



YOUR POST-OPERATIVE APPOINTMENT IS SCHEDULED FOR

_____ with Dr. _____
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
Septoplasty (with or without turbinate reduction)**

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.

PAIN

- You may take Tylenol or pain medication that your doctor has prescribed as needed.
- Do not use any aspirin or aspirin products, Advil, Aleve, Ibuprofen, Motrin or Motrin type products for two weeks before and two weeks after surgery. These medications may increase the risk of bleeding.

WOUND CARE

- In most cases, intranasal packing is not utilized. 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 may have splints in your nose which are stitched in place. Your doctor will remove these at your post-operative visit.
- You will have stitches in the septum, which will come out on their own or dissolve. These look like small strings, and are not cause for alarm.
- It is common to experience nasal obstruction following surgery, similar to having a head cold. This is due to swelling within the nasal passages. You may also notice drainage from the nose. Your breathing will gradually improve within one to two weeks following your surgery.
- 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.
- Avoid smoke and other substances, which might irritate the nose.
- If you sneeze, keep your mouth open. Do not close mouth and sneeze.

ACTIVITY

- Elevate the head as much as possible. Sit in a recliner or use two or three pillows when sleeping. Head elevation reduces swelling.
- Avoid strenuous activity or exercise for at least 1 – 2 weeks after surgery. Do not lift anything over 10 lbs.

MEDICATIONS

- Use nasal saline or ocean spray several times daily.
- Antibiotics may be prescribed. Please take them as directed until they are all gone.
- You may take pain medication as needed. Pain medications cause drowsiness, somnolence, nausea and constipation. Please refrain from driving, operating machinery or making important decisions when taking painkillers.
- Pain pills may cause nausea if taken on an empty stomach. It is preferable to take those pills with a piece of toast or some food.

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

-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.