

Nose and Sinus Surgery

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ENT North

General Information

- After an anaesthetic, it is common to feel groggy for up to 24 hours. Children are often quite disorientated for the first hour or so. Nausea +/- vomiting can also occur. Medication can be given if this is difficult to tolerate.
- We don't expect any severe pain, unless the surgery has been combined with another operation. Some people who have had a septoplasty will experience quite bad pain if they accidentally knock the tip of the nose, but this should settle quite quickly if this happens. You are also more likely to feel discomfort if internal splints are placed to help with healing.
- Dissolving sutures are commonly used and may be visible inside your nostrils. These will come away by themselves as your nose heals.
- The nose is usually completely blocked for 2-3 weeks after the surgery, as the tissue initially swells. It will begin to get better 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 safe to see if any mucus will come out but stop if nothing comes. Sniffing is fine. If you sneeze, try to keep your mouth open so most 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, as well as any 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 script 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. Adults should take 1g (two tablets) per dose.
- 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., Nurofen): these are often avoided after surgery inside the nose, as they can potentially encourage bleeding. If it's a few days after you've tasted any blood, and you've used all your other options, an occasional dose is quite reasonable.

Rinsing your nose after your operation

- You will be asked to rinse your nose out with salty water 3-4 times a day until the swelling goes down. Begin this the morning after your operation.
- Your surgeon will provide a script for saline rinsing, which will include some pre-mixed sachets of salt to make up according to the instructions on the box. Alternatively, you can make up a home-made batch can be made and stored in a sealed container for several days:
 - Add 2tsp table salt and 1-2tsp bicarbonate of soda to 1 litre tap water, boiled and cooled.
 - Sniff this into your nose from your palm, use it to fill your rinsing bottle or use a syringe or bulb irrigator.
- The dissolving dressing inside your nose will loosen and come out over the week or so after your surgery. If a large piece of this comes out, just pull it out of your nostril, put it in the bin and continue rinsing.

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.
- 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 the bleeding continues after pressure is released.
- If this doesn't stop the bleeding, please contact your surgeon for further advice. If the bleeding is heavy, or if you are worried about your safety, please call an Ambulance.
- Dr Amott advises both adult and paediatric patients to present to Austin Health if further assessment is needed. She can care for you there and has access to continuous back-up from other ENT surgeons, the Emergency Department and Theatre, if those services are needed.

When to Seek Medical Advice

- A fever of >38degrees.
- 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.
- If you need to return to hospital due to post-operative complications, Dr Amott advises that, if possible, both adult and paediatric patients attend Austin Health in Heidelberg. She can care for you there and has access to continuous back-up from other ENT surgeons, the Emergency Department and Operating Theatre, if those services are needed. Most other major metropolitan public hospitals also have emergency ENT services, including Royal Children's Hospital or Sunshine Hospital for paediatric patients specifically. Our other surgeons all have appointments at various public hospitals – please discuss which locations they work at if you do need to present for emergency care.
- DO NOT PRESENT TO A PRIVATE HOSPITAL EMERGENCY DEPARTMENT following discharge for any post-operative concerns or symptoms. Our surgeons do not work at these hospitals apart from their designated operative sessions and are unable to provide safe care for you at those locations outside your surgical admission.

Please call your surgeon for advice if any of the above occur, or if you have any other concerns.

Follow-Up

- For routine surgery, please make an appointment about one – two weeks after your operation to see your surgeon, or up to one month later if you have not had septal surgery.
- Your surgeon may make this appointment for you after your operation. Please feel free to contact the rooms if the date, time, or location is inconvenient, as it is usually possible to change it.