

Nose & Sinus Surgery

General Information

- After an anaesthetic, it is common to feel groggy for up to 24 hours. Children are often quite disoriented for the first hour or so. Nausea +/- vomiting can also occur. Medication can be given if this is difficult to tolerate.
- Severe pain is not expected, unless the surgery has been combined with another operation. Some people who have had a septoplasty will experience some pain if they accidentally knock the tip of the nose, but this should settle quite quickly. People having a rhinoplasty may need more pain relief if their nasal bones have been operated on, and may have black eyes.
- Dissolving sutures are commonly used and may be visible inside your nostrils. These will come away by themselves as your nose heals.
- The nose usually gets badly blocked for 2-3 weeks after the surgery, as the tissue initially swells. It will begin to improve after that. Blowing the nose vigorously during this time will not help to unblock the nose and may cause bleeding. Very gentle blowing, with both nostrils open, is usually fine. Sniffing is also fine. If you sneeze, try to keep the mouth open so the majority of the air goes out this way.
- There are no restrictions in what you can and can't eat after this operation, but we usually suggest avoiding very hot fluids and foods, and foods that normally make your nose run.

Pain Relief/Antibiotics

Take any medication prescribed, including antibiotics, as your surgeon directs. Your surgeon will provide a prescription for pain relief, or instructions on what to buy from the chemist.

Typical types of pain relief include:

- Paracetamol (Panadol, Chemist's Own etc): use this regularly, with doses spread out evenly through the day. Make sure you use the dose appropriate for your/your child's weight, rather than purely based on age.
- Stronger pain relief: e.g. codeine, oxycodone. This may be prescribed as an additional medication, or in a pre-prepared mix with paracetamol (e.g. PainStop, Panadeine Forte). If using a combination medication, make sure you use it IN PLACE of paracetamol, rather than as well as this, to avoid overdosing.
- Anti-inflammatory medication (e.g. ibuprofen): Use a dose appropriate to your/your child's weight, up to three times/day. Ibuprofen can be safely given in combination with paracetamol, or as an alternating dose (e.g. paracetamol at 7am, ibuprofen at 10am, paracetamol at midday etc). Some surgeons will recommend against using this medication, as it can increase the risk of bleeding in some cases.

Commonly, you will be asked to rinse the nose out with salty water 2-3 times a day until the swelling goes down. There are many different brands available from your local chemist (e.g. FESS, FLO nasal care, Narium rinse), or you can make up your own. A batch can be made and stored in a sealed container for several days.

- Add 2tsp table salt and 1tsp bicarbonate of soda to 1 litre tap water, boiled and cooled.
- Sniff this into your nose from your palm, or using a syringe or bulb irrigator.

Northern Health

185 Cooper Street, Epping 3076
35 Johnstone Street, Broadmeadows 3047

Tel: 03 8405 8000

www.nh.org.au

Activities

- Rest up for the first few days after the operation. Gentle exercise (walking, gentle gardening etc) is fine if you feel well enough to do these.
- Avoid strenuous exercise (team sports, jogging, heavy weights etc) for two weeks after the operation, and be sensible when you recommence these.
- Avoid sports or activities where you may be hit in the nose for at least six weeks after your surgery.
- Children generally are quite sensible about increasing their activity as they recover from their operation, so be guided by their behaviour in terms of what they can do.

Return to School/Work

We usually recommend one week off if you have a desk-based or 'sedentary' job, and two weeks off if your job involves physical labour. Discuss any specific concerns with your surgeon.

If Bleeding Occurs

- Sit up and tilt the head slightly forward, spit out any blood, squeeze the soft part of the nose closed for 10min without releasing, suck on some ice cubes/chips, put a cool cloth across the back of the neck.
- Squeeze for another ten minutes if bleeding continues after pressure is released.
- If this doesn't stop the bleeding, return to your closest Emergency Department for ENT assessment. If the bleeding is heavy, or if you are worried about your safety to drive, please call an Ambulance.
- **Please note that The Northern Hospital does NOT have a permanent ENT doctor present on site. Please do NOT return to our Emergency Department if you are actively bleeding or need urgent care, as we will need to transfer you elsewhere for care. Suitable alternatives include The Austin Hospital, Sunshine Hospital or Royal Children's Hospital (children only).**

When to Seek Medical Advice

- A fever of >38 degrees.
- Any bleeding after discharge.
- Excessive sedation from pain relief tablets.
- Excessive pain, which doesn't respond to pain relief
- If you/your child can't drink enough fluid/eat enough to avoid dehydration.

Follow-Up

Your ENT Surgeon will make an appointment to see you a few weeks after the operation. The nursing staff will give you this before you are discharged from hospital if this is at the Outpatient Department. Please call your surgeon at their rooms to arrange an appointment if this is where you originally saw them.

Contact Details:

Northern Hospital Children's Ward: (03) 8405 8415

Northern Hospital Day Surgical Centre (adults): (03) 8405 8501

Northern Hospital Outpatient Department: (03) 8405 8335

Medical Advice (for emergencies only, please):

- Mon-Fri 8am-4pm: (03) 8405 8000, ask for the 'ENT Registrar On Call'
- After hours: Austin Health (03) 9496 5000, ask for the 'ENT Registrar On Call'

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