



PEDIATRIC AND ADULT EAR, NOSE & THROAT

We recommend that you read this handout carefully in order to prepare yourself or family members for the proposed procedure. In doing so, you will benefit both the outcome and safety of the procedure. *If you still have any questions or concerns, we strongly encourage you to contact our office prior to your procedure so that we may clarify any pertinent issues. "An educated patient is the best patient."*

Repair of Nasal Fracture

Definition

This procedure involves returning the nasal bones to their proper position following the breaking of the bone

Purpose of Procedure

The purpose of this procedure is to restore the appearance of the nose as closely as possible to the preinjury appearance.

Preparation

As with any procedure in which anesthesia is administered, you will be asked not to eat or drink anything after midnight on the evening prior to your surgery. You may brush your teeth in the morning but not swallow the water. If you are on medications that must be taken, you will have discussed this with us and/or the anesthesiologist and instructions will have been given to you. *Please refer to the attached list and tell us if you took any of these within the past 10 days.* If your new medication is not on the list, alert us immediately so that we may ensure optimal procedure safety. We will have reviewed all of your current medications with you during the pre-operative / pre-procedure consultation. You are obligated to inform us if anything has changed (medication or otherwise) since your previous visit.

Procedure

This procedure may be done in several ways depending on the severity of the fracture. If the outside of the nose is displaced to one side without a depression, manual manipulation from the outside may be all that is necessary. If there is a depressed fracture, a local anesthetic may be injected. An instrument is then placed in the nose to elevate and relocate the fracture. Packing is placed in the nose. Tape and a splint are placed outside the nose to hold the bones in proper position. If the fragments are unstable or if there is involvement of the partition of the nose, called the septum, an open reduction under general anesthesia may be necessary. This involves incisions to be made inside the nose to get access to the fragments and put them back in position. Once the fragments are in the proper position, the incision is closed with suture material. Tape and an external splint are applied to the nose.

Post Procedure

Ice packs will be used to reduce the swelling and chances of bleeding. Discomfort will be managed with pain medication. If packing is used, it is usually removed 2 to 3 days after the operation. Strenuous activity and lifting are not allowed for 2 weeks following the procedure. The splint will remain in place for a week. The tape will then be removed. After that time, the splint should continue to be worn at night for one month. Irrigation of the nasal cavities with a salt-water solution and over-the-counter nose sprays may be recommended. Returning to work



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will depend on your need for pain medication and how strenuous your job is. Follow-up visits will be on a regular basis until healing is complete.

Operation of motor vehicles or machinery is not allowed while using this medication. Postoperative pain medications may include a codeine type medication that may cause drowsiness.

Expectations of Outcome

This procedure should result in a normal appearance to the outside of the nose. Bruising around the eyes is not uncommon and should resolve within a week.

Risks of Procedure

While we have discussed the risks with you, we would like you to have a list so that you may ask questions if you are still concerned. Aside from anesthesia complications (if anesthesia is used) it is that every patient be made aware of all possible outcomes, which may include, but are not limited to:

- Anesthesia complications: There is always a small risk with general anesthesia. This risk is increased if there is any family history of trouble with anesthesia. The risks can range from nausea and vomiting to very rare life threatening problems. You can discuss any questions with your anesthesiologist.
- Bleeding
- Infection
- Unsatisfactory alignment
- The injury could also result in delayed deviation of the partition of the nose, the septum, and reduced nasal airflow requiring additional surgery.

We provide this literature for patients and family members. It is intended to be an educational supplement that highlights some of the important points of what we have previously discussed in the office. Alternative treatments, the purpose of the procedure/surgery, and the points in this handout have been covered in our face-to-face consultation(s).