



## **Open or Closed Reduction of Nasal Fracture with or without Septoplasty**

**Purpose:** When a nasal fracture occurs, the nasal bones may be knocked out of alignment. If the nasal bones are left in this position, they will set and create a crooked nose. A reduction of a nasal fracture is a procedure where the nasal bones are repositioned in a straighter alignment. Often the nasal septum (dividing wall inside the nose) is knocked out of alignment by the fracture and also needs to be straightened out. That procedure is called Septoplasty.

**Procedure:** The procedure is done under general anesthesia but can be done under local anesthesia as well. Incisions are made inside the nose and the nasal bones straightened out. The nasal septum is also straightened through incisions inside the nose. At the end of the procedure, a splint is applied to the outside of the nose and packing may be placed inside the nose. After the surgery the patient goes to the recovery room. The patient stays long enough to make sure there will not be problems with bleeding and to make sure the patient can drink enough to stay hydrated. Patients are usually discharged within several hours of their surgery.

**Recovery:** After discharge, patients are instructed to rest at home with their head elevated. Some bleeding is to be expected. It is necessary to limit activity to prevent bleeding. Specifically, patients should not bend over or lift anything heavy. It is okay to sniff, but you should not blow your nose during the first week after the surgery. A very light diet should be maintained to prevent nausea. Prescriptions will be given for pain medications, antibiotics, and possible anti-nausea medications. Antibiotic ointment (Neosporin, Polysporin, Bactroban, etc.) should be used on a Q-Tip to coat the inside of the nose twice a day. This is not necessary if a septoplasty was performed in conjunction with the nasal fracture repair. The eyes will become black and blue again after the fracture reduction. This should clear by two weeks. The splint must be kept dry to prevent it from loosening and falling off too soon. Most patients will miss about one week of work or school after the surgery.

### **Risks and Complications**

- The most common complication after open reduction of a nasal fracture is unsatisfactory appearance. Every effort will be made to restore your nose to its former appearance. The body goes through a healing process which can alter the shape and appearance of tissues as they heal. If the nose heals in an unsatisfactory fashion it is possible to perform a revision procedure.
- Bleeding can occur with any nasal surgery. Nasal packing helps to control bleeding, but in unusual cases it may be necessary to place additional packing to control bleeding. In rare instances bleeding may need to be controlled in the operating room.
- Whenever the lining of the septum is raised, there is always a chance of developing a hole in the septum, referred to as a septal perforation. Septal Perforation can cause problems with crusting or can create a whistling noise. They are an uncommon complication and can usually be repaired.
- The front part of the nasal septum is made of cartilage. Attempts are made to straighten the cartilage but still allow it to support the nasal tip. Cartilage is said to have "memory" and can sometimes return to its twisted shape despite the surgery. This can lead to recurrent nasal \* obstruction. Every effort will be made to try to prevent this from occurring.
- The nerves which supply the upper middle teeth with sensation run through the bottom of the septum. It is normal to have some numbness in this area. This typically returns to normal over several months. In rare case this numbness may be permanent.
- Loss of smell is a very uncommon complication of nasal surgery, but it has been reported.

### **Follow-Up**

After the first week a final follow-up check will be scheduled for three weeks. If families have questions or problems, there is always someone available from our practice to address issues that arise.