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
### Septorhinoplasty Care Pathway

**Goals**

1. To repair a deviated septum or correct an obstruction inside of the nose which can cause problems with breathing
2. To improve the shape, appearance and function of the nose

**Pre-Operative**

- Complete the following physical assessment on admission from PACU:
  - Arterial:
    - Hydration maintained
    - Adequate skin color
    - No active bleeding
  - Pain assessment q4h
  - Vital signs kept as per baseline norms and as per protocol when administering narcotics
  - Pressure ulcer risk assessment
  - FABER risk assessment
  - Accurate intake and output q12h
- Lactated Ringers, D5W 0.9% normal saline or 0.9% normal saline at maintenance
dose IV to keep vein open (IVUOG) when eating and drinking well
- Encourage PO fluid intake. Start with clear fluids and advance to regular diet as tolerated
- Morphine 0.4mg PRN
  - Analgesia Pain
  - Oral: OPRN
  - Refer to f-formulary
- Clean nostrils with normal saline using Q tips. Apply Polysporin/Vaseline
  - Apply hydrocortisone/moisture barrier as needed, instruct child or family to apply using muscle
  - Verify dressing is in place and monitor for drainage/bleeding

**IMMEDIATELY POST-OPERATIVELY**

- Encourage and engage child and caregiver to participate in care (i.e. changing nasal dressing, providing ice packs, managing pain)

**Discharge within 24 hours post-op**

- Ensure safe and timely discharge
- Encourage and engage child and caregiver to participate with care to ensure they are comfortable and familiar with care they need to provide at home

**Related Documents**

- [Coming For Surgery](#)
- [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**

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4. St. Louis Missouri Children’s Hospital: Cleft Lip and Palate Clinical Pathway.

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Attachments:

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