

2022

**Centre intégré de  
santé et de services  
sociaux de Laval**

# **Preparation guide for a surgery**

## **Nasal surgeries**



**This guide will help you  
understand and get ready for  
your surgery.**

**Read it over with your family  
and bring this guide with you  
the day of your surgery.**

**A publication of**

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## ANATOMY

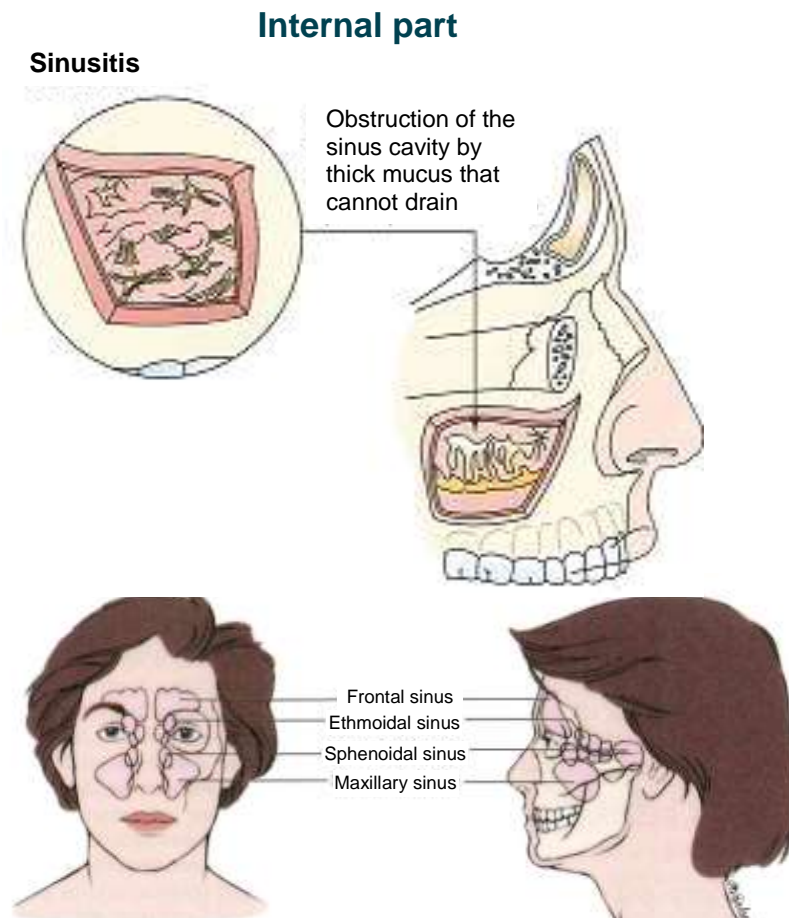
The nose is made up of two parts : an internal and an external part.

- The internal part is a space separated by the nasal septum into two parts called the nasal cavity.
- The external part appears on the face. It is supported by bones and cartilage. The nostrils are the opening of the nasal cavity.

The mucous membrane of the nasal cavity has many blood vessels. This explains its pinkish color.

This mucous membrane remains humid thanks to several small glands. It warms, humidifies and filters the air that enters through the nose.

When you have a cold, you have an inflammation of the nasal mucosa. If the inflammation goes further, to the sinuses, it is a sinusitis.



Smeltzer & Bare. Soins infirmiers médecine-chirurgie, ERPI, © 2011, Page 667 et 703. Reproduction autorisée par l'auteur

### **Septoplasty**

It is the correction of a deviation of the septum of the nasal cavity.  
Septoplasty allows the reconstruction of the nasal septum to improve breathing.

### **Turbinoplasty**

This is the partial removal of thickened nasal turbinates that cause nasal blockage.

Turbinoplasty improves nasal ventilation, but has little effect on chronic discharge or sneezing.

### **Ethmoidectomy**

This is the aeration of the sinuses and the removal of polyps that cause nasal blockage.

