

# You will resume the following the MORNING AFTER your surgery: Sinonasal rinses (distilled with water +salt packet + budesonide +baby shampoo Antibiotic Prednisone (steroid) Nasal spray Any pain medication (Tylenol/acetaminophen, prescribed pain meds only) Anti-nausea medication as needed Wound care (ie hydrogen peroxide on Q-tips to clean the nostrils)

## **AVOID THE FOLLOWING 1 WEEK AFTER SURGERY**

- Hot liquids
- Laying flat while resting or sleeping new line
- Any nasal sprays (unless instructed otherwise)
- Medications containing ibuprofen (Advil, Motrin, Aleve, naproxen, etc) or aspirin
- Alcohol
- Flying, scuba diving, or parachuting
- Driving or operating machinery while on pain medication
- Diet pills
- Vitamin E or any other herbal supplements that may thin your blood
- Blood thinning medications (do not resume until instructed by your surgeon)



### **AVOID THE FOLLOWING 2 WEEKS AFTER SURGERY**

- Hot showers
- Blowing your nose
- Vigorous exercise
- Smoking or vaping
- Heavy lifting, pulling, or pushing

### **INSTRUCTIONS**

Please follow these instructions carefully EXCEPT if overruled by specific procedural instructions. You must follow your surgeons instructions as indicated for your specific procedure. Your result will depend upon how well you care for the treated areas.

- The most important thing is to expect that it really isn't going to be bad! For any nasal or sinus surgery, there is **no packing.** You will get air through your nose, although your nose may feel congested for about one week
- Apply ice 20 minutes on and 20 minutes off for the first 1-2 days after your procedure.
   For nose or sinus procedures, the ice may be applied to the forehead or the bridge of the nose.
- If you have a nasal drip pad, you may replace this as needed. It is not uncommon to
  have to change the drip pad frequently during the first 24 hours after surgery. If you
  have excessive bleeding, call the office immediately.
- Take only the medications that have been prescribed by your physician for your postoperative care and take them according to the instructions on the bottle
- we provide you with a prescription for pain medication, mostly because we do not want you to worry that you will be in pain! Most patients take extra strength Tylenol if they



have discomfort or headaches. The greatest discomfort is usually during the first 24 hours; thereafter, you will find that you require less and less pain medication each day.

- **Begin sinonasal rinses the morning after** Your procedure. Instructions for this are provided on a separate page.
- If you use a **CPAP** please ask your physician or PA about resuming it after the procedure
- You may resume a normal diet as tolerated. Remember to take your medications with a little something to eat or you will get sick to your stomach
- Drink plenty of fluids. **Avoid hot liquids** for **one week** following your procedure.
- Elevate your head when sleeping or laying down for one week following your procedure,
  as this will help reduce swelling. Elevating your head about 45 degrees requires a pillow
  under the small of your back and two pillows under your shoulders and head; placing a
  pillow under each elbow may also help you relax and stay in position while sleeping.
- AVOID NOSE BLOWING for 2 WEEKS Following your procedure. It is OK to sniff gently
  inwards. If you must sneeze, please do so with your mouth open. Blowing your nose
  during the acute healing process can lead to scarring and delayed healing within the
  sinuses and nose.
- DO NOT use any of the following nasal sprays for one week following your procedure
  unless instructed to do so: Afrin or Azalastine/Astelin. the only nasal spray you may be
  instructed to begin using starting the morning after surgery is Rhinocort, Nasacort, or
  Flonase.
- DO NOT of aspirin or any other medications containing aspirin or ibuprofen (Motrin,
  Advil, Aleve, Naproxen, Ecotrin, etc) for one week following your surgery, unless this had
  been discussed with your surgeons as well as your primary care physician and/or
  cardiologist.



- AVOID ALCOHOL for one week following your procedure (it dilates blood vessels and can cause unwanted bleeding). you should not consume alcoholic beverages while you are on pain medications because this is a dangerous combination.
- **NO VIGOROUS EXERCISE** for **1-2 WEEKS** following your procedure. Late activity is OK and encouraged starting the day or two after your procedure.
- NO FLYING, SCUBA DIVING, SKY DIVING, OR PARACHUTING for 1 WEEK following your procedure
- NO SMOKING OR VAPING INCLUDING MARAJUANA for the first 2 WEEKS. The use of tobacco products and vaping can delay healing and increase your risk for complications during and after your surgery
- NO HEAVY LIFTING, PULLING OR PUSHING for the first 2 WEEKS. You should not lift,
   push, or pull anything that is more than 10 to 15 pounds (the weight of a gallon of milk).
- Unless your surgeon tells you otherwise, it is OK to shower. For the first 2 WEEKS you should avoid really hot showers or hot tubs. Instead, take lukewarm showers which will help prevent you from having bleeding, oozing, and more swelling.
- You may drive once you are off the pain pills and any sedating medications and when you experience no pain with this activity
- You may resume work when you feel able
- If you experience any generalized itching, rash, wheezing, or tightness in the throat stop taking all medications and call the office immediately. If in doubt, call 911 as this may be a sign of an allergic reaction
- Feel free to call upon us at ANYTIME! We want you to be as comfortable as possible during your healing period.



PLEASE REPORT TO THE CLINIC OR CALL	IF YOU ARE EXPERIENCING	ANY OF THE FOLLOWING
SYMPTOMS:		

- 1. Temperature elevation >100.3 degrees F
- 2. Sudden swelling or discoloration
- 3. Excessive Bleeding
- 4. Discharge from the wound edges or other evidence of infection
- 5. Development of any drug reaction
- 6. Severe Pain not responding to pain medications

Finally, please contact us at should you have any questions at the following number:

Telephone: (561) 939-0900

I certify that I have been given a copy of these instructions

Patient name:	Relationship	Relationship to patient:	
Patient Signature:	Date:	Time:	
Witness	Date	Timo:	