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>GOALS</th>
<th>IMMEDIATELY POST-OPERATIVELY</th>
<th>DISCHARGE WITHIN 24 HOURS POST-OP</th>
</tr>
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<tbody>
<tr>
<td>1. To repair a deviated septum or correct an obstruction in the nose which can cause problems with breathing. 2. To improve the shape, appearance and function of the nose.</td>
<td>1. Adequate pain control 2. Airway management 3. Initiate Septorhinoplasty post-op order set in Epic</td>
<td>1. Ensure safe and timely discharge 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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PERIOPERATIVE

<table>
<thead>
<tr>
<th>EXPECTED DATE OF DISCHARGE: WITHIN 24 HOURS POST-OP</th>
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PERIOPERATIVE

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<tr>
<th>DEBT OF TSWDS</th>
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<tr>
<td>Lactated Ringer, DSW 0.9% normal saline or 0.9% normal saline at maintenance 2. Monitor IV rate to keep vein open (IVUG) when eating and drinking well 3. Encourage PO fluid intake. Start with clear fluids and advance to regular diet as tolerated 4. Child is tolerating regular diet 5. Prescription for oral analgesia and/ or oral antacid if prescribed for surgical prophylaxis</td>
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PRE-OPERATIVE

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<tr>
<th>MEDICATION</th>
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<tbody>
<tr>
<td>Morphine 0.4 mL PRN 2. Analgesia 0.4 mL PRN 3. Oral 0.4 mL PRN 4. Refer to w-formulary</td>
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PRE-OPERATIVE

<table>
<thead>
<tr>
<th>DRESSING/ABSORBABLE MATERIALS</th>
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<tr>
<td>Clean sutures with normal saline using Q-tips. Apply Polysporin/Warm saline 2. Apply 5% Epinephrine/Epinephrine dressing as needed. Instruct child or family to stop using mauchs drawing once discharge has been documented. 3. Nasal packing will be used for child who is admitted overnight. This is removed on day of discharge by this surgeon. 4. Donor suture in ear surgeon recommendation. Leave the suture in the back of the ear dry and intact until removed 7-10 days post operatively in clinic. 5. Risk of rhinoplasty depending on surgeon recommendation. If rhinoplasty takes, leave the dressing dry and intact until seen by surgeon at follow-up appointment in clinic. 6. Nasal splinting is to be left dry and intact until removed by surgeon at follow-up appointment in clinic 7-10 days post operatively</td>
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PRE-OPERATIVE

<table>
<thead>
<tr>
<th>EDUCATION</th>
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<td>Address child and caregiver questions or concerns about surgery. 2. Inform social work if needed 3. Encourage and engage child and caregivers to participate in care (i.e. changing rhinoplasty dressing, providing hidden care, managing pain) 4. The nurse should review discharge instructions with the child and family to ensure they are comfortable and consistent with user, and ensure their understanding of discharge teaching</td>
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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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4. St. Louis Missouri Children’s Hospital: Cleft Lip and Palate Clinical Pathway.

Guideline Group and Reviewers

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4. Alana Black RN 8C
5. Letty Ramos, RN 8C

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2. Aimee Madden- PA-C, Department of Plastic and oral Surgery, Boston Children’s Hospital.

Attachments:

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