



Potomac Ear, Nose & Throat, PLLC

2070 Old Bride Rd, Suite 103
Woodbridge, VA 22193
(P) 703-499-8787
(F) 703-499-8222

Post Operative Instructions:

Septoplasty/Turbinate Reduction

The above mentioned procedures are usually performed separately or in conjunction with one another; however, they have similar postoperative care.

1. Pain Most patients will experience the equivalent of a severe head cold, including congestion, nasal discharge, and headache, for 1 – 2 weeks after surgery. Pain is usually mild to moderate; prescription pain medications may be needed for up to one week after the surgery. A prescription will be given at the time of surgery if your provider finds it necessary. Mild discomfort may be treated with Tylenol extra strength. Please avoid any ibuprofen-based pain medications (Motrin or Advil), as well as aspirin, as these can lead to postoperative bleeding.

2. Antibiotics Following surgery, the sinuses may get backed up with blood and mucus. In order to prevent a significant infection, antibiotics are usually prescribed. All prescribed antibiotics should be taken as directed until completed.

3. Nasal Hygiene Blood and mucus within the nasal passages and the nasal splints themselves can solidify, blocking the nose and making breathing difficult. To reduce this problem, saline irrigations should be used, three to four times a day. This will help moisten the mucus crusts and promote drainage. Irrigation may initially return large amounts of blood and mucus crusts. This is normal, and should decrease in quantity with each day. Nasal breathing usually will improve dramatically once the nasal splints are removed. After splint removal, nasal saline spray should be used at least 2-3 times per day for the next 4 weeks or as your doctor instructs, and thereafter as needed for mucus crusting.

4. Activities It is best to avoid strenuous activities for approximately two weeks following surgery. Significant exertion will raise the blood pressure, again increasing the chance of bleeding. It is also best to avoid blowing the nose. In the event of nasal blockage or discharge, additional saline irrigation may be used. If one has to sneeze it is best to open the mouth rather than let the force of the sneeze to pass through the nose.

5. Bleeding A small amount of bloody discharge is not uncommon for 1 – 2 weeks following septoplasty. This may be either from the front of the nose, or down the back of the throat. Bleeding should not be profuse or continuous. Severe bleeding should always be reported to your doctor.

6. Fever A low-grade temperature (100.5° or less) is not unusual following surgery. Higher temperatures may be treated with Tylenol. Again, avoid any ibuprofen-based medications (Advil or Motrin), as these may affect bleeding. High fevers (greater than 101.5°) should be reported to your physician and must be attended to.

Please call our office to schedule the patient's first post op visit 1 week after surgery.