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

### Expected Date of Discharge: within 24 hours post-op

**PRE-OPERATIVE**

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

**IMMEDIATELY POST-OPERATIVELY**

1. Adequate pain control
2. Airway management
3. Initiate Septorhinoplasty postop order set in Epic

**DISCHARGE: WITHIN 24 HOURS POST-OP**

1. Ensure safe and timely discharge
2. Encourage and engage child and caregivers to participate in care to ensure they are comfortable and familiar with care they need to provide at home

**GENERAL ASSURANCE**

- Complete the following physical assessment on admission from PACU:
  - Arterial
  - Hydration maintained
  - Adequate pain control
  - No active bleeding
  - Child and caregiver understand discharge teaching
  - Child and caregiver are comfortable caring for dressing/drainage and managing pain

**DEAL WITH PAIN**

- Lactated Ringer, D5W 0.9% normal saline or 0.3% normal saline at maintenance
- Decrease IV rate to keep vein open (TTOUC) when eating and drinking well
- Encourage PO fluid intake. Start with clear fluids and advance to regular diet as tolerated
- Child is tolerating regular diet
- Child is tolerating oral diet

**MEDICATION**

- Morphine Q.i.d PRN
- Acetaminophen Q.i.d PRN
- Nebulised Q.i.d
- Refer to e-formulary
- Prescription for oral analgesia and/or oral anti-emetics if prescribed for surgical symptoms

**WASHING, SHAVING, DRESSING**

- Clean nasores with normal saline using Q tips. Apply Polyepine/Isotadine
- Apply Neosporin to nasores dressing as needed. Instruct child or family to stop using Neosporin dressing once discharge has been discussed
- Nasal packing will be used for child who is admitted overnight. This is removed on day of discharge by the surgeon
- Dresser will use inpatient surgeon recommendations. Leave the bandage to the back of the ear dry and intact until removed. 7-10 days postoperatively in clinic
- Risk of fungal infection on surgeon recommendation. If risk, no packing, leave the dressing dry and intact until seen by surgeon at follow-up appointment in clinic
- Nasal splint is to be left dry and intact until removed by surgeon at follow-up appointment in clinic 7-10 days postoperatively

**EDUCATION**

- Address child and caregiver questions or concerns about surgery
- Encourage and engage child and caregiver to participate in care (i.e. changing neosporin dressing, providing hidden care, managing pain)
- The nurse should review discharge instructions with the child and family to ensure they are comfortable and competent with care and understand these instructions

### 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](http://www.aboutkidshealth.ca)

### References

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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.

Guideline Group and Reviewers

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**Attachments:**

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