Introduction

Many children with cleft lip and palate have a residual cleft lip/nose deformity requiring revision surgery to improve the appearance of the nose.

A septorhinoplasty is a surgical procedure used to repair a deviated nasal septum or to correct an obstruction inside the nose which can cause problems with breathing. It can also improve the shape, appearance and function of the nose. The preference would be to complete jaw surgery, if necessary, prior to a septorhinoplasty, unless there are psychosocial issues necessitating earlier treatment.

Each individual repair is unique, so the post-operative care is individualized. Revision may be needed later on. Surgery usually takes two to three hours.

Septorhinoplasty can be either a daycare procedure or an overnight stay on the inpatient unit. Where possible the overnight cases should be identified prior to the procedure day to assist with inpatient planning.

- **Target Users:** Surgeons, fellows, residents, nurses on the in-patient units and nurses in the clinic (utilized for pre op teaching).
- **Inclusion Criteria:** This pathway applies to patients coming for surgery between the ages of 13 to 22 years who have been diagnosed with cleft lip/palate by the Cleft Lip and Palate Program/Craniofacial Program who require Septorhinoplasty surgery with no underlying disease or co-morbidity.
- **Exclusion Criteria:** This pathway is not for use in patients with post-operative complications.

Definitions

- **Septoplasty:** a repair of the nasal septum
- **Rhinoplasty:** an operation of the nasal bones, cartilage and soft tissues of the nose
- **Septorhinoplasty:** a surgical procedure done on the nose, nasal septum and the wall between the two sides of the nose
## Recommendations

### Septorhinoplasty Care Pathway

<table>
<thead>
<tr>
<th>PRE-OPERATIVE</th>
<th>IMMEDIATELY POST-OPERATIVELY</th>
<th>DISCHARGE: WITHIN 24 HOURS POST-OP</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>GOALS</strong></td>
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<tr>
<td>1. To repair a deviated septum or correct an obstruction inside of the nose which can cause problems with breathing</td>
<td>1. Adequate pain control</td>
<td>1. Ensure safe and timely discharge</td>
</tr>
<tr>
<td>2. To improve the shape, appearance and function of the nose</td>
<td>2. Airway management</td>
<td>2. Encourage and engage child and caregivers to participate with care to ensure that they are comfortable and familiar with care they need to provide at home</td>
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<td></td>
<td>3. Initiate Septorhinoplasty pre-op set up in Epic</td>
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<tr>
<td><strong>OBSERVATION</strong></td>
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<tr>
<td>Complete the following physical assessment on admission from PACU:</td>
<td></td>
<td>Prior to discharge, the following criteria must be met:</td>
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<tr>
<td>• Arterial</td>
<td></td>
<td>• Airway:</td>
</tr>
<tr>
<td>• Monitor airway closely</td>
<td></td>
<td>• Hydration maintained</td>
</tr>
<tr>
<td>• Encourage deep breathing and coughing exercises</td>
<td></td>
<td>• Adequate airway control</td>
</tr>
<tr>
<td>• Ensure head of bed is elevated to 30 degrees</td>
<td></td>
<td>• Respiratory bleeding</td>
</tr>
<tr>
<td>• Allergy identification in Epic</td>
<td></td>
<td>• Child and caregiver are comfortable for dressing/undressing and managing pain</td>
</tr>
<tr>
<td>• Pain assessment q4h</td>
<td></td>
<td>Child is tolerating regular diet</td>
</tr>
<tr>
<td>• Vital signs q6h per baseline peers and as per protocol when administering narcotics</td>
<td></td>
<td>• Prescription for oral analgesia and/or oral antihistamine if prescribed for surgical symptoms</td>
</tr>
<tr>
<td>• Pressure ulcer risk assessment</td>
<td></td>
<td>• Fluid and electrolyte admission in children</td>
</tr>
<tr>
<td>• Falls/EDE risk assessment</td>
<td></td>
<td><a href="http://www.aboutkidshealth.ca">www.aboutkidshealth.ca</a></td>
</tr>
<tr>
<td>• Auscultate and output q12h</td>
<td></td>
<td>References</td>
</tr>
</tbody>
</table>

**Printable version**

### Related Documents

- Coming For Surgery website
- Family Tour and Orientation to Unit 8C
- Pain Assessment
- Pain Management
- Patient Care Documentation – In-patient unit (CNO) Risk Assessment, Prevention and Management of Pressure Ulcers
- Fluid and Electrolyte Administration in Children
- www.aboutkidshealth.ca

### References

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Septorhinoplasty
4. St. Louis Missouri Children's Hospital: Cleft Lip and Palate Clinical Pathway.
5. Children's Hospital of Philadelphia: Cleft Lip and Palate Clinical Pathway.

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Attachments:

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