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>PRE-OPERATIVE</th>
<th>IMMEDIATELY POST-OPERATIVELY</th>
<th>DISCHARGE WITHIN 24 HOURS POST-OP</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>GOALS</strong></td>
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<tr>
<td>1. To repair a deviated septum or correct an obstruction inside of the nose which can cause problems with breathing</td>
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<tr>
<td>2. To improve the shape, appearance and function of the nose</td>
<td>1. Adequate pain control</td>
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<td></td>
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<td>2. Airways management</td>
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<td></td>
<td></td>
<td>3. Initiate Septorhinoplasty post-op order set in Epi</td>
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<tr>
<td><strong>PRE-ADMISSION EVALUATION</strong></td>
<td></td>
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<tr>
<td>Complete the following physical assessment on admission from PACU:</td>
<td>Prior to discharge, the following criteria must be met:</td>
<td></td>
</tr>
<tr>
<td>• Artery assessment</td>
<td>• Ariths:</td>
<td></td>
</tr>
<tr>
<td>• Monitor airway clearly</td>
<td>• Hydration maintained</td>
<td></td>
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<tr>
<td>• Ensure deep breathing and coughing exercises</td>
<td>• Adequate skin condition</td>
<td></td>
</tr>
<tr>
<td>• Ensure head of bed is elevated to 30 degrees</td>
<td>• Nil active bleeding</td>
<td></td>
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<tr>
<td>• Allergy identification in Epi</td>
<td>• Child and caregiver are comfortable for discharge teaching</td>
<td></td>
</tr>
<tr>
<td>• Pain assessment at baseline and prior to pain protocol when administering narcotics</td>
<td>• Child and caregiver are comfortable for discharge teaching</td>
<td></td>
</tr>
<tr>
<td>• Pressure ulcer risk assessment</td>
<td>• No new pressure ulcer</td>
<td></td>
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<tr>
<td>• FABKE risk assessment</td>
<td>• Patient able to tolerate diet</td>
<td></td>
</tr>
<tr>
<td>• Accurate intake and output at 12h</td>
<td>• Fluid and electrolyte intake at 12h</td>
<td></td>
</tr>
<tr>
<td><strong>IN PATIENT MEDICATION</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Lactated Ringer, D5W 0.9% normal saline or 0.9% normal saline at maintenance</td>
<td>• Child is tolerating regular diