Post Op Instructions for Nasal Surgery/Closed Reduction of a Nasal Fracture/
Septoplasty/Septorhinoplasty

Gently flush each nostril with saline spray several times a day.

Saline nasal spray and similar generic sprays are readily available over the counter at most pharmacies. Try to avoid saline sprays that contain preservatives.

Ice around the nose helps minimize pain and swelling. Do not put any pressure on the nose. A frozen bag of peas or corn often works well for this purpose.

It is OK to GENTLY blow your nose, but do not touch the nose with your hands or tissues. Sniffing and dabbing under the nose is fine. A humidifier helps if you are not able to breathe through your nose.

Keep drinking water within reach at night. Sleep with your head elevated for the next two or three nights and try not to roll onto your nose.

If a drip pad is present, change it as needed when it becomes saturated. The drip pad may be discontinued when no longer needed. Usually at 1-3 days.

If stitches are present, they will dissolve unless you are instructed otherwise. If they are not dissolvable an appointment to remove these is scheduled.

If a cast and/or tapes are present, you may shower, but cover your cast with a sandwich bag as a shield. Tape this onto your forehead.

The cast will be removed in 6-10 days. The nose will sometimes be re-taped for at least 1-2 weeks in rhinoplasty patients. If the cast falls off on its own, you may leave it off, but DO NOT attempt to remove it on your own.

Occasionally, the swelling will come down rapidly, and the cast will dislodge itself when it is no longer needed. If you do not require a cast or tape, you may shower as usual. Avoid very hot showers for several days.

If your nose bleeds heavily, gently blow out any clots, and douse the side that is bleeding with several sprays of Afrin (oxymetazoline) nasal spray. If persistent bleeding occurs please call your doctor.

Avoid any heavy lifting or straining for 10 days (shorter with closed reductions only).

Sneeze with your mouth open.