Discharge advice following nasal surgery

There are several types of nasal surgery, for which discharge advice tends to be the same. The following describes the most common procedures undertaken on F5 ward.

**Submucous resection** is an operation to straighten the nasal septum, by removing some of the cartilage and bone.

**Septoplasty** is an operation to straighten the nasal septum by mobilising it and repositioning it in the midline.

**Septorhinoplasty** is an operation to straighten the nasal septum (septoplasty) and correct any bony deformity. The nose is stabilised with an external plaster or splint.

**Manipulation under anaesthetic (MUA)** is an operation to repair a broken nose by repositioning, as much as possible, the fractured bone into its original position. The nose is then stabilised with an external plaster or splint.

**Submucous diathermy** is an operation to remove nasal blockage and improve nasal breathing, achieved by shrinking the mucosa lining the nasal turbinates (curved shelf-like structures made of bone and tissue that run along the inside of the nose). Diathermy is an electrically-heated instrument that cauterises the unwanted tissue.

**Turbinectomy/turbinoplasty** is an operation designed to trim or remove excess tissue from the nasal turbinates (curved shelf-like structures made of bone and tissue that run along the inside of the nose) and aims to improve nasal breathing.

**Functional endoscopic sinus surgery (FESS)** aims to restore normal functional drainage of the sinuses. Very narrow telescopes (endoscopes) are used to examine the nose and sinuses and fine instruments are used to remove any unwanted bone or tissue.

**Intranasal antrostomy** is an operation to make a new opening from the nasal cavity into a blocked sinus, so allowing the sinus to drain properly.

**Nasal polypectomy** is an operation to remove any polyps from the inside of your nose. Polyps develop from the mucous membranes, particularly in the sinuses, and appear as grape-like swellings that block the nose and affect the sense of smell. Polyps can grow back again.

**Evacuation of a septal haematoma** is an operation to drain a collection of blood, which can be infected, that lies between the septal cartilage and the mucous membrane of the nose.

**What does the operation consist of?**
- The operation is carried out under general anaesthetic and usually takes 30-60 minutes. The majority of surgery is done within the nose so there are no visible scars.
- Small dressings may be placed inside the nose. These are called packs and their function is to keep things in place and reduce bleeding. Your nose will therefore feel blocked, and so you will breathe
You will wake up in the recovery area of the theatre department and be closely monitored by the nursing staff. You will be given any medication to relieve any pain or sickness.

**What happens back on the ward?**
- Upon return to the ward, you will need to rest in bed, as you may well feel sleepy from the anaesthetic. It is strongly advised not to leave the ward area as you may feel unwell.
- Your condition will continue to be monitored with any medication to keep you comfortable. The outer dressing (bolster) will be changed as needed. It is normal to have some ooze or bleeding, as the nose has a very rich blood supply. Resting in bed on the ward will minimise any risk of bleeding. A heavy bleed sometimes happens and will be treated with ice.
- Fluids and a light diet can be taken as soon as you are feeling able. Using a straw to drink may make this easier, as sometimes you can experience a sucking sensation whenever you swallow. This is due to the effects of any swelling or any nasal packing. This settles usually by the next day.
- If you have an external plaster or splint, this will be secured in place with tape and stays in place for one to two weeks. This supports the nasal bones in their new position and must be kept dry.

**Discharge advice**
- Your doctor will advise you on a specific period of recovery but in general rest for one to two weeks. If you need a sick certificate, please ask the medical staff before you leave.
- The nose will feel blocked due to post-operative swelling and can take a few weeks to settle down. If prescribed, apply any nasal drops/spray to decongest the nose and follow the recommended method of installation.
- You may have a blood-stained watery discharge from the nose. This is normal and should settle after a few days.
- Scabbing within the nose may occur as it heals. Do not pick this off as the area will bleed. You may have been advised to douche (rinse) the nose and the nursing staff will advise you on the correct technique.
- For the first few days, avoid very hot drinks, meals, baths or showers. For one week, avoid blowing your nose and sneeze with your mouth wide open. These all help to reduce any risk of bleeding.
- Avoid or cut down on smoking as smoking affects the body’s ability to heal and irritates the inside of the nose. Staff can advise you on quitting, provide you aids to help you quit (e.g., nicotine patches) and contacts for support groups.
- Avoid crowded or dusty places and people with coughs and colds, as infection can be picked up in the nose.
- If nasal splints or a plaster are in place, do not touch and attend the arranged outpatients appointment for their removal.
- Avoid contact sports for four weeks due to the risk of trauma and bleeding.
- If fresh, steady bleeding occurs, pinch the fleshy part of the nose, lean forward and apply ice to the forehead and bridge of nose. A frozen bag of vegetables is a good alternative if you don’t have ice in the freezer. Avoid swallowing any blood as it can make you feel sick. If the bleeding does not stop after 30 minutes, ring the ward for advice.

Contact F5 ward if you have any concerns following discharge or if you experience any of the following:
- Uncontrollable bleeding from the nose
- Raised temperature
- Pus-like discharge (yellow-green) from the nose
- Increased pain
Contact information

F5 ward: 023 8120 6511
          023 8120 4644

NHS 111: 111