

# SINUS SURGERY and/or SEPTOPLASTY

## POST OPERATIVE INSTRUCTIONS

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**410-356-2626**

### The First 24-48 Hours

- Keep the head of your bed elevated to help bleeding stop
- Fresh bleeding usually subsides within 24 hours after surgery
- Cold compresses to the eyes and back of neck help bleeding subside
- Call our office if bleeding is severe. (moustache dressing filling every 15 min or less)
- Keep a “moustache dressing” under your nose until fresh bleeding subsides
- Be up and about but no heavy lifting or straining or exercise
- Irrigate nose by sniffing saline, 4 puffs per nostril every 2 hours while awake
- Use **Afrin 12-hour nasal spray** 3 puffs per side 3 times a day for 3 days THEN STOP
- No nose blowing until notified by your doctor
- Clean inside nostrils 3 times a day with hydrogen peroxide on Q-tips then apply neosporin or bacitracin ointment inside nostrils
- Take your prescription pain medication as needed, for less severe pain use Tylenol
- You may resume your normal medications but ask your doctor before beginning blood thinners, aspirin or anti-inflammatory medications
- **CALL 410-356-2626 TO MAKE A FOLLOW UP APPOINTMENT**

### The First Few Weeks

- You will be seen 2-4 days after surgery for removal of packing and/or splints
- If you had **sinus surgery**: you will be seen every week or two for 3-4 visits after surgery to keep the sinuses clean. *This is a very important part of the healing process.*
- Your doctor may prescribe a more brisk sinus rinse at this point to be done 2-3 times a day
- Expect a dark bloody drainage to continue for weeks after surgery
- Nasal congestion, pressure and headaches are normal and should subside in time
- Continue saline irrigations multiple times a day
- No driving during the first 72 hours after surgery or while taking pain medications
- Continue your antibiotic medicine prescribed after surgery until it is completed

### Notify us if:

- Profuse bleeding occurs
- Significant change in vision or double vision
- Extreme headache or stiff neck
- High fever (over 101)
- Nausea and vomiting

\_\_\_\_\_  
Signature

\_\_\_\_\_  
date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
date

Parent/ Adult