

Nasal and Sinus Surgery Discharge Instructions

For your own safety, a responsible adult must drive you home.

Someone responsible should stay with you the first 24 hours after surgery. If you had medication or anesthesia, it is normal to feel drowsy and weak, therefore, it is not recommended that you drive, stand or walk without help, operate machinery, drink alcoholic beverages or eat heavy meals, make important personal or business decisions, or sign important papers. Children should not ride bicycles, skate boards, etc. Tomorrow you may resume activities as directed by your surgeon.

Next Appointment

☐ Call the office following discharge from the hospital as soon as you get home for a follow-up appointment _____

☐ Dr's phone number 910-755-3682 or 910-914-0540

☐ Date _____ Time _____

ACTIVITY	The patient should be limited to quiet activity for one week after the surgery. Strenuous activity may cause bleeding to start. Nose blowing, bending over, strenuous activity and lifting are prohibited. These will contribute to bleeding after the surgery
DIET	Although there are no restrictions to what you can eat. Light meals are best tolerated while the packing is still inside the nose. Drinking fluids will help.
WOUND CARE	The nasal splints (septoplasty) are fairly uncomfortable, but will be removed within the first few days after surgery. You may change the dressing under the nose as needed. Ice over the eyes and cheeks may bring some pain relief. Be careful not to disturb any dressing on the outside of the nose. Start saline irrigation through straws in nose every 2 hours.
PERSONAL HYGIENE	You may resume your normal bathing habits. A cool mist humidifier may be helpful during the first few days after the surgery, as the mouth tends to dry out from mouth breathing.
MEDICATIONS	Take your antibiotics and pain medication as prescribed
GENERAL EXPECTATIONS	Mild bleeding can occur after surgery and is expected. Pain after surgery is expected. This will lessen considerably over the first few days.
CALL YOUR DOCTOR IF THESE OCCUR	If a large amount of bright red bleeding occurs Fever greater than 101.5F.
RETURN TO WORK/SCHOOL	You may return to work/school _____
DISCHARGE INSTRUCTIONS	These discharge instructions have been explained to the patient and/or the person responsible for the patient. That person acknowledges and affirms understanding of the instructions.

Patient's Signature

Date/Time

Witness Signature

Date/Time

Signature of Authorized Person

Date/Time

Relationship to Patient

Healthcare Provider Signature

Date/Time

If limited English proficient or hearing impaired, offer interpreter at no additional cost:

☐ Interpreter Accepted

(Name/Number of Person/Services Chosen/Used)

☐ Interpreter Refused

Brunswick NOVANT MEDICAL CENTER

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Name / MR # / Label