



**Dr Iain Butler**  
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## **PATIENT INFORMATION: NOSE AND SINUS SURGERY**

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This document serves as a detailed information document for patients and families of patients who are undergoing a surgical procedure on the paranasal sinuses. This document is not a substitute for a detailed discussion with Dr Butler regarding your/your family member's specific procedure but serves as a reminder of the points that have been discussed in the consultation. Should anything be unclear, or require further explanation, please discuss this with Dr Butler.

### **Pre-operative advice**

Take all chronic medication up to and including the day of surgery. Please inform Dr Butler about any medication you may take to thin your blood. These include Disprin, Ecotrin, Clexane, Warfarin, Plavix, Xeralto.

Depending on your risk profile, it may be necessary to either stop these for a period of 10 days prior to surgery, temporarily replace them with something else for a short period around the surgery or continue them as usual. Dr Butler will advise you on this aspect but if you are unsure, please phone the office.

### **Post-operative Medication Week 1**

From day after surgery:

1. Iliadin (or similar topical decongestant) drops or spray if your nose feels blocked/congested - 3 times a day **for 5 days only**. Proceed to saline drops after 5 minutes.
2. Saline nose drops or spray 3 times a day.
3. Proceed to intranasal steroid spray after 5 minutes.
4. Intranasal steroid spray 2 sprays in each nostril twice a day.



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5. Apply antibiotic ointment to the inside of the nose on cotton wool balls twice a day for one week if you underwent a surgery on the nasal septum (septoplasty/septal reconstruction) or to the wounds on the forehead if frontal sinus rinsing was performed.
6. Apply ice to forehead and bridge of the nose twice a day for 3 days if frontal sinus rinsing was performed or the nasal bones were fractured to straighten the nose (osteotomies).

### **Week 2-4:**

1. Saline nasal rinse (200ml) twice a day for one month.
2. Pulmicort (or similar), 1 ampule, added to saline nasal rinse once a day for 3 weeks. Proceed to intranasal steroid spray after 5 minutes.
3. Intranasal steroid spray 1 spray in each nostril once a day for at least 3 months post-operatively (but may be longer depending on the underlying condition).

### **Analgesics (pain medication)**

1. Opioid-based medication will be prescribed for severe pain – this will usually only be required for a day or two.
2. Paracetamol and anti-inflammatory drugs will be prescribed for up to 10 days after the operation.

### **Antibiotics**

1. Peri-operative antibiotic coverage will be provided and it may not be necessary to extend this after the operation in all cases.
2. Should antibiotics be prescribed, please take as prescribed and complete the course. The antibiotics may only be prescribed a few days after the operation once the microbiologists have reported on surgical specimens. A prescription will be emailed to you in these cases.

### **Post-operative care**

#### **Typical side effects**

1. Pain – this should progressively decrease after the operation. Please contact the office should this not improve or worsen in the period after the operation.
2. Nasal obstruction/stuffiness – Your nose may feel a bit blocked after surgery. This is due to tissue swelling inside the nose and will gradually improve.



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3. Bleeding – A small amount of bleeding is normal and should rapidly decrease in the first few days after the operation. Should there be any blood dripping from the nose for more than a minute, irrigate the nose with saline rinse and sit upright, squeezing the nose shut. If it persists, please contact the office or visit the nearest emergency room.

### Serious side effects

1. Visual disturbance – no vision, blurred vision, double vision or severe swelling of one or both eyes
2. Constant leaking of clear fluid from the nose – this may indicate a leakage of fluid from around the brain
3. Severe headache, neck stiffness, vomiting – this combination may signal the onset of meningitis or toxic shock syndrome which is characterized by high fevers, rashes, and weakness, and may result in death.
4. Please visit the emergency room as soon as possible and contact the office should you experience any of these serious side effects after sinus surgery.

### Long term outcomes

1. Septal perforation – When a septoplasty procedure is performed, there is less than a 5% risk of a hole developing in the nasal septum. This can sometimes cause symptoms of crusting and congestion, a whistling sound with breathing or recurrent nose bleeds and very rarely, a “saddle nose” deformity. If symptomatic, a surgical procedure may be required to close this hole.
2. The sense of smell may not improve after nasal surgery and may rarely worsen or completely go away.
3. There may be some minor (but improved) congestion and septal deviation. One side may be more open than the other. Scarring may form inside the nose. No nose is perfect after surgery. Rarely there can be increased dryness and crusting. Occasionally revision surgery is necessary. This typically is not performed until 9-12 months after surgery.



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### Do's and Don'ts

1. Do NOT blow your nose for the first week after surgery. Use the decongestant drops/spray and/or saline drops instead.
2. Do NOT remove any nasal packing. This will be removed by Dr Butler if necessary. Most nasal packing is dissolvable, but on rare occasions other packing or stents may be required.
3. Avoid straining or lifting heavy objects. This kind of activity increases the risk of bleeding.
4. Do NOT smoke.
5. Do NOT rub or manipulate the nose during the first week post-operatively.
6. Do take medication as prescribed.
7. Do rest and avoid exerting yourself during the healing process
8. Do attend follow up appointments. Please remember that you will not be charged for follow up visits for post-operative care during the first month after the operation.
9. Do continue your chronic medication after surgery. This includes any medication to thin your blood (such as Disprin, Ecotrin, Warfarin, Plavix etc.)
10. Do contact the office should you have any questions about the post-operative care of your nose.

Kind regards.  
Dr Iain Butler

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SIGNATURE OF PATIENT/  
PARENT/GUARDIAN

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DATE