The ethmoidectomy also aims to remove the focus of recurrent infections.

### **Meatotomy**

This is the opening of the maxillary sinus into the nose.

The meatotomy allows infected mucus to be removed from the nose through the nasal cavity.

### **Reduction of the nose or rhinoplasty**

This is the correction of the nose, usually after an accident.  
Rhinoplasty allows the bone to be put back in place.

The operation can be partial or complete. The surgeon will give you these explanations.

### **Septorhinoplasty**

It is the partial or complete repositioning of the nasal septum.

The septorhinoplasty allows to improve breathing and to correct the appearance of the nose.

The procedure can be partial or complete. The surgeon will give you these explanations.

## ADMISSION DATE AND TIME

You will receive a call from the hospital's pre-admission department. The secretary will inform you of the date of your surgery. You will be informed of the time of your arrival at the hospital by phone **24 to 48 hours before** the surgery.



Date of your surgery: \_\_\_\_\_

Arrival hour: \_\_\_\_\_

### SYMPTOMS TO MONITOR

If you have any of these symptoms or conditions one week before the date of your surgery:

- ☐ You have a sore throat, a cold or the flu.
- ☐ You have a fever.
- ☐ You are taking antibiotics.
- ☐ You have a contagious disease (e.g., chicken pox), or you have recently been exposed to someone with a contagious disease.
- ☐ A possible or unconfirmed pregnancy.
- ☐ Redness, inflammation, discharge, wound or any other problem at the operating site.
- ☐ Any other discomfort.



**Call immediately to inform the administrative officer at :**

Pre-admission..... 450 975-5394

## PREOPERATIVE DIET

The goal of this diet is to ensure that you have the strength and nutrients you need to recover quickly.

### Suggestions to boost your protein intake



To complete your diet, you can also take a supplement such as Ensure or Boost.

Add this	To this
Skim milk powder or protein powder supplement (Nestlé Beneprotein®)	Cooked cereals, scrambled eggs, sauces, mashed potatoes, soups, cream sauces, milk, milkshakes, cream desserts, custards, etc.
Milk (2% or 3.25% MF)	Hot cereals, soups, casseroles, hot chocolate (instead of water)
Soy beverage	Smoothies, soups
Greek yogurt	Fresh or canned fruit, vegetables, potatoes, rice, pancakes, casseroles, stews, soups, vegetable or fruit dips
Hard-boiled eggs	Sandwiches, salads, vegetables, potatoes, sauces and soups
Peanut butter or nut butter	Cookies, milkshakes, sandwiches, crackers, muffins, fruit slices, toast, ice cream
Tofu	Milkshakes, soups, casseroles, stir-fries, salads
Canned dried peas or beans, legumes and lentils (if you can tolerate these)	Casseroles, soups, stews, salads, rice, pasta and dips
Seeds and nuts (if you can tolerate these)	Salads, cereal, ice cream, yogurt
Pieces of cooked beef, pork, poultry, seafood or fish	Salads, soups, scrambled eggs, quiches, baked potato, pasta

## WHEN TO STOP OR CONTINUE YOUR MEDICATION

**At your appointment** with your surgeon or preadmission nurse, you will be informed whether you need to stop or continue your medication before your surgery.



- ☐ Aspirin®, ☐ Asaphen®, ☐ Rivasa®, ☐ Entrophen®, ☐ Novasen®,  
☐ Persantine®, ☐ MSD AAS, ☐ Aggrenox® (dipyridamole/ASA), etc.  
☐ Stop \_\_\_\_\_ days before your surgery.  
☐ Do not stop this medication.
- ☐ Plavix® (clopidogrel)  
☐ Stop \_\_\_\_\_ days before your surgery.  
☐ Do not stop this medication.
- ☐ Effient® (prasugrel),  
☐ Ticlid® (ticlopidine),  
☐ Brilinta® (ticagrelor)  
☐ Stop \_\_\_\_\_ days before your surgery.  
☐ Do not stop.
- **Anti-inflammatory drugs** (e.g., ibuprofen such as Advil®, Motrin® (including for children), Celebrex®, Maxidol®, Aleve®, Naprosyn®, etc.)  
Stop 2 days before your surgery.
- **All natural products** (glucosamine, omega 3, vitamin E, etc.).  
Stop 7 days before your surgery.

