

Septoplasty and Turbinectomy: Before Your Surgery

What is nasal septum repair?

Nasal septum repair is a type of nose surgery. It fixes the wall of cartilage between the nostrils. This is called the septum.

Surgery to straighten the septum is called septoplasty, submucous resection of the septum, or septal reconstruction. The surgery may be done along with other procedures to treat chronic sinusitis, inflammation, or bleeding. It's also done to correct sleep apnea. And it may be done to allow access into the nose to remove nasal polyps.

Doctors usually do this surgery through the inside of the nose. In most cases, no cut is made on the outside of the nose.

To do the surgery, the doctor cuts the outer membrane that lines your nose. Then the doctor lifts the membrane away from the cartilage wall. Next, the cartilage is reshaped or moved, or both. Then the doctor puts the membrane back.

After the surgery, you may have splints and packing inside and outside your nose. These help hold the cartilage in place while it heals.

Follow-up care is a key part of your treatment and safety. Be sure to make and go to all appointments, and call your doctor if you are having problems. It's also a good idea to know your test results and keep a list of the medicines you take.

How do you prepare for surgery?

Surgery can be stressful. This information will help you understand what you can expect. And it will help you safely prepare for surgery.



Preparing for surgery

- Be sure you have someone to take you home. Anesthesia and pain medicine will make it unsafe for you to drive or get home on your own.
- Understand exactly what surgery is planned, along with the risks, benefits, and other options.
- If you take aspirin or some other blood thinner, ask your doctor if you should stop taking it before your surgery. Make sure that you understand exactly what your doctor wants you to do. These medicines increase the risk of bleeding.

- Tell your doctor ALL the medicines and natural health products you take. Some may increase the risk of problems during your surgery. Your doctor will tell you if you should stop taking any of them before the surgery and how soon to do it.

Plan Ahead

- **Plan a ride home.** Ask a family member or friend to bring you home after your hospital visit and stay with you for 24 hours.
- **Plan for meals.** Good nutrition is important for your recovery, but cooking may be harder to do right after you get home. Prepare and freeze meals before your surgery or ask friends and family to help you cook or shop for groceries.
- **Get help with chores.** After you get home you may need help. For a short time after your surgery, you may be told to avoid certain physical activities. Plan ahead and arrange to have some help with chores after your surgery.
- **Buy gum or hard candies.** Chewing gum and sucking on hard candies may help get your bowels moving after surgery.

Be as healthy as possible

- **Be active.** Being active before surgery will make it easier for you to be active after surgery. If you're normally active, keep doing your regular activities up to the day of your surgery. If you aren't used to exercising, start slowly. You can start by going for 15 minute walks.
- **Eat healthy.** Eating healthy foods will give your body the nutrients it needs to prepare for and handle the surgery. Eat healthy foods and drink enough fluids in the weeks before your surgery. Your healthcare team will tell you how long before surgery that you need to stop eating and drinking.
- **Manage your medical conditions.** If you have other medical conditions, such as anemia or high or low blood sugar, ask your healthcare team what you need to do to prepare for surgery.
- **Quit tobacco.** You can heal faster and prevent lung problems after surgery if you quit tobacco. Aim to quit smoking and using tobacco and tobacco-like products at least 4 weeks before surgery. Talk to your healthcare team about ways to quit or cut back. **Don't drink alcohol 24 hours before surgery.** Alcohol, cannabis, and other drugs may interact with medicines you take before and after surgery. Talk to your healthcare team if you need help stopping or cutting back on alcohol, cannabis, or other drugs.

Do the following before your surgery to help you feel better sooner and recover faster.

The day before surgery

- Know the time of your surgery, when you need to be at the hospital, and where you need to go when you get there.

- Follow any instructions the healthcare team or your surgeon gave you for your medicines (including herbal or complementary medicines).
- Don't drink alcohol 24 hours before your surgery.



- **Stop** eating at midnight. This is very important!



Stop eating and drinking all non-clear fluids at midnight. This is very important

- You may **DRINK CLEAR FLUIDS ONLY** up to 3 hours before surgery. This includes **BLACK** coffee, tea, Gatorade, apple juice and water.

Morning of surgery

Plan to arrive at the hospital on time.

- Follow any instructions provided
- Bring all of the things you packed for your hospital stay **if** you are being admitted.
- Follow **all** other instructions the healthcare team gave you to prepare for surgery.
- Bring your CPAP if you use one



What happens on the day of surgery?

