

SINUS SURGERY AND SEPTOPLASTY POSTOP INSTRUCTIONS

Patients will have their surgery at the Methodist Ambulatory Surgical Center-Medical Center. The surgery center is located on the second floor of the Methodist Center 4411 Medical Drive. All patients are expected to call Dr. Browne's office at 10:00 am the day prior to surgery to get the "show-up" time for the next day's surgery. Dr. Browne will also call in any necessary medications for after the surgery, so have a pharmacy number when you call so the medicines can be picked up ahead of time.

Your arrival time at the surgery center allows for the registration process to take place. Given the Covid 19 Pandemic, family members are not allowed to wait in the facility unless the patient is pediatric or special needs. The preoperative preparation time is about an hour. The surgery will take place after the registration and admission process is complete. The surgical procedure takes about 45 minutes to an hour. The patients are observed in the recovery room for 30-45 minutes and then are transferred to the observation area for about another hour or so, when the patient feels ready to go home. Family will be able to stay with the patients in preoperative and observation. One parent is usually called into the acute recovery area immediately to be with a pediatric patient.

At home you should stay in bed or a recliner. The head should be elevated and you should avoid any bending or moving around the day of surgery. Your nose will not be packed with gauze after surgery. Dr. Browne places a dissolving dressing material in the sinuses at the end of surgery. It is common for the nose to bleed some, especially the day of surgery. The less you move, the less bleeding, the first day. The surgery center will supply you with a small amount of gauze to use as a drip pad if desired. If you experience more bleeding than you expect, you should call the office and check with Dr. Browne. In the case of such heavier than normal bleeding (the day of surgery or even later in the recovery period), try to clear your nose by blowing gently to see if a blood clot has formed in the nose. Often, clearing this blood clot out stops the bleeding. You should apply the Afrin in the nose every hour in that case until the bleeding stops.

You can eat or drink whatever you want after surgery. On the first day, start with liquids or something light to make sure the stomach is ok. Nausea from the anesthetic, pain medications, and swallowed blood is not uncommon. So go easy in the beginning. Although it is not harmful, vomiting is not comfortable after this type of surgery. And it makes your nose bleed more.

The day after surgery activity should be limited but bed rest is not necessary. Relaxing and not doing much physical activity for three days after the surgery is beneficial in adults. Dr. Browne advises that no exercise or workouts for the first five days after surgery. Children tend to recover quicker than adults and desire to resume their normal activity level as early as the next day.

It is important for comfort and healing to do some cleaning of the nose after surgery. On the first day when you get home, get into the recliner or bed as described above and use a decongestant spray such as Afrin (any brand of oxymetazoline will work). Use two sprays in each nostril when you get home and then repeat every two hours for a total of around four times that first day. As described above if there is heavy bleeding the Afrin can be used more often. Afrin should only be used on the day of surgery. Afrin can cause congestion if used more than a few days and we are only using it to stop the bleeding on the day of the surgery. Starting the day after surgery, the nose should be cleaned once or twice a day with some type of saline solution. The cleaning will be done with a saline solution (see next paragraph). If you routinely take a nasal steroid spray, it can be started the on the day after surgery.

Saline rinsing or irrigations start on the day after surgery. Any form of homemade or over the counter prepared saline is good. If you were washing your nose with some type of saline prior to surgery you may resume that method. Dr. Browne recommends washing twice a day. If you prefer, you can wash the nose additional times for comfort. Prepared saline sprays such as Ocean, Simply Saline, etc are good. Even better are the lavage kits such as Neil Med Sinus Rinse, or AYR sinus rinse. These two kits come with pre-measured salt packets and are easy to use. Don't be too aggressive with your nose rinsing or blowing. If you feel that the saline is plugging your nose, sinuses or ears, stop that method and switch to the saline mist spray. The saline is very helpful in the healing process. Do not wash the nose with plain tap water. The rinsing must contain salt.

If you had a deviated septum repaired, you will notice some dissolving sutures in the front of the nostril on one side. These sutures will dissolve and come out on their own in a few days. The saline rinse/spray will help them dissolve.

You will be given a prescription for an antibiotic to be taken for about 10 days after surgery. You will also be given a prescription for prednisone (steroid) to help with the swelling and congestion. If you cannot take steroids due to side effects or medical conditions such as diabetes, it is not necessary to take it. These two medications can be started the morning after surgery. Pain is not usually an issue and most patients do well with Ibuprofen, Aleve, or Tylenol. On the day of surgery, it is better to wait until you can keep food in the stomach before taking the antibiotic or pain medication.

Prior to surgery it is recommended to stop certain blood thinning medications (such as Xarelto, Eliquis, Coumadin or Plavix) but the can be resumed the day after surgery. This should be discussed ahead of time with Dr. Browne in coordination with your physician/cardiologist. If you take Vitamin E or supplements like Ginko Biloba, you should stop these also until the day after surgery. All other meds (even Advil, Aleve, Tylenol) can be continued without interruption. Any blood pressure type medication should be taken the morning of surgery (if it is normally taken then). If you take insulin for diabetes, check with your endocrinologist for instructions. This is a short outpatient surgery that will not interfere with diet.

Decongestants offer some relief after surgery but a lot of the congestion is surgical swelling. Often, Dr. Browne will call in some steroid with the surgery medications and if you have this prescription, you should start on the day after surgery unless Dr. Browne directs you differently. Antihistamines are OK to use but they may dry the nasal secretions. Over the counter decongestants and antihistamine preparations are OK to use.

About a week after surgery, the internal swelling in the sinuses starts to resolve and most patients experience a large amount of old bloody discharge from the nose. This is common. Don't be alarmed. Just wash the nose a little more. Also around this time a lot of patients develop a forehead or frontal pain. In most cases, it is just a few days and responds to the use of decongestants and over the counter pain meds (advil, etc.)

Most people return to work after 3 days and as stated before, exercise can be resumed in 5 days. Don't do too much the first few days. You may feel pretty good the morning after surgery, but later that day it is normal for a lot of congestion to set in. So, take it easy, the second day after the surgery is usually the worst from a wiped out feeling or malaise standpoint.

Make sure you have an appointment to see Dr. Browne ten days to two weeks after surgery. Dr. Browne usually cleans a lot out of your nose at that time and it provides significant relief.

Feel free to call office for any questions or concerns.