You can keep taking drugs such as Tylenol®, Tylenol® Extra-Strength, acetaminophen and Tempra® until midnight the night before your surgery.

If you are taking Coumadin®, Sintrom®, Pradaxa®, Xarelto®, Eliquis®, Lixiana® :

A hospital pharmacist will call you approximately 1 to 3 weeks before your surgery and may ask you to have a blood sample taken.

When the pharmacy department has received your results, you will be called again about when to stop taking this medication.



**You must follow this instruction.**

## TOBACCO

Quitting smoking or reducing the amount you smoke will decrease your risk of respiratory problems after your surgery, aid in the healing of your surgical wound, and help you better manage pain. We strongly suggest that you stop smoking completely 2 to 4 weeks before the surgery

If you need help to quit smoking, don't hesitate to contact:

**If you need help to quit smoking, don't hesitate to contact :**

- Your CLSC at **450 978-8300, extension 3169** (for Laval residents).
- Your pharmacist or family doctor.
- The Quit Smoking Centre nearest you at **1-866-JARRETE (527-7383)**.

Website: [tobaccofreequebec.ca/iquitnow/](http://tobaccofreequebec.ca/iquitnow/).

## ALCOHOL

Avoid drinking alcohol **7 days before your surgery**. Alcohol can interact with some medications and increase the risk of bleeding and complications.



**To get help to stop right now, contact the regional hotline (for Laval residents) :**

Alcochoix+ Laval at 450 622-5110, ext. 64005.

<https://www.quebec.ca/en/health/advice-and-prevention/alcohol-drugs-gambling/alcochoix-plus/>

## DISCHARGE PLANNING

Before your operation, it is important that you prepare in advance for your return home.



- Ask another adult to come pick you up at the hospital. You must organize a ride home in advance. This person must be available to pick you up once your discharge is signed.
- Prepare meals in advance for the days after your operation.
- Get help for errands, housework and appointments.
- If you live by yourself and your operation reduces your mobility, you need to think about having another adult stay with you during your recovery.

## PREOPERATIVE DIET

### The night before your surgery

You can eat normally until the day before the operation.



### The day of your surgery

#### For all users

Starting from midnight the night before your surgery:

- Do not eat solid food.
- Do not consume dairy products.
- Do not consume alcohol and do not smoke.
- For the consuming of clear liquids, refer to the tables on the following page.



## THE DAY OF YOUR SURGERY

### At home

The nurse will tell you if you need to follow the following beverage instruction

- **You MUST remain fasting** (nothing to eat or drink from midnight the night before your surgery). Do not chew gum eat candy.



Image : Wikimedia Commons, 2006

You can brush your teeth but avoid swallowing the water.

**OR**

- **You MUST drink clear fluids** before the surgery.

**Allowed clear fluids include:**

- Water
- Juice without pulp (no pulp is mandatory)
- Coffee or black tea (no milk)



Images : pixabay



Make sure that you **ONLY** drink these clear fluids and nothing else.

### When should I stop drinking clear fluids?

You must stop drinking these fluids the morning of your surgery. The exact time depends on when you need to arrive at the hospital that morning.

Someone will call you 24 to 48 hours before your surgery will give you at what time you must arrive at the hospital.

I need to arrive at the hospital at...	I have to stop drinking clear fluids at...
Before 10 a.m.	6 a.m.
After 10 a.m.	8 a.m.
I do not have a specific time and have to wait at home to be called for my surgery.	11 a.m.



