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>PRE-OPERATIVE</th>
<th>IMMEDIATELY POST-OPERATIVELY</th>
<th>DISCHARGE: WITHIN 24 HOURS POST-OP</th>
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</table>
| 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. | 1. Adequate pain control  
2. Airway management  
3. Initiate Septorhinoplasty preop order set in Epic | 1. Ensure safe and timely discharge  
2. Encourage and engage child and caregivers to participate in care to ensure that they are comfortable and familiar with care they need to provide at home |
| | Complete the following physical assessment on admission from PACU:  
- Airway assessment  
- Monitor airway closely  
- Encourage deep breathing and coughing exercises  
- Ensure head of bed is elevated to 30 degrees  
- Allergy identification in Epic  
- Pain assessment post | Prior to discharge, the following criteria must be met:  
- Abdominal  
- Hydration maintained  
- Adequate pain control  
- NB: active bleeding  
- Child and caregiver understand discharge teaching  
- Child and caregiver are comfortable caring for dressing/medication and managing pain |
| | |  
- Lactated Ringers, D5W 0.9% normal saline or 0.9% normal saline at maintenance  
- Decrease IV rate to keep vein open (TDD) 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 |
| | |  
- Morphine 0.1-0.5mg/kg PRN  
- Ativan 0.1mg/kg PRN  
- Oral, 6mg/kg PRN  
- Refer to e-formulary |  
- Prescription for oral analgesia and/or oral antiseptics if prescribed for surgical prophylaxis |
| | |  
- Clean nares with normal saline using Q tips. Apply Polysporin/Vaseline  
- Apply/paint maxillary dressing as needed. instruct child or family to stop using maxillary dressing once discharge has been completed  
- Nasal packing will be used for child who is admitted overnight. This is removed on day of discharge by the surgeon  
- Donor site is as per surgeon recommendation. Leave the bandage on the back of the ear dry and intact until removed 7-10 days post-operatively in clinic  
- No labelling on surgeon recommendation. If labelling taken, leave the dressing dry and intact until seen by surgeons at follow-up appointment in clinic |  
- Nasal splint/boil is to be left dry and intact until removed by surgeon at follow-up appointment in clinic 7-10 days post-operatively |
| | |  
- Address child and caregiver questions or concerns about surgery  
- Involves social work if needed |  
- The nurse should review discharge instructions with the child and family to ensure they are comfortable and competent with use, and ensure their understanding of discharge teaching |
| | |  
- Encourage and engage child and caregiver to participate in care (i.e. changing maxillary dressing, providing hidden care, managing pain) | |
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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