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CLOSED REDUCTION NASAL FRACTURE

POSTOPERATIVE CARE/INSTRUCTION SHEET and SURGICAL INFORMED CONSENT

Closed reduction of nasal fracture is the medical term for 'setting' the nose back to normal position soon after the nose is broken if the nasal bones are displaced. Generally, we suggest performing this procedure between several days (to allow for the swelling to subside), up to two weeks after the nose has been broken. Waiting much beyond that time allows for the body to heal the displaced bones in the abnormal position, and makes it much more difficult to realign and reshape the nasal bones.

It is important to understand the intent of Closed Nasal Reduction. The procedure is performed to try to return only the **external bony portion** of the nose to its pre-injury state. If there was a simultaneous fracture of the inside of the nose (the nasal septum), it is highly unlikely that this can be straightened at this time. The same applies to the lower (cartilaginous) 2/3 of the nose. If either the septum remains twisted, or the outside of the nose remains twisted after closed nasal reduction, at a minimum of 3 months after the procedure, these concerns can be addressed.

Closed nasal reduction is most commonly performed under a relatively short general anesthesia. Typically, the patient will be discharged to home from the recovery room about 1-1½ hours after the procedure. There will be a cast on the outside of the nose for approximately one week, and on occasion there will need to be packing inside the nose, also removed about a week after the procedure.

NIGHT BEFORE PROCEDURE: No solid foods (that includes milk, cream, etc.) for eight hours prior to surgery. Typically this means no solid foods after midnight before the surgery. Small volumes of clear liquids may be drunk up to four hours prior to surgery (examples: water, tea, Gatorade or coffee with NO milk or cream).

The alternative to Closed Nasal Reduction is not to have the procedure performed. Not having the procedure would leave your nose in the condition that it is in now.

The risks of Closed Nasal Reduction should be completely understood by the patient prior to surgery:

RE-DEVIATION or INABILITY TO ADEQUATELY STRAIGHTEN THE NOSE: Normally, closed nasal reduction is very successful in returning the nose close to, or back to its pre-injury appearance. Occasionally, the fracture is too comminuted (broken into many small pieces), or there were pre-injury asymmetries to begin with, so the appearance of the nose remains either not straight, not perfectly symmetrical, or slightly different than it appeared prior to the injury. On occasion the small bones don't stay into the position that we place them in at the time of surgery, and we need to pack the inside of the nose – in addition to the normal external casting of

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the nose. When this occurs, we try to overcorrect the depressed nasal bones when the internal packing is placed, because the bones tend to fall back down some once the packing is removed. If asymmetries persist after closed nasal reduction, then in a delayed fashion – a minimum of 3 months later, but preferably longer, we can address both external and internal deviations and asymmetries with cosmetic rhinoplasty, and/or functional septoplasty, and/or other nasal procedures.

BLEEDING: Excessive bleeding is rare after closed nasal reduction. The nose may rarely need to be packed for a couple of days to minimize the chance of bleeding. It is typical to experience some mild bloody discharge down the back of the throat or out the front of the nose for a few days. If it is heavy bleeding, please notify us immediately.

INFECTION: Infection is rare after closed nasal reduction, and is generally only a concern if there is nasal packing. If packing is present, antibiotics are typically prescribed for 7-10 days postoperatively. If prescribed, please take these until completion.

POST-OPERATIVE CARE AFTER CLOSED NASAL REDUCTION:

1. You should anticipate returning to our office about 7 days after the procedure. If this is not already scheduled, please call our office to make this post-operative appointment. This is to remove the cast (and packing if present).
2. You may take the prescribed pain medicines after surgery, or you can try Ibuprofen and/or Tylenol. Usually pain is only mild at worst after this procedure. If it is severe, this is abnormal and we would want to know about it.
3. No vigorous exercise or participating in any activities that would cause you to sweat the cast off until the cast is removed one week after the procedure. Please also avoid getting water on the cast as it only remains attached to the skin by a topical adhesive. This usually makes showering a challenge – keep the head bent backwards so no water runs on or under the cast. If the cast falls off 1-2 days prior to your one-week postoperative visit, this is usually of no concern, but please let us know. If it falls off sooner, please let us know.
4. You must avoid re-injury to the nose for about 6 weeks after the procedure. It takes this long for the nasal bones to become solid again. If you must participate in a sport that would potentially re-injure your nose, we suggest you purchase a nose-guard face protector. These are examples of what they



look like:

They can be purchased online or at many of the larger sporting goods stores. A couple of examples of the websites where these can be purchased are:

<http://www.equipmentbag.com/pages/e&nprotectors.html> and http://www.fit-senior.com/acatalog/Game_Face.html.

5. You may blow your nose gently after surgery.
6. You may use any saline nasal spray (Ocean Nasal Spray, Simply Saline, etc.), two to four times per day to help cleanse your nose and keep the crusting in the nose soft.

Please contact us for any emergencies or postoperative problems or concerns. Our number is 847-259-2530.

At Suburban Ear, Nose and Throat Associates, Ltd., we go to great lengths to try to help you understand your plan of care. If at any time you have questions or concerns please call us at (847)-259-2530.

I have been given an opportunity to ask questions about my condition, alternative forms of treatment, risks of non-treatment, the procedure and the risks and hazards involved. I have sufficient information to give this informed consent. I understand every effort will be made to provide a positive outcome, but there are no guarantees.

Patient Name PRINTED: _____

Parent/Guardian or Patient SIGNATURE: _____

Parent/Guardian Printed name (if applies): _____

Parent/Guardian relationship to patient (if applies): _____

Date: _____ Time: _____

Witness: _____ Date: _____