Follow the instructions exactly about when to stop eating and drinking. If you don't, your surgery may be cancelled. If your doctor told you to take your medicines on the day of surgery, take them with only a sip of water.

- Take a bath or shower before you come in for your surgery. Do not apply lotions, perfumes, deodorants, or nail polish.
- Take off all jewelry and piercings. And take out contact lenses, if you wear them.

At the hospital



Bring a picture ID health card

- The area for surgery is often marked to make sure there are no errors.
- You will be kept comfortable and safe by your anesthesia provider. The anesthesia may make you sleep. Or it may just numb the area being worked on.
- The surgery will take 1 to 2 hours.

When should you call your doctor?

- You have questions or concerns.
- You don't understand how to prepare for your surgery.
- You become ill before the surgery (such as fever, flu, or a cold).
- You need to reschedule or have changed your mind about having the surgery

Nasal Septum Repair Surgery: What to Expect at Home

Your Recovery

You may have some swelling of your nose, upper lip, cheeks, or around your eyes after nasal surgery. You may have some bruises around your nose and eyes. Your nose may be sore and will bleed. This may last for several days after surgery.

You will have a drip pad under your nose, and cotton balls inserted in the nose to collect mucus and blood. Change it only when it bleeds through.

This care sheet gives you a general idea about how long it will take for you to recover. But each person recovers at a different pace. Follow the steps below to get better as quickly as possible.

You may have a splint sutured in. If you do, leave them. There is nothing you need to do.

You may have dissolvable packing. If your packing is not dissolvable you will be told by your nurse and it will be removed by your doctor.

How can you care for yourself at home?



Activity

- Rest when you feel tired. Getting enough sleep will help you recover. Do not lie flat. Raise your head with two or three pillows. This can reduce swelling. Try to sleep on your back for the month after surgery. You can also sleep in a reclining chair.
- Try to walk each day. Start by walking a little more than you did the day before. Bit by bit, increase the amount you walk. Walking boosts blood flow and helps prevent pneumonia and constipation. Also, try to sit and stand as much as you can.
- For 1 week, try not to bend over or lift anything heavier than 4.5 kg (10 lb). This may include a child, heavy grocery bags and milk containers, a heavy briefcase or backpack, cat litter or dog food bags, or a vacuum cleaner.
- You can take a shower or bath. Avoid swimming for 6 weeks.
- Avoid strenuous activities, such as bicycle riding, jogging, weight lifting, or aerobic exercise, for 1 week or until your doctor says it is okay.

- You may drive when you are no longer taking prescription pain pills and feel up to it.



Diet

- You can eat your normal diet. If your stomach is upset, try bland, low-fat foods like plain rice, broiled chicken, toast, and yogurt.
- You may notice that your bowel movements are not regular right after your surgery. This is common. Try to avoid constipation and straining with bowel movements. You may want to take a fibre supplement every day. If you have not had a bowel movement after a couple of days, ask your doctor about taking a mild laxative.



Medicines

- Your doctor will tell you if and when you can restart your medicines. You will also get instructions about taking any new medicines.
- If you take aspirin or some other blood thinner, ask your doctor if and when to start taking it again. Make sure that you understand exactly what your doctor wants you to do.
- Take pain medicines exactly as directed.
 - If the doctor gave you a prescription medicine for pain, take it as prescribed.
 - Do not take two or more pain medicines at the same time unless the doctor told you to. Many pain medicines have acetaminophen, which is Tylenol. Too much acetaminophen (Tylenol) can be harmful.
- If your doctor prescribed antibiotics, take them as directed. Do not stop taking them just because you feel better. You need to take the full course of antibiotics.
- If you think your pain medicine is making you sick to your stomach:
 - Take your medicine after meals (unless your doctor has told you not to).
 - Ask your doctor for a different pain medicine.



Incision care

- You will have a drip pad under your nose to collect blood. When bleeding stops, you can remove it.
- If you have packing in your nose, leave it in. Your doctor will take it out or it may be self dissolving. The nurse will let you know.



Ice and elevation

- To help with swelling and pain, put ice or a cold pack on your nose for 10 to 20 minutes at a time. Put a thin cloth between the ice and your skin.
- Sleep with your head raised up. You can also sleep in a reclining chair.



Other instructions

- Do not blow your nose for 1 week after surgery.
- Do not put anything into your nose.
- If you must sneeze, open your mouth and sneeze naturally.
- After any packing is removed, use saline (saltwater) nasal washes to help keep your nasal passages open and wash out mucus and bacteria. You can buy saline nose drops at a grocery store or drugstore.