**You must follow these instructions to ensure your surgery is safe and to prevent serious complications.**

**If you have not done this correctly, you must tell the nurse when you arrive at the hospital.**

## **HYGIENE BEFORE YOUR SURGERY**

On the morning of your operation, you should do your personal hygiene as usual.

**Put on clean clothes after your shower.**



No makeup, no nail polish (fingers and toes), no fake nails, no fake eyelashes, no cream, deodorant or perfume/cologne, no jewelry or body piercings.

**Do not shave** the area to be operated on



### **Medication**

Take these medications **ONLY**  
(with some water).

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**If you do not follow all these instructions  
your operation may be cancelled.**

## WHAT TO BRING TO THE HOSPITAL

- This guide.
- Your valid, unexpired health insurance card.
- Your hospital card.
- Your medications, drops and pumps in their original containers.
- A complete list of your medications (ask your pharmacist for this list).
- Slippers, dressing gown, clothing and comfortable shoes.
- Tissues, toothbrush and soap.
- Notebook and pencil.
- If you wear glasses, contact lenses, a hearing aid or dentures: bring your kits or containers and label them with your name.
- If you use a cane, crutches or a walker, bring them to the hospital and label them with your name.



**Please leave all your jewelry and other valuable objects at home.**

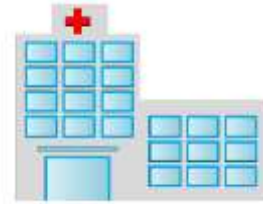
**The hospital is not responsible for lost or stolen items.**

**(The lockers do not have locks).**

**Rings will have to be cut off if not removed beforehand.**

## WHEN YOU ARRIVE AT THE SURGERY UNIT

- ☐ **If the operation is done in day surgery (CDJ):** go directly to the day surgery unit (CDJ), on the 1st floor of block B (Room 1.165). The time of the operation will be given to you once you arrive on the unit.



**YOU DO NOT STAY IN THE HOSPITAL!**

- ☐ **If you have to stay in the hospital after your operation :** go to the reception desk in room RC-5. The time of the operation will be given to you upon arrival on the unit.

**Only one person** can accompany you.

- After you arrive at the unit, you should expect to wait a moment until being called for your surgery.
- Bring something to entertain yourself if you want (something to read, a music player with headphones, etc.).



## CONSENT TO SURGERY AND ANESTHESIA



At your preadmission meeting, the nurse will ask you to sign the consent to surgery and anesthesia.

This consent means that the surgeon clearly explained why you need this operation, what the procedure entails, the potential risks, and the desired results of the operation.

If you did not get the proper information, you must contact your surgeon. The preadmission clinic nurse can help you. You will need to sign the consent form the morning of your surgery.

**For further information about anesthesia, please read the guide on anesthesia and pain relief Information guide which the nurse will provide when attending your preadmission meeting.**

## OPERATING ROOM

By the time you leave for the operating room, you must have removed :

- You have to urinate before you leave.
- You may only wear the hospital gown and no other personal clothing.



**You must remove your :**

- Glasses, contact lenses;
- Underwear, jewelry and body piercings;
- Dentures, hearing, hair piece;

Staff will direct you to the operating room.

The anesthesiologist will meet with you when you arrive in the operating room to discuss with you the most suitable methods of anesthesia and pain relief for you.

