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Instructions after Septoplasty or Sinus Surgery

1. Try to keep your head elevated on a couple pillows or sleep in a recliner for the first few days. You will experience drainage of old and fresh blood from your nose. This will be less bothersome if your head is elevated.
2. Moderate bleeding may occur for a few days after surgery. After this, old clots may form and can be washed out with Ocean nasal spray as noted below. You will have a “drip pad” (which is gauze taped under your nose) when you leave the surgery center. You only need to keep the “drip pad” on as long as your nose is oozing.
3. **DO NOT BLOW YOUR NOSE!!!** If you need to clear your nose, use your ocean spray or flush your nose with the nasal saline flush.
4. While at the pharmacy, buy (2) or three (3) bottles of ocean nasal spray. Spray two (2) puffs of ocean nasal spray in each nostril every two (2) hours while you are awake. This will help loosen the scabs that will be forming in your nose. You should do this for several weeks.
5. The morning following surgery, start flushing your nose with the NeilMed saline flush twice a day. You may flush more if you would like, many patients feel better after flushing their nose during the post-operative period.
6. If crusts develop in the front of your nose, they can be removed with a Q-tip and Hydrogen peroxide. DO NOT insert the Q-tip further than the end of the cotton.
7. Please take your antibiotics as prescribed. Antibiotics should be taken until finished. Pain medicines that have been prescribed can be taken as needed. For pain unrelieved by pain medications, please call our office.
8. Nausea related to the anesthesia or due to swallowing a small amount of blood is not unusual. This usually resolves within 24 hours. If the nausea is severe and not controlled by the medications given after surgery, please call.
9. You should take it easy for one (1) week and avoid any strenuous activity. The lack of large dressings and bruising tend to fool people into thinking that you did not have a “big operation”. Let me assure you that plenty was done inside your nose. You should rest and give yourself a chance to heal.
10. You should not lift anything heavier than ten (10) pounds for two (2) weeks following surgery. You may start light walking after a few days but do not “work out” for two (2) weeks following surgery. Please do not plan on traveling for two (2) weeks. Plan **NO** air travel for 3 weeks after surgery.



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11. Take Tylenol or the pain medications prescribed. **DO NOT TAKE ASPRIN, MOTRIN, ALEVE OR SIMILAR PRODUCTS WHICH CAN CAUSE BLOOD THINNING.** Also, remember your pain medication has Tylenol in it, so don't take your pain medication and Tylenol within four (4) hours of one another.

IMPORTANT NOTICE FOR PATIENTS HAVING SINUS SURGERY!

After having sinus surgery, you will be given post-op care instructions by THE recovery room nurse.

Inside this instruction packet, you will find a section that instructs you to start nasal flushing the day after surgery.

This flushing is to ensure that you are removing any absorbable packing that may be within your nasal passages, and remove any old blood/blood clots that could be obstructing your nasal passages.

Failure to flush your nose will cause a delay in the healing process and promote infection, which may lead to a longer recovery and additional visits with your Physician.

Dr. Gilliam will examine your nasal passages with a scope and debride any remaining packing/blood clots at your 2 week post-op visit. This/these procedures are important to insure the best long-term results.

This/these additional procedures including, but not limited to the following, may be necessary after surgery: debridement/division of scar bands trying to form and/or suctioning out of your nasal cavities.

This/these additional procedures are not included in your surgical fee and are subject to payment based on your insurance plan.

If you have any questions regarding your bill after surgery, please feel free to contact the office Monday – Thursday – 8 am – 5 pm and Friday 8 am – 3 pm.

Sincerely,

Christine Gilliam, M.D.