

CLOSED NASAL FRACTURE REDUCTION
Post Operative Instructions

Nurse Line (8:30am to 5pm) **937-496-0261**
After Hours Doctor Line **937-496-2600**

The Surgery Itself

Closed nasal reduction can be done in the office with local anesthesia or under general anesthesia, typically for less than one hour.

- If you have local anesthesia, you may have numbness of the nose, face, throat and upper teeth for 1-2 hours after surgery.
- If you have general anesthesia, you may be sedated for several hours after surgery and may remain sleepy for the better part of the day. Nausea and vomiting is occasionally seen, and usually resolves by the evening of surgery - even without additional medications. Almost all patients can go home the day of surgery.

After Surgery

- You will have a cast over your nose after surgery. It is fine to shower as usual with the cast in place, but try to keep dry. Leave the cast in place until your follow up appointment unless it falls off by itself.
- Bloody nasal drainage is normal after this surgery for 1-2 days. You will have a nasal drip pad/sling with gauze to catch drainage from the front of your nose. The dressing may need to be changed more frequently during the first 24 hours following surgery.
- You will notice facial pressure and fullness as a result of the nasal bone movement for a few days after surgery.
- Do not blow your nose for 1 week after surgery. Avoid lifting > 10 lbs. and no vigorous exercise for 1 weeks after surgery.

Medications

- Mild pain medications are sometimes prescribed for pain if needed. Pain medications can cause nausea, which can be prevented if you take them with food or milk.
- You can use 2 nasal sprays for use after surgery if needed: Afrin can be used up to 2 times a day to reduce bloody drainage from the nose for the first few days after surgery. Saline/salt water spray can be used to prevent crusting inside of the nose.
- Take all of your routine medications as prescribed, unless told otherwise by your doctor.
- **IT IS OK TO TAKE OVER THE COUNTER PAIN MEDICATION (IBUPROFEN, NAPROXEN, or ACETAMINOPHEN) IN ADDITION TO YOUR PRESCRIBED MEDICATIONS. DO NOT TAKE ASPIRIN UNLESS CLEARED WITH YOUR SURGEON.**
- Limit Acetaminophen/Tylenol to less than 4,000mg/day
- Limit Ibuprofen/Motrin to less than 3,600mg/day