## RETURN TO THE DAY SURGERY UNIT OR INPATIENT UNIT.

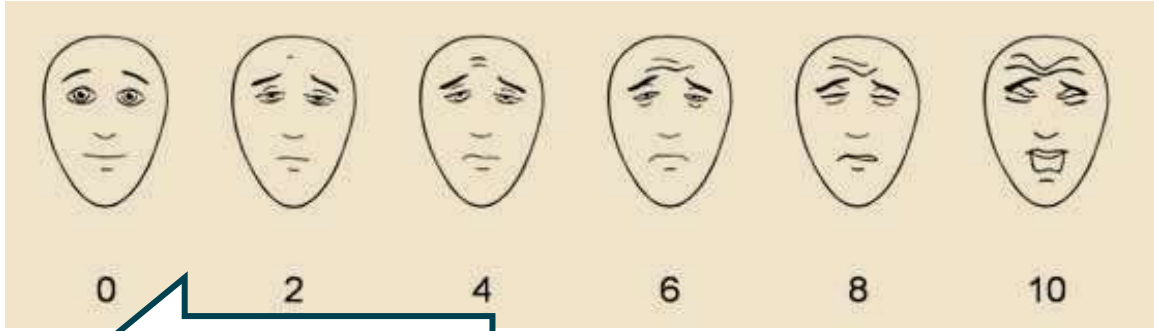
The staff will make you comfortable on your stretcher or bed and take your vital signs several times. The nurse will also check your nasal dressing.



## CONTROLLING YOUR PAIN

It is normal to have pain after an operation. The amount of pain is different for everyone. However, you can control your pain with the medication prescribed by your surgeon.

**You will be asked to assess your pain on a scale of 0 to 10.**



**Target pain level**

**Our goal is to keep your pain below 4/10**

**Pain relief is important because this will help you:**

- Breathe more easily.
- Move around more easily.
- Sleep better.
- Eat better.
- Recover more quickly.
- Do things that are important to you.

### Techniques to relieve pain

#### Analgesia (pain medication)

- Injections (shots) will be given to you if your pain is too great.
- Medication in tablet form (pill) will be given as soon as you can tolerate it or feed yourself.

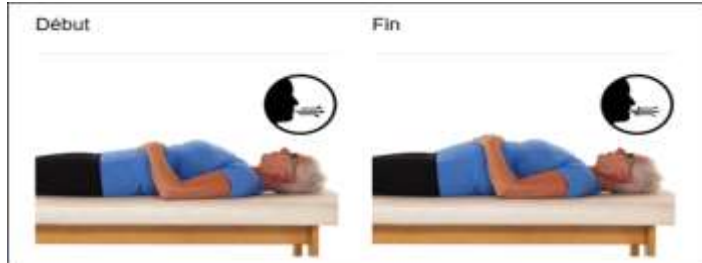


## BREATHING EXERCICES

### Deep breathing

#### To do as soon as you wake up

1. Lie on your back, with your legs slightly bent. Place one hand on your stomach and the other below your breasts.
2. **Inhale slowly and deeply through your nose or mouth.** Feel your lungs inflate. Just the hand on your belly should rise.
3. Keep your lips pursed and exhale **slowly** through your mouth. This will double the length of your breath. Move your belly back in to expel the air from your lungs.



**This exercise is not easy to do.  
Therefore, you need to practice before your operation.**

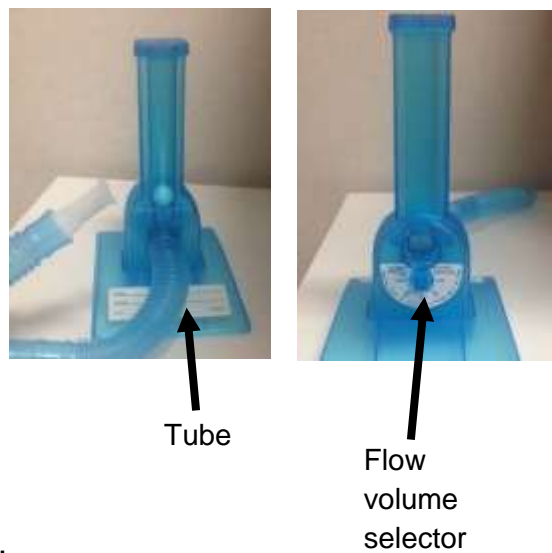
### Spirometer

*The preadmission nurse will give you this device if you need it.*

#### How do I use it?

Remove the device from the package. Connect the mouthpiece to the tubing. Connect the tubing to the outlet on the other side of the flow volume selector.