Discharge

How you may feel after your operation

- You may feel nauseated, light headed dizzy or sleepy for up to 24 hours after your surgery
- You may have a slight temperature for 2 days
- You may feel tired for a few days after your surgery

For 24 hours after your surgery do not....

- Drive a vehicle
- Operate heavy equipment
- Drink alcohol or smoke
- Make any important or legal decisions

At Home

You may need some help once you are home. It may take up to a few months before you fully recover. Talk to your healthcare team if you have any concerns about your recovery.

- Slowly get more active.
- Eat healthy and drink fluids as you did before surgery (unless your healthcare team gives you other instructions).
- Drink oral nutritional supplements (like Ensure Protein Max) for the first month after surgery to give you extra protein and help you heal faster.
- Take less pain medicine as your pain gets better.

- Take your blood thinner and other medicines as you were told.

What is anesthesia?

Anesthesia controls pain. And it keeps all your organs working normally during surgery or another kind of procedure.

Anesthesia can relax you. It can also make you sleepy or forgetful. Or it may make you unconscious. It depends on what kind you get.

Your anesthesia provider (anesthesiologist) will make sure you are comfortable and safe during the procedure or surgery.

There are different types of anesthesia.

- **Local anesthesia.** This type numbs a small part of the body. Doctors use it for simple procedures.
 - You get a shot in the area the doctor will work on.
 - You will feel some pressure during the procedure.
 - You may stay awake. Or you may get medicine to help you relax or sleep.
- **Regional anesthesia.** This type blocks pain to a larger area of the body. It can also help relieve pain right after surgery. And it may reduce your need for other pain medicine after surgery. There are different types. They include:
 - Peripheral nerve block. This is a shot near a specific nerve or group of nerves. It blocks pain in the part of the body supplied by the nerve. This is often used for procedures on the hands, arms, feet, legs, or face.
 - Epidural and spinal anesthesia. This is a shot near the spinal cord and the nerves around it. It blocks pain from an entire area of the body, such as the belly, hips, or legs.
- **General anesthesia.** This type affects the brain and the whole body. You may get it through a small tube placed in a vein (IV). You are unconscious and will not feel pain. During the surgery, you will be comfortable. Later, you will not remember much about the surgery.

What type will you have?

The type of anesthesia you have depends on many things, such as:

- The type of surgery or procedure and the reason you are having it.
- Test results, such as blood tests.
- How worried you feel about the surgery.
- Your health. Your doctor and nurses will ask you about any past surgeries. They will ask about any health problems you may have, such as diabetes, lung or heart disease, or a

history of stroke. They will want to know if you take medicine, such as blood thinners. Your doctor may also ask if any family members have had any problems with anesthesia. You will talk with your anesthesia provider about your options. In many cases, you may be able to choose the type of anesthesia you have.

What can you expect after having anesthesia?

Right after the surgery, you will be in the recovery room. Nurses will make sure you are comfortable. As the anesthesia wears off, you may feel some pain and discomfort from your surgery.

Tell someone if you have pain. Pain medicine works better if you take it before the pain gets bad.

You may feel some of the effects of anesthesia for a while. It takes time for the effects of the medicine to completely wear off.

- If you had local or regional anesthesia you may feel numb and have less feeling in part of your body. It may also take a few hours for you to be able to move and control your muscles as usual.
- When you first wake up from general anesthesia, you may be confused. Or it may be hard to think clearly. This is normal.
- Don't do anything for 24 hours that requires attention to detail. This includes going to work, making important decisions, or signing any legal documents.

Other common side effects of anesthesia include:

- Nausea and vomiting. This does not usually last long. It can be treated with medicine.
- A slight drop in body temperature. You may feel cold and shiver when you first wake up.
- A sore throat, if you had general anesthesia.
- Muscle aches or weakness.
- Feeling tired.

You may go home the same day of surgery or you may stay in the hospital. Your doctor will check on your recovery from the anesthesia. He or she will answer any questions you may have.

For answers to frequently asked questions about your anesthetic, please visit

<https://www.cas.ca/en/about-cas/advocacy/anesthesia-faq>



When should you call for help?

Call 911 anytime you think you may need emergency care. For example, call if:

- You passed out (lost consciousness).
- You have severe trouble breathing.

Call your doctor or seek immediate medical care if:

- You have bleeding through the nasal packing that is not slowing or your gauze needs changing every 15 minutes
- You have symptoms of infection, such as:
 - Increased pain, swelling, warmth, or redness.
 - Red streaks coming from the area.
 - Pus draining from the area.
 - A fever.