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

Expected Date of Discharge: within 24 hours post-op

**GOALS**

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

**PRE-OPERATIVE**

**IMMEDIATELY POST-OPERATIVELY**

1. Adequate pain control
2. Airway management
3. Initiate Septorhinoplasty postop order set in Epic
1. Ensure safe and timely discharge
2. Encourage and engage child and caregivers to participate and ensure that they are comfortable and familiar with care they need to provide at home

**SPECIAL AGREEMENT**

Complete the following physical assessment on admission from PACU:
- Airway assessment
- Monitor airway closely
- Examine deep breathing and coughing exercises
- Ensure head of bed is elevated to 30 degrees
- Allergy identification in Epic
- Pain assessment q8h
- Vital signs q2h per baseline peeps and as per protocol when administering narcotics
- Pressure ulcer risk assessment
- Falls/EDS risk assessment
- Accurate intake and output q12h

Prior to discharge, the following criteria must be met:
- Adequate
- Hydration maintained
- Adequate airway control
- No active bleeding
- Child and caregiver understand discharge teaching
- Child and caregiver are comfortable caring for dressing/infusion and managing pain

**DEBT BY END**

- Lactated Ringer, D5W 0.9% normal saline or 0.9% normal saline at maintenance
- Devise IV rate to keep vein open (TBU) when eating and drinking well
- Encourage P0D fluid intake. Start with clear fluids and advance to regular diet as tolerated
- Child is tolerating regular diet
- Prescription for oral analgesia and/or oral antihistamines if prescribed for surgical anesthesia

**MEDICATION**

- Morphine Q4h PRN
- Ativan Q4h PRN
- Refer to e-formulary
- Fluid and Electrolyte Administration in Children
- www.aboutkidshealth.ca

**IN-TRAVERSE INFECTIONS**

- Clean sutures with normal saline using Q-tips. Apply Polysporin/Valrafine
- Apply any necessary medications as needed
- Initiate child or family to stop using antibiotics
- Remove packing will be used for child who is admitted overnight. This is removed on day of discharge by this surgeon
- Donor ear dressing per surgeon recommendation. Leave the bandage in the back of the ear dry and intact until removed 7-10 days postoperatively in clinic
- Risk of paralyzing incision on surgeon recommendation. If risk of healing, leave the dressing dry and intact until seen by surgeon at follow-up appointment in clinic
- Nasal splint/blindfold in be left dry and intact until removed by surgeon at follow-up appointment in clinic 7-10 days postoperatively
- The nurse should review discharge instructions with the child and family to ensure they are comfortable and existent with use, and ensure their understanding of discharge teaching

**EDUCATION**

- Address child and caregiver questions or concerns about surgery
- Refer to e-formulary
- Encourage and engage child and caregiver to participate in care (i.e. changing antibiotic dressing, providing hidden care, managing pain)

**REFERENCES**

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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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