1. Get into a comfortable seated position.
2. Adjust the level by turning the flow volume selector to the right that will increase the difficulty of the exercise).
3. Hold the device upright in front of you (if you lean it to the front or back, the exercise is too easy). Exhale normally.



4. Place your lips snugly around the mouthpiece and then inhale. Take in enough air to lift the ball.
5. Continue inhaling to keep the ball elevated for 3 seconds. This step lets you expand your lungs as much as possible. Hold your inhalation for 3 seconds, even if the ball drops back down.
6. Then, breathe out through your mouth through pursed lips. Take a break to breathe normally, and then try again.
7. Repeat steps 4 to 6 for about 5 minutes per hour or as per your nurse's instructions.

Keep the device near you so that you remember to do the exercises. Between uses, you can keep the mouthpiece attached to the end of the tubing.

**Spirometer breathing exercises helps you :**

- Eliminate lung secretions to prevent respiratory complications.
- Regain and maintain good lung expansion.
- Stimulate the breathing reflex, which is slowed by anesthesia and pain medication.
- Improve your well-being and resume your usual activities more quickly.

## CIRCULATION EXERCICES<sup>1</sup>

These exercises encourages blood circulation in your legs while you are lying down. They are very important because they can prevent serious complications, such as blood clots in the veins of your legs (thrombophlebitis).

### Toe flexion and extension

While lying on your back or sitting with your legs stretched out, point your toes to the foot of the bed and then point them toward your chin. Repeat the exercise 30 times a minute for 1 to 2 minutes, every 2 hours.



Image : Wikimedia Commons (2017)

### Ankle rotation

While lying on your back or sitting, make ankle circles from left to right and then from right to left. Repeat this exercise 30 times a minute for 1 to 2 minutes, every two hours.



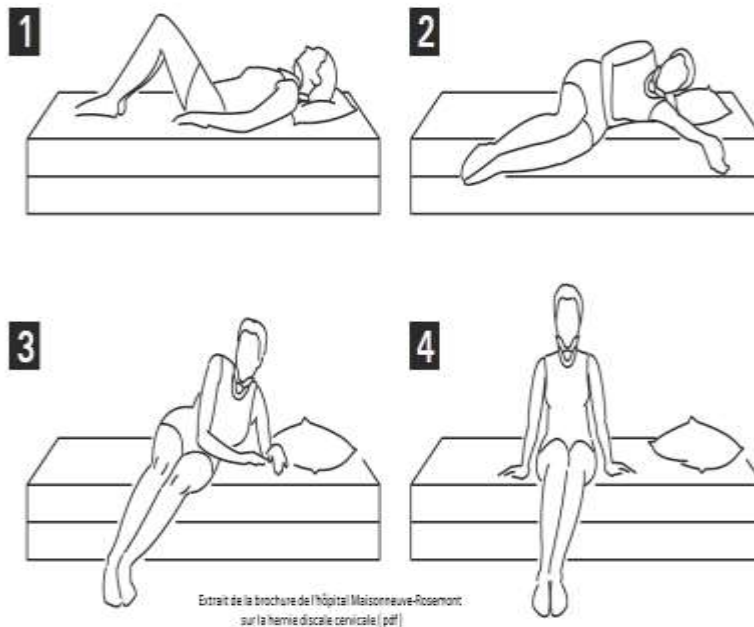
Image : Wikimedia Commons (2017)

<sup>1</sup> Circulatory exercises are taken from Paradis and Poissant

## GETTING UP

When you get up for the first time, a staff member will be there to assist you, however, you should only get up at your own pace. You need to walk and increase the distance you walk each time you get up. Increase your pace gradually.

