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

<table>
<thead>
<tr>
<th>Septorhinoplasty Care Pathway</th>
<th>Expected Date of Discharge: within 24 hours post-op</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>PRE-OPERATIVE</strong></td>
<td><strong>IMMEDIATELY POST-OPERATIVELY</strong></td>
</tr>
<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>
</tr>
<tr>
<td>2. To improve the shape, appearance and function of the nose</td>
<td>2. Airway management</td>
</tr>
<tr>
<td><strong>GENERAL AGREEMENT</strong></td>
<td>Complete the following physical assessment on admission from PACU:</td>
</tr>
<tr>
<td></td>
<td>1. Airway assessment</td>
</tr>
<tr>
<td></td>
<td>2. Monitor airway closely</td>
</tr>
<tr>
<td></td>
<td>3. Auscultate breath sounds and coughing exercises</td>
</tr>
<tr>
<td></td>
<td>4. Ensure head of bed is elevated to 30 degrees</td>
</tr>
<tr>
<td></td>
<td>5. Allergy identification in Epic</td>
</tr>
<tr>
<td></td>
<td>6. Severe (3+) mucosal edema or 3+ anterior/posterior contraction</td>
</tr>
<tr>
<td></td>
<td>8. Tonsillar hypertrophy</td>
</tr>
<tr>
<td><strong>IN-TRAY</strong></td>
<td>9. Lactated Ringer, D5W 0.9% normal saline or 0.9% normal saline at maintenance</td>
</tr>
<tr>
<td></td>
<td>10. Metracaine nasal spray for analgesia</td>
</tr>
<tr>
<td><strong>MEDICATION</strong></td>
<td>11. Monitor vital signs per baseline norms and as per protocol when administering narcotics</td>
</tr>
<tr>
<td></td>
<td>14. Apply Polygrip/Maxwelline</td>
</tr>
<tr>
<td></td>
<td>15. Apply Hydrogel mucosal dressing as needed. Instill child or family to stop using mucosal dressing once dressing had decreased/removed</td>
</tr>
<tr>
<td></td>
<td>16. Naloxone will be used for child who is intubated overnight. This is removed on day of discharge by this surgeon</td>
</tr>
<tr>
<td></td>
<td>17. Drainage bag as per surgeon recommendation. Leave the bag in the back of the ear dry and intact until removed 7-10 days post-operatively</td>
</tr>
<tr>
<td></td>
<td>18. Encourage and engage child and caregiver to participate in care (i.e. changing mucosal dressing, providing hidden care, managing pain)</td>
</tr>
<tr>
<td></td>
<td>19. The nurse should review discharge instructions with the child and family to ensure they are comfortable and competent with user and ensure their understanding of discharge teaching</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

©The Hospital for Sick Children ("SickKids"). All Rights Reserved. This document was developed solely for use at SickKids. SickKids accepts no responsibility for use of this material by any person or organization not associated with SickKids. A printed copy of this document may not reflect the current, electronic version on the SickKids Intranet. Use of this document in any setting must be subject to the professional judgment of the user. No part of the document should be used for publication without prior written consent of SickKids.
4. St. Louis Missouri Children’s Hospital: Cleft Lip and Palate Clinical Pathway.

Guideline Group and Reviewers

Guideline Group Membership:

8C Nursing Practice Committee:

1. Sarah Alisch RN, MN 8C Manager
2. Shannon Seager RN 8C
3. Caitlyn McMillan RN 8C
4. Alana Black RN 8C
5. Letty Ramos, RN 8C

Internal Reviewers:

1. Dr. Christopher Forrest, MD, Division Head of Plastics and Reconstructive Surgery
2. Dr. John Phillips MD-Craniofacial
3. Dr. David Fisher MD- Cleft lip palate program
4. Dr. Karen Wong MD- Cleft lip/palate program
5. Sandhaya Parekh RN, MN- Burns Plastics and Ophthalmology Advanced Nursing Practice Educator
6. Sarah Alisch RN, MN CHS Manager Burns Plastics and Ophthalmology

©The Hospital for Sick Children (“SickKids”). All Rights Reserved. This document was developed solely for use at SickKids. SickKids accepts no responsibility for use of this material by any person or organization not associated with SickKids. A printed copy of this document may not reflect the current, electronic version on the SickKids Intranet. Use of this document in any setting must be subject to the professional judgment of the user. No part of the document should be used for publication without prior written consent of SickKids.
7. Cindy Guernsey RN, BScN, Cleft Lip and Palate Nurse Coordinator
8. Alan George- Craniofacial Nurse Coordinator
9. Alison Miller- Craniofacial Nurse Coordinator
10. Mary Harris- Burns and Plastic Clinic Nurse

External Reviewers:

1. Patricia Schultz- CRNP, Children’s Hospital of Philadelphia
2. Aimee Madden- PA-C, Department of Plastic and oral Surgery, Boston Children’s Hospital.

Attachments:

process_june 6.pdf