

NASAL FRACTURE INSTRUCTIONS

What Can I Expect After Surgery?

There will be a mild to moderate amount of pain and discomfort associated with the surgery. This should be easily controlled with oral medications. Tylenol with codeine (or equivalent if allergy to codeine exists) is generally sufficient for pain control. The discomfort and pain should begin to decrease within 48 hours after surgery and a significant increase in pain after this period should prompt you to call the office. Bruising and swelling are not unusual after the surgery. These symptoms may worsen on the second day; this is normal.

Some bloody nasal discharge is to be expected after any nasal surgery. A small "mustache" type gauze dressing will be placed beneath your nose after your surgery. During the first 24-48 hours, this absorbent dressing often needs to be changed 10-20 times; this is to be expected.

Often at the completion of the surgery, a light tape and plastic nasal dressing is placed on the outside of the nose, and plastic splints are placed on the inside of the nose. If only a septoplasty and/or nasal tip surgery have been performed, the external dressing may be omitted. Both the internal and external nasal dressings are removed in 5-7 days after surgery.

Nasal stuffiness is the most annoying problem that you will face after surgery. It is most distressful in the first week after surgery, and significantly improves once the internal nasal splints are removed. Any residual stuffiness can be expected to gradually improve over a period of several weeks thereafter.

Things To Remember

- Make arrangements to have someone drive you to, and from, your surgery. You will likely need someone to assist you in driving for at least a week after surgery.
- Arrive for your surgery in loose, comfortable clothing. Your top should button or zip rather than pull over your head.
- Having someone stay with you on at least the first night after your surgery is highly recommended.
- Be sure to fill your prescriptions before your surgery since it means one less thing for you to worry about afterwards. Take the vitamins and antibiotics until your supply is exhausted; the prescriptions need not be refilled.
- Do not take any aspirin or any anti-inflammatory compounds for 2 weeks before and 2 weeks after your surgery unless you first discuss it with your surgeon.
- Sleep with your head elevated 40 degrees for two weeks; an additional pillow or two under your mattress may help, if necessary.
- Apply iced compresses made of washcloths (not an ice bag) to your closed eyes and nose as much as possible during the first three days after surgery.



- Stay up (sitting, standing, walking around) as much as possible after you return home - this promotes a decrease in facial swelling. Of course, you should rest when you tire.
- Avoid bending or lifting heavy things for one week. Besides aggravating swelling, this may raise your blood pressure and start bleeding. No lifting over 5 pounds the first week, 25 pounds the second week.
- Avoid straining at stool, which also raises your blood pressure. If you feel you need a laxative, consult your local pharmacist as most stool softeners do not require a prescription.
- Avoid hitting and bumping your face. It is wise not to pick up small children, and you should sleep alone for one or two weeks after your operation. Remember, the two most common causes of accidental injury are children and animals.
- Take only prescribed medication or Tylenol, never aspirin or other NSAIDS, as they promote bleeding.
- Don't go swimming, diving, water skiing, or participate in strenuous or contact athletic activity for at least six weeks after surgery.
- If you have to sneeze, sneeze with your mouth wide open as this will minimize any disturbance within the nose.
- Avoid "sniffing," that is, constantly trying to forcefully pull air through the nose.
- Do not use nose drops or nose sprays without consent from Dr. Verret.
- For the first month after fixing your nose, you should not rest your glasses on the bridge of your nose. Either wear contact lenses or suspend the glasses with the use of a small tape from your forehead (ask Dr. Verret to show you how to do this). You should note that your glasses may have to be refitted because changes in the shape of the nose may alter the resting place for your glasses. Patients undergoing only septoplasty may wear their glasses normally on the day following the surgery.
- If an external nasal dressing is used, do not allow it to become wet at any time. You may shower or bathe the day after surgery, but do not let the spray strike your nose. Do not rub or massage your nose unless instructed to do so by Dr. Verret.
- If an external and/or internal splint was placed, it will be removed at the end of one week. Should it fall off before, simply place it back on your nose.

Contact the Office Immediately

If you notice any of the following, please contact the office immediately at 972-608-0100:

- any change in vision.
- unusual amount of bleeding from the nose
- any significant reinjury of the nose.
- development of a temperature elevation exceeding 100.0 degrees.
- a significant progressive increase in pain which is not easily relieved by taking your prescribed medication.

If any of the above should occur after regular office hours, do not hesitate to call Dr. Verret at home at the number provided on the day of surgery or on his cell phone. For whatever reason, if



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you notice one of the above changes and cannot reach us at our office or through any of the alternate means, present yourself to the emergency department for evaluation.

Recovery Timetable

- **Day 1** Return home. Nasal congestion mild. Change mustache dressing as needed (often 10 to 20 times).
- **Days 2-5** Nasal stuffiness is main problem.
- **Days 5-7** Internal nasal splints and external nasal splints removed by Dr. Verret. Stuffiness and nasal congestion much better.
- **Days 7-10** Slightly worse nasal congestion.
- **Week 3-4** Nasal breathing much improved.

Remember

If you have any questions at any time, do not hesitate to call. On the day of surgery, you will be provided with Dr. Verret's home and cellular phone numbers as well as the personal contact phone numbers of members of our staff. We do not like surprises and would much rather hear about a small annoyance before it becomes a big problem.