**To help you get in and out of bed, you need to raise slightly the head of your bed.**



1. Lying on your back, bend your knees. Turn toward your non-operated side.
2. Push against the mattress using your elbow on the non-operated side and your other hand to sit up on the edge of the bed. Slide your legs over the bed at the same time.
3. Hold the sitting position on the edge of the bed or stretcher for a few minutes, as you may feel dizzy. Take deep breaths and exercise your ankles (rotation) slowly.
4. When you feel comfortable, slide your buttocks quietly to the edge of the bed or stretcher to allow your feet to touch the floor.

N.B.: If you are not feeling well, tell the nurse or attendant immediately; the staff will help you sit in the chair if necessary.

## YOUR DISCHARGE FROM THE UNIT

- You must ask another adult to come pick you up, since you cannot drive after your operation. You must plan a ride home.
- If you live by yourself, it is a good idea to ask another adult to stay with you for 24 hours for safety reasons.
- The nurse may give you a prescription for pain medication, which you must get at your pharmacy. Your nurse will also give you a pamphlet about what you need to know if you need to take a narcotic medication for pain.
- A hospital attendance and/or work stoppage ticket will be given to you if you need it, do not hesitate to ask your doctor.
- The nurse will give you the necessary information for your follow-up appointment with your surgeon. It is imperative that you go :



Surgeon's name : \_\_\_\_\_

Date & time of appointment : \_\_\_\_\_



**If you have insurance forms that need to be completed, contact your surgeon's secretary at his or her private office (c.f. : surgeon referral on page 26)**

- All forms must be forwarded to the private office. No forms will be filled out at the hospital on the day of surgery.

## ONCE YOU GET BACK HOME - INSTRUCTIONS

### Hygiene

- The external appearance of your nose will not be altered. The operation will not leave any external scars or bruises, except for complete septorhinoplasty or rhinoplasty and nose reduction.
- Change your "mustache" bandage as soon as it is soiled (dirty or with blood stains).
- Your nose may run for 2 to 3 days after the operation.
- Once your wicks/sponges have been removed (approximately 24 to 72 hours after surgery), you should continue to moisten the nasal cavity. It is recommended to clean the inside of the nose with a saline solution (e.g. Salinex®, Hydrasens®) or Dauphin pump 2-3 times a day, as directed by the surgeon.
- If the surgeon has installed a wick in the sinuses for a few days, you must hydrate your nose with saline solutions (e.g. Salinex®, Hydrasens®). The surgeon will give you the instructions.
- Put an ointment (e.g. Polysporin®) on the edge inside each of the two nostrils.
- Take one to two showers a day and direct the light jet of water towards the nose.
- The use of a humidifier in the bedroom is recommended for sleeping at night.
- For full septorhinoplasty, rhinoplasty or nose reduction, you may have a small splint on your nose for 7 to 10 days.



### Back to work

- The return to work depends on the type of work you do and the surgery you had. You should plan for 2 to 3 weeks of downtime.
- Your surgeon will tell you the possible date of your return to work.
- A work stoppage certificate will be given to you upon request.



### Breastfeeding

- If you are breastfeeding, ask the surgeon or the nurse if you can continue. Generally, you must wait 2 to 3 hours after a general anesthesia to breastfeed your baby. As soon as you get home, you can breastfeed if you are alert and comfortable.



## NUTRITION AND HYDRATION

Generally, you can eat normally after your surgery. Start with light meals and gradually increase as you can tolerate.



If you have nausea, start with clear liquids and gradually increase the amounts as tolerated.

**To avoid constipation**, which can be caused by pain medication:

- Eat plenty of fiber (grains, whole-grain bread, fruit, vegetables, etc.).
- Drink 7 to 8 glasses of water a day (unless you have a medical restriction).
- Walking can help with bowel function.



**If, despite these tips, you are unable to have a bowel movement:**

You can use a mild laxative such as Metamucil®, Colace®, Lax A day®

or

Prodium® at a pharmacy. Ask your pharmacist for advice.

