



## YOUR POST-OPERATIVE APPOINTMENT IS SCHEDULED FOR

(it is essential to keep your post-op appointment, if this date and time does not work, please call our office to reschedule. (617) 524-3864

### **Post Operative Instructions Nasal Fracture Reduction**

#### **PAIN**

- You may be given a prescription for a narcotic painkiller, such as Tylenol with codeine. Many patients feel that they do not require narcotic painkillers, and do quite well on extra strength Tylenol. However, it is recommended to fill your prescription in the event that you have pain in the middle of the night on the day of surgery.

#### **WOUND CARE**

- The most common complaint after nasal fracture repair surgery is nasal obstruction. This is due to swelling within the nasal passages. Following surgery, there is usually significant swelling within the nasal passages. You may have a dissolvable packing in the nose contributing to the sense of stuffiness. You may use Afrin or oxymetazoline in the first 72 hours if needed for nasal bleeding or excessive stuffiness.
- Please refrain from blowing your nose. This can lead to bleeding and may affect the outcome of your surgery. Instead, spritz with saline (Ocean) spray. Use this 3-4 times a day whether or not you feel like you are blocked or crusted. It will help keep the tissue moist and clean to speed healing and help dissolve any of the absorbable packing, if placed. You may have a small amount of bleeding on the day of surgery. This gradually slows down over the first 72 hours, and almost always subsides spontaneously.
- You will have a cast on the outside of the nose and this ideally will stay in place until your first post op appointment at one week. Keeping it dry by avoiding the shower or wet weather usually allows it to stay in place. Wash hair via hand held shower head or bath.

#### **DIET**

- Patients who have received general anesthesia may experience nausea and occasionally, vomiting. It is therefore preferable to eat a bland light meal or a liquid diet on the first day after the surgery. Regular diet may be resumed the next day.

#### **ACTIVITY**

- You can plan to return to desk work on the second day after your procedure. By that time post-operative pain will have diminished, usually controlled with extra strength Tylenol, and your only symptom will be that of nasal obstruction similar to a head cold and possibly minimal drainage. Avoid strenuous activities for one full week.
- For contact sports in patients interested in continuing to play while nasal bones are healing (6-8 weeks post op), they can look for nose guards: <http://www.muellersportsmed.com/noseguard.htm> or <http://www.onlinesports.com/pages/L,top,type,nhsu.html>

Should you have any questions or problems following your procedure which have not been covered in this information sheet, please feel free to call the office between the hours of 9AM and 5PM and we will be happy to answer your questions.

Some important information about narcotic medications:

### NARCOTICS (OPIOIDS)

Frequently after surgery you may be prescribed a narcotic pain medication, also known as opioid medications. Tylenol #3 (Tylenol [or acetaminophen] with codeine), Vicodin (Tylenol with hydrocodone), and Percocet (or its liquid form, Roxicet which are Tylenol and oxycodone) are commonly given for procedures where pain may not be easily controlled with Tylenol alone. As these above listed pain medications include acetaminophen (Tylenol) as well, it is notable that you should not be taking additional Tylenol on top of these medications. (Acetaminophen not to exceed 3000 mg daily for adults or 10 mg/kg per 4 hours in children, 15 mg/kg per 6 hours in children).

Common side effects of narcotics include:

- Sedation- because these medications can make you drowsy, do not operate heavy machinery nor drive while taking them. Also, do not make important decisions after anesthesia nor while on these medications.
- Nausea- try to take a little bit of food (even a tablespoon or two of applesauce; something simple) before the narcotic, to prevent nausea. Also, use the least amount that is effective to avoid additional adverse side effects. If taking the narcotic you are still very nauseous or vomiting, call the office to obtain anti-nausea medication or to be switched to a different pain medication.
- Constipation- for some people, narcotics can cause significant constipation. Taking an over the counter stool softener, such as Colace or Dulcolax can be helpful in preventing this, or consider adjusting your diet (e.g. adding prunes/juice/fiber) while taking them to avoid/alleviate this problem. Call the office if this is a problem despite these suggestions.
- Itchiness- unless you have a rash (which would indicate potential allergic reaction) this is seen in association with a histamine release noted by some patients when taking narcotics. An antihistamine such as Claritin (loratadine), Zyrtec (ceterizine) or Benadryl can generally alleviate this.

When taken as prescribed, narcotic pain medications can manage pain safely and effectively. But taking medication that is not prescribed for you, taking more pills than have been prescribed, taking too many prescription narcotics at once, or taking them in ways other than prescribed can have short-term and long-term harmful effects on the brain and body, including serious medical complications, addiction, brain damage, overdose and death.

Disposal of Unused Prescription Drugs:

- Bring unused medications to secure medication drop-off boxes around the state. To find a drop box in your area, visit [www.mass.gov/DrugDropbox](http://www.mass.gov/DrugDropbox)
- Do not flush medication down the drain unless the label or accompanying patient information specifically instructs you to do so
- If you throw medication in the garbage, remove the medicine from its container, crush the pills and mix them with coffee grounds or kitty litter. Place the mixture in an unmarked container, like an empty can or sealable bag, and throw the container in the trash.