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MACARTHUR ENT

Septoplasty and Turbinoplasty Recovery Guide

Post-operative information for patients and carers

This sheet explains what to expect after septoplasty, which straightens the nasal septum, and turbinoplasty, which reduces swollen tissue inside the nose. Blockage, crusting and blood-stained mucus are expected early in recovery. Frequent saline washing and avoiding activities that provoke bleeding are central to healing.

What to Expect During the First Two Weeks

- **Splints or packing:** Small plastic splints or packing may remain inside the nose for several days to about a week. They are usually removed at the first post-operative visit. Do not pull or cut them.
- **Blockage and crusting:** The nose commonly feels very blocked, congested or full. Mucus, crusting and drainage usually improve gradually over 1–3 weeks, although swelling can take longer to settle.
- **Bleeding:** Mild oozing or blood-tinged mucus is expected for the first day or two. A small gauze pad beneath the nostrils can be changed as needed. Do not pack tissues or cotton wool into the nose.
- **Pain:** Mild to moderate discomfort, pressure or headache is usually controlled with the pain relief discussed with you by your ENT surgeon and your anaesthetist. Take antibiotics only if prescribed.
- **Smell and breathing:** Smell may be reduced while the nose is swollen, particularly after turbinate surgery, and can take 2–6 months to fully recover. Comfortable breathing often takes 1–2 weeks after septoplasty alone and 3–6 weeks when turbinoplasty is also performed.

Pain Relief and Medicines

- **Usual pain relief:** Paracetamol and ibuprofen are often sufficient. Take them only as directed and only if ibuprofen is safe for you. Do not take aspirin or other blood-thinning medicines unless your ENT surgeon or the prescribing doctor has advised you to do so.
- **Before your appointments:** Take your advised paracetamol and ibuprofen approximately 30 minutes before both your first and second post-operative appointments. This makes removal of splints and cleaning of crusts more comfortable. If you have been told not to take ibuprofen because of allergy, stomach ulcer, kidney disease, anticoagulant treatment or another reason, use the alternative advised by your surgical team.

Saline Washing Is Essential

Wash the nose 4–6 times each day for 4–6 weeks, beginning when your ENT surgeon tells you to start. Regular washing removes old blood and crusts, keeps mucus thin and helps the lining heal.

You can wash too little, but it is very difficult to wash too much. If you are unsure, wash your nose.

- **Examples:** FESS Nasal and Sinus Wash, FLO Sinus Care or Post Operative Sinus Wash, and NeilMed Sinus Rinse are all suitable bottle-and-sachet systems. Use the supplied bottle and sachets according to the product label.
- **Sprays are not the same as a wash:** A fine saline mist may soothe the nose between rinses, but it does not replace a large-volume bottle wash unless your ENT surgeon specifically advises otherwise.

How to Prepare and Use a Saline Wash

1. **Wash your hands.** Use a clean rinse bottle intended for nasal irrigation.
2. **Use safe water.** Fill the bottle with lukewarm distilled or sterile water, or tap water that has been brought to a rolling boil for at least one minute and then allowed to cool. Never use unboiled tap water for nasal irrigation.
3. **Add the supplied sachet.** For standard FESS, FLO or NeilMed bottles, add the number of sachets stated on that product's label—commonly one sachet to the marked fill line. FLO MAX uses two FLO sachets. Do not guess salt quantities or use plain water, as either can cause burning.
4. **Mix gently.** Secure the cap and shake until the powder has dissolved. The solution should feel lukewarm, not hot or cold.
5. **Rinse over a sink.** Lean forward, keep your mouth open and breathe through your mouth. Place the tip just inside one nostril and squeeze gently and steadily. Let the solution drain from the other nostril or the mouth. Do not force it against resistance.
6. **Wash both sides.** Use approximately half the bottle through each nostril. If splints prevent the rinse flowing through, continue gently; do not squeeze harder.

7. **Finish gently.** Allow the nose to drain and dab it. Do not blow forcefully. Some solution may drain later when you bend forward.
8. **Clean the bottle.** Wash the bottle and cap after use and allow them to air-dry completely. Follow the manufacturer's cleaning and replacement instructions. Do not share the bottle.

Activity and Bleeding Precautions

- **No heavy lifting:** Do not lift more than 5 kg for 4–6 weeks. Lifting, straining and bending can raise pressure in the healing blood vessels and increase the risk of a nosebleed.
- **No strenuous activity:** Avoid running, gym work, vigorous exercise and strenuous physical activity for 4–6 weeks because these activities increase the risk of bleeding. Gentle walking is encouraged.
- **No nose blowing:** Do not blow your nose forcefully for at least two weeks, and longer if advised. Sneeze or cough with your mouth open rather than holding it in.
- **Sleep elevated:** Keep your head elevated on extra pillows for the first several days to reduce swelling and oozing.
- **Avoid heat and alcohol:** Avoid hot showers, baths, saunas and alcohol during the first several days because they can dilate blood vessels and provoke bleeding.
- **No swimming or contact sports:** Do not swim or participate in contact sports until your ENT surgeon confirms that it is safe.

Driving Flying and Travel

- **First 24 hours:** Do not drive, operate machinery, drink alcohol or make important decisions for at least 24 hours after the anaesthetic.
- **Long drives:** Avoid long-distance driving for six weeks. A significant nosebleed while driving could impair your vision, concentration and ability to stop safely, and you may be far from urgent medical care.
- **Flying:** Do not fly for six weeks. A heavy bleed in the air cannot be assessed or treated promptly and an aircraft may be a long time from landing or emergency care.
- **Plan locally:** During the first six weeks, avoid remote trips and remain within reasonable access of an emergency department. If travel is unavoidable, discuss it with your ENT surgeon before booking.

Follow-up Appointments

Your first appointment is usually 1–2 weeks after surgery, depending on whether splints were inserted. Your second appointment is usually 2–3 weeks after the first. These visits allow splints to be removed, crusts to be cleared under direct vision and healing to be checked. Attend even if you feel well, and contact the rooms earlier if you are concerned.

When to Seek Urgent Medical Attention

- Heavy or persistent bleeding that does not settle with rest and firm pressure over the soft lower part of the nose.
- Clear watery fluid continuously dripping from the nose, particularly with a salty taste or when leaning forward.
- Fever, worsening pain, increasing tenderness, or spreading redness or swelling of the nose or face.
- Severe or worsening headache, neck stiffness, confusion, fainting or visual change.
- Marked swelling around the eyes, double vision or difficulty moving the eyes.
- High fever with rash, vomiting, diarrhoea or dizziness while packing or splints are in place. Toxic shock syndrome is very rare but requires urgent assessment.

For uncontrolled bleeding, breathing difficulty, collapse or a medical emergency, call 000 or attend the nearest Emergency Department.

Safe-water guidance: Use distilled, sterile, or previously boiled and cooled water. Follow the current instructions supplied with your FESS, FLO or NeilMed product.