**Dr Staltari’s Postoperative Nasal Instructions**

**What TO DO:**

* Use a saline irrigation at least twice a day to ensure than the nasal cavity remains clean and moist. This promotes faster healing as well as helps you breathe more comfortably after surgery
* You may resume all medications that you were taking prior to surgery with several exceptions:
  + Aspirin (unless mandated by your primary care physician or cardiologist)
  + Over-the-counter (not prescribed) nutritional supplements and multivitamins
  + Blood thinning medications unless discussed with Dr. Staltari before or after surgery
* If you do not have “splints” inside of your nose, you may continue with nasal sprays unless otherwise directed by Dr. Staltari
* You may apply an ointment to the front part of the nose. Mupirocin, Bactroban, Neosporin, or Vaseline is OK to apply for the first three days. This can be gently applied with a Q-tip without reaching into the nose.
* If prescribed, you may use the provided narcotic pain medication (Percocet, Norco, oxycodone, codeine, morphine, etc) for severe pain that does not respond to Tylenol or Motrin.

**What NOT TO DO:**

* Please avoid heavy lifting, straining, or exercise *at least* until your first post-operative visit
* Please avoid touching, rubbing, or strongly blowing your nose until *at least* after your first post-operative visit.
* As above, avoid certain blood thinning medications. These may cause you to bleed after surgery.
* Do NOT use narcotic pain medication (Percocet, Norco, oxycodone, codeine, morphine, etc) while working, operating machinery, driving.
* Do NOT use narcotic pain medication unless exactly as directed

**Frequently Asked Questions:**

**Your First Post-Operative Visit**: Your postoperative visit should be scheduled at the time of surgery. If it hasn’t been or you do not remember your visit date, time, and office location, please call any of our office locations for assistance or to schedule a visit within 1 week of surgery or as otherwise directed.

**Returning to School or Work**: Almost all patients are able to return to work within a week. However, many patients find their recovery comfortable enough to return in several days. If work or school activities do not require exercise, lifting more than 10 pounds, or other strenuous activity, you may return to school or work as you see fit.

**Pain**: There is usually only mild to moderate pain following nasal and sinus surgery but the individual may experience a bruised sensation as a result of the post-operative swelling. Try the application of cold compresses. If this is not effective, you may take one of the pain relievers prescribed for you.

**Swelling**: Every operation, no matter how minor, is accompanied by swelling of the surrounding tissues. The amount of swelling varies from one person to person. The swelling is due to the new tissue fluids brought into the area by the body to promote healing. The increased blood supply to the region is responsible for the pink color of the skin and “discoloration” associated with surgery. When these healing fluids are no longer required, the tissues release them and they are absorbed through the bloodstream. As this occurs, the nasal congestion will gradually improve. The swelling will gradually increase, reaching its peak on the third day. This is not serious and is not an indication that something is going wrong with your operation. Minor swelling may persist for several weeks. The main thing to remember is: such swelling eventually subsides. You can help the swelling subside in several ways:

* Avoid hitting or bumping your nose for at least one week following surgery. It is not wise to pick up small children who may inadvertently bump your nose.
* Sleep with the head of the bed elevated until all the dressings have been removed from the nose. Sleeping on several pillows can help in this regard.
* You may use cold towels or ice-compresses for your comfort; these may be useful if significant swelling is present.

**Nose blowing:** You may gently blow or sniff your nose the third day after the operation. Do not push on the nose when blowing. Blow gently through both sides at the same time.

**Nose bleeding:** Some reddish drainage is expected, particularly after the first three days of surgery. This is often due to healing fluids within the nose collecting with old blood. Occasionally frank bleeding or “oozing” occurs. The first step to control this is to spray a nasal spray (like Afrin or Neo-Synephrine) to the nose on both sides. Excess drainage can be collected by a “moustache-style” dressing, or a piece of gauze placed under the nose and changed as necessary. Please call to inform us if bleeding occurs despite medication application and sitting up for more than 15 minutes.

**Discoloration**: Rarely after nasal surgery, discoloration of the nose or the surrounding area may occur. Some slight discoloration may occur several days after surgery. This will subside over time.

**Headaches/Sinus pressure:** During the healing process, you may experience occasional sinus headaches. These may occur up to several weeks after surgery. They will gradually disappear as the healing process continues.

**Nasal Blockage and Nose Sprays:** Nasal blockage is to be expected after nasal surgery and will gradually subside over a period of time. Nose sprays such as Afrin or Neo-Synephrine may be used for several days if recommended by your physician.

**Cleaning the Nose**: Don’t blow the nose at all for three (3) days; after that, blow through both sides at once – do not compress one side. You may clean the outside of the nose and the upper lip with cotton-tipped applicators (Q-tips) moistened with hydrogen peroxide as soon as you return home, but don’t rub too vigorously. Dried blood in the nostrils may be gently cleaned and removed with a Q-tip. Vaseline or an antibiotic ointment may be applied to the inside of the nostrils and the outside incision if your physician specifies this. The Vaseline helps soften crusts and usually make the inside of the nose feel better. This may be continued for several weeks.

**Resume Activities:** You may sleep without the head of the bed elevated after two (2) weeks. You may resume physical activity in two (2) weeks. No swimming, gym, tennis, jogging or other strenuous athletic activity for four (4) weeks. No diving, skiing or contact sports for two (2) months. Try to avoid sneezing. If you must; let it come out like a cough – through the mouth. If it becomes a real problem, we will prescribe medicine to alleviate the condition. As long as the shape of the nose has not been altered, glasses may be worn as normal. Contact lenses may be inserted the day after surgery.

**Lifting:** Avoid bending over or lifting heavy things for one week. Besides aggravating swelling, this may raise the blood pressure and start bleeding.

**Dryness of the Lips:** If the lips become dry from breathing through the mouth, coat them with Vaseline or Chapstick.

**Temperature**: Generally, the body temperature does not rise much above 100° following surgery, and this rise is due to the fact that the patient becomes mildly dehydrated because he/she does not drink enough fluids. Patients will often think they have fever because they feel warm, but, in reality do not. To be sure you should measure your temperature. Report any persistent temperature above 101° however.

**Medications**: Following surgery, you should take the medications your physician prescribed. You should resume any medications you were taking for medical reasons prior to surgery. Do not take aspirin or aspirin products, ibuprofen, or “arthritis” medications for two (2) weeks after surgery. Weakness: It is not unusual after a person has an anesthetic or any type of operation for them to feel weak, have a rapid pulse, break out in “cold sweats”, or get dizzy. This gradually clears up in a few days without medication.

**Bathing and Hair Care:** Tub bathing or showering can be resumed as soon as the patient feels strong enough to do so. It is probably best to have assistance standing by on the first couple of occasions.

**Injury to the Nose**: Many individuals sustain accidental hits on the nose during the early post-operative period. One need not be too concerned unless the blow is hard or if hemorrhage or considerable swelling ensues. Report the incident the next day by telephone. If you do sustain an injury to the nose, a minor revision procedure may be necessary.