



ENTGROUP

OF CLEVELAND, INC.

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Otolaryngology-Head and Neck Surgery

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POST-OPERATIVE INSTRUCTIONS FOR SEPTOPLASTY SURGERY PATIENTS

1. If you have had a **SEPTOPLASTY** you will have **plastic** splints (not packing) in nose for approximately one week.
*They are approximately this large: 
2. Wear dressing under nose only if there is drainage. DO NOT continually wipe nose with tissue.
3. For bleeding that **FILLS** two gauzes placed under the nose-USE AFRIN nose spray and SNIFF in-do every 5 minutes. A little blood on bandage is not considered bleeding. If there is blood completely saturating the bandage, and you have changed the bandage with TWO gauzes 3 times in fifteen minutes and the bandages are COMPLETELY saturated, then please call the doctor.
4. If you had a Septoplasty, **DO NOT BLOW** your nose. You may sniff in. If you ONLY had Inferior Turbinate Reduction, you may blow your nose.
5. The day of the operation start using saline (saltwater) nose spray (such as Ocean Saline Nasal Spray, Ayr, etc., available over the counter) 2 puffs each side of your nose at least 4 to 6 times a day and more if you remember, or use Ayr gel (applied with finger) 3 to 4 times a day, or any brand of saline gel nose spray.
6. Use a humidifier or vaporizer. Moisture is your *friend!*
7. **DO NOT** bend over or lift anything heavy (over 10 pounds) for the first week after the operation.
8. Use the medications (prescriptions) written for postoperative use.
9. It is normal for your nose to be completely congested or plugged after nose surgery.
10. You may use Motrin or Tylenol for pain.
11. If you have packing with strings in your nose-please remove or call doctor.

****Please schedule your post-operative appointment for one week after surgery.***

It is very important to keep your NOSE moist during healing. It affects healing.

Use a humidifier or vaporizer and saline nasal gel spray, or saline spray (all over-the-counter) 6-8 times a day.

I understand the above and understand failure to use could cause a lower success rate.

Signature: _____

Date: _____