**If you have not had a bowel movement  
for at least 3 days despite these tips, consult a health care  
professional  
(family doctor, pharmacist, Info-Santé at 811).**

## ACTIVITIES



### You can drive when:

- You no longer feel dizzy.
- You no longer have pain and you have stopped taking narcotic medications for at least 24 hours.

- Do not blow your nose; wipe your nose only for about a week.
- Sneeze with your mouth open.
- To keep your head of bed higher, put two pillows under your head when you are lying down for about 1 week.
- The wicks/sponges will be removed by the surgeon at your 1st appointment after surgery. You may take pain medication before going to your appointment.
- Do not exercise for a period of 2 to 3 weeks and no violent sports for a period of 4 to 8 weeks.
- It is normal to feel tired after the operation.
- The pain should not prevent you from doing your daily activities. If necessary, take an analgesic tablet if the pain is too great and at least 30 minutes before an activity.







## COMPLICATIONS

- If you have difficulty breathing;
- If you have a lot of bleeding from your nose or mouth (change of the mustache dressing every hour);
- If you have vomiting of light red blood.

**Immediately call Urgence-santé at 911  
or go to the emergency room**



**If you have** one or more of the following signs or symptoms :

 <p>Fever (38.5 °C or 101 °F or higher) for more than 24 hours</p>	<p>Your pain increases and is not relieved by medication.</p> 
 <p>You have cramps or constant pain in your calf.</p>	<p><b>Signs of surgical site infection:</b></p> <ul style="list-style-type: none"> <li>➤ Redness.</li> <li>➤ Pain.</li> <li>➤ Swelling.</li> <li>➤ Yellowish or greenish discharge.</li> <li>➤ <b>Significant bleeding from the operated area.</b></li> </ul> 



**Contact an Info-Santé nurse at 811 at any time (24 hours a day)**

**For all other questions: Contact the ORL clinic nurse at 450 975-5570 (Monday to Friday between 8:30 am and 3:30 pm).**

***\*\*Please allow 24 to 48 hours for the ORL clinic nurse to return your call.***

**You can also contact one of the resources mentioned on the following page.**

## RESOURCES



**For emergencies, call 911.  
For health advice, call 811.  
24 hours a day, 7 days a week**

### Outpatient clinics

O.R.L. ....	450 975-5570
Preadmission (preoperative only) .....	450 975-5566

### Private offices of surgeons

Adresse : 3030, boul. le carrefour, suite 401, Laval (Québec) .....	450 687-1750
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### Care unit

Chirurgie d'un jour (between 7am and 10pm) .....	450 687-1010, ext. 23549
4EN .....	450 668-1010, ext. 23480

### CLSC

#### Laval area

Accueil première ligne.....	450 627-2530, ext. 64922
CLSC des Mille-Îles .....	450 661-2572
CLSC du Ruisseau-Papineau .....	450 682-5690
CLSC et CHSLD Sainte-Rose.....	450 622-5110
CLSC de l'Ouest de l'île.....	450 627-2530
CLSC et CHSLD Idola-Saint-Jean .....	450 668-1803

#### Laurentian area

Centre intégré de santé et de service sociaux des Laurentides :

Thérèse de Blainville .....	450 433-2777
Des sommets .....	819 324-4000
St-Jérôme.....	450 432-2777
Pays d'en haut .....	450 229-6601
Jean-Olivier Chénier.....	450 433-2777
Argenteuil .....	450 562-3761
Antoine Labelle .....	819 275-2118

#### Lanaudière area

Lanaudière Sud .....	450 654-2572
Lanaudière Nord .....	450 839-3864

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Smeltzer, S. & Bare, B. (2011). *Soins infirmiers : médecine et chirurgie* (5<sup>e</sup> édition). Éditions du renouveau pédagogique.

### Web site

<https://orl.nc/pathologies-du-nez-et-des-sinus/anatomie-fonctionnement-du-nez-et-des-sinus/>

**Centre intégré  
de santé  
et de services sociaux  
de Laval**

**Québec** 

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Direction des services professionnels  
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