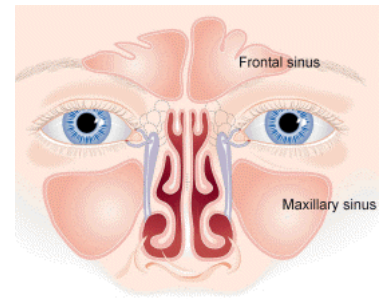


Intranasal Surgery

Septoplasty and Sinus Surgeries

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Patient Information and Postoperative Instructions

Septoplasty

Septoplasty is a procedure to straighten the bone and cartilage (middle wall) dividing the space between your two nostrils. When the septum is crooked, it's known as a deviated septum. A deviated septum can make it harder to breathe through your nose and can increase the risk of sinus infections due to poor drainage. Surgery should improve your nasal breathing. You should not see any external changes to your nose.

Functional Endoscopic Sinus Surgery (FESS)

Functional endoscopic sinus surgery is a minimally invasive technique used to restore sinus ventilation and normal function. The most suitable candidates for this procedure have recurrent acute or chronic sinusitis, and an improvement in symptoms of up to 90 percent may be expected following the procedure.

General Risks for Septoplasty or Sinus Surgery

Bleeding: Most surgery involves some degree of blood loss, which is generally well tolerated by the patient. However, on occasion, significant bleeding may require stopping the procedure. Although most patients do not require nasal packing, occasionally patients will require a small nasal packing. This will be removed after one week. Blood transfusion is rarely necessary and is given only in an emergency.

Recurrence of disease: Although endoscopic sinus surgery provides significant symptomatic benefits for the vast majority of patients, surgery is not a cure for sinusitis. Therefore, you can expect to continue with your sinus medications even after successful sinus surgery. In some instances, additional "touch-up" or revision surgery may be necessary to optimize your surgical outcome.

Spinal fluid leak: Because the sinuses are located near the brain, there is a rare chance of creating a leak of spinal fluid (the fluid lining the brain) or injuring the brain. Should the rare complication of a spinal fluid leak occur, it may create a potential pathway for infection, which could result in meningitis. If a spinal fluid leak were to occur, it would require surgical closure and hospitalization.

Visual problems: Visual loss has been reported after sinus surgery due to injury to the eye or optic nerve. The potential for recovery in such cases is not good. Fortunately, this complication is extremely rare. Injury to the eye muscles may result in double vision. Persistent tearing of the eye is another possible complication. Tearing problems usually resolve on their own but occasionally require additional surgery.

Other risks: Other uncommon risks of surgery include alteration of sense of smell or taste; persistence and/or worsening of sinus symptoms and facial pain; change in the resonance or quality of the voice; and swelling or bruising of the area around the eye. Scarring/adhesions in the nose can also occur.

Post-Operative Care

Nasal Dressings

A "moustache" dressing can be worn below your nose to catch any drops of blood or mucus. You will likely leave the hospital with one on after your surgery. Change it as necessary – this can occur up to every hour initially. Usually, a dressing

is only needed for 1 – 2 days after the surgery. Nasal obstruction/poor nasal breathing is expected for the first month after surgery.

Bleeding

Slight oozing is common for the first 24 hours. If more brisk bleeding occurs sit up and lean slightly forward. You can spray an over-the-counter nasal decongestant such as Dristan or Otrivin into your nose. Pinch and hold your nose firmly just above your nostrils for 15 mins without letting go. Should bleeding continue despite these measures go to your closest emergency department.

Washing and Cleaning

Avoid nose blowing for 2 – 3 days after the surgery. After 2-3 days, you can begin to gently blow your nose. Begin using the saline nasal wash (NeilMed) on the day after your surgery as prescribed. This can be purchased at any pharmacy along with the salt packets. Completing your daily washes are incredibly important in helping you heal. Ensure that you are using distilled or boiled water in the bottle. You can apply Polysporin ointment inside your nostrils 1 to 2 times per day for the first few weeks after surgery.

Pain Control

Begin with Acetaminophen (Tylenol) and Ibuprofen (Advil). You can alternate between these medications every 3 hours throughout the day as needed. These medications should be your primary form of pain control.

You may also have been given a prescription for a narcotic pain medication. Not every patient needs to take this stronger medication. Use it only if required.

Splints and Packing

Nasal packing and splints are occasionally left inside the nose after surgery to help healing. You will be told if splints have been placed and a follow-up will be arranged accordingly. Some sutures may have been placed inside your nose during the surgery. These will dissolve over the next month as you rinse with saline.

Activity:

Please avoid any activity that raises your blood pressure for two weeks. Activities that can raise your blood pressure are heavy lifting and hard exercise. Light activities such as walking is recommended.

Things to Watch Out For

Call the office or go to your nearest Emergency Department if any of the following occur:

- Worsening eye pain or new double vision
- Severe headache or facial swelling
- Severe nausea and vomiting
- Sustained fever with a temperature above 38.0 degrees Celsius or 100.4 degrees Fahrenheit
- Brisk Bleeding that is not stopping with firm nose pinching for at least 15 straight minutes

Postoperative appointment: You will need a postoperative visit 3-4 weeks after surgery.

If this appointment has not been made for you, please call 902 435 8690.