

**HOME CARE INSTRUCTIONS FOLLOWING  
NASAL AND SINUS SURGERY**

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Date: \_\_\_\_\_

**ACTIVITY**

1. Rest the first 2 days postop.
2. Avoid heavy lifting, stooping or straining for 10 days.

**SITE CARE**

A small amount of blood, serum and mucous may drain from the nose. This is normal.

1. Keep head elevated 30-40 degrees the first week. Lying flat increases bleeding and swelling.
2. A gauze pad (moustache dressing) may be used for the first couple days. Change twice daily and as needed. If more than 4-5 pads are soaked with bright red blood in 1 hour, call your physician.

**NASAL IRRIGATIONS & RINSES**

Irrigate twice daily with 3 ounce bulb syringe until you see your physician. Use saline spray mist in both nostrils every hour while awake to moisten nasal passages. Refill spray bottle with Nasal Rinse Recipe Solution.

**Nasal Rinse Recipe**

- |                      |                                |
|----------------------|--------------------------------|
| 1 tsp. table salt    | 1 quart room temperature water |
| 1/8 tsp. baking soda |                                |

**COMFORT**

Pain following nasal and sinus surgery is usually mild to moderate. A headache is common.

1. May use an ice pack over the top of the nose and around the eyes for the first 24 hours after surgery to reduce swelling. Leave the pack on for 20-30 minutes at a time.
2. Your physician may prescribe pain medication and an antibiotic. Take pain medicine for the first 24-48 hours (to stay ahead of pain), then only as needed if pain continues. You may use Ibuprofen or Tylenol for milder discomfort.

- a. Take food 1/2 hour prior to taking pain medication to prevent nausea. If **nausea persists or rash** occurs, **STOP** taking the medication and call your doctor.
  - b. Notify your physician if pain medication doesn't keep you comfortable or should there be any reaction to the medications.
3. A bedside humidifier is helpful for the first week following surgery.
  4. If packing or a splint have been utilized, the nose will feel stuffy and you will have to breathe through your mouth. Splint and packing removal is usually done within a week and arrangements will be made with your physician to do this. Some types of packing do dissolve on their own.
  5. Your upper teeth may feel numb for several days after a septoplasty.

**MEDICATION**

1. New medications:
  2. Last dose of pain medication:



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**DIET**

1. Drink plenty of fluids.
2. Soft diet for 24 hours following surgery.
3. Some of the sedative/anesthetic medications you received today may make you nauseated. Begin with clear liquids and then progress to a soft diet as tolerated. If you become nauseated, tea or carbonated beverages may be helpful.

**SAFETY**

1. You can expect to feel dizzy, weak and drowsy for as long as:  
 a. 24 hours after receiving a general anesthetic.  
 b. while taking prescription pain medicine.
2. Please follow these instructions for that time:
  - a. **DO NOT** drive a car or operate machinery. Your reflexes and coordination are not up to normal. Have standby assistance on stairways. Children should not ride bicycles or ride-on toys.
  - b. Postpone signing any important papers.
3. **Alcohol and aspirin are not permitted** for the first week following surgery. Both may cause bleeding.
4. Because of the effects of anesthesia/sedation, we recommend that you have someone stay with you for 12-24 hours or overnight following your procedure.

**WHEN TO CALL**

*If any of the following symptoms occur:*

1. **INCREASING TENDERNESS AFTER TWO TO THREE DAYS FOLLOWING SURGERY**

2. SATURATING MORE THAN FOUR TO FIVE NASAL PADS IN ONE HOUR
3. SEVERE PAIN OR FEVER OVER 101°
4. PERSISTENT NAUSEA, VOMITING OR DIARRHEA
5. RASH
6. MENTAL CONFUSION OR ANY VISION PROBLEMS
7. BLACK OR BLUE EYES, DECREASED VISION OR DOUBLE VISION
8. ANY CONCERNS ABOUT YOUR RECOVERY

**WHO TO CALL**

DR.

PHONE:

AFTER HOURS PHONE:

**Aspirus Day Surgery Plus**

Open 6:00 a.m.-7:00 p.m., Monday - Friday

**Phone: 715.847.2907**

**RETURN APPOINTMENT**

DR:

DATE/TIME:

AFTER HOURS PHONE:

A nurse will attempt to call you in the next few days to discuss your recovery and any questions or concerns you may have. If you have a question or concern before you hear from us, please don't hesitate to call. In case of an emergency, please go to your nearest emergency facility.

**I have discussed the above information with a nurse and my questions have been answered to my satisfaction.**

\_\_\_\_\_  
Patient or Responsible Party Signature

\_\_\_\_\_  
Date/Time

\_\_\_\_\_  
RN Signature

\_\_\_\_\_  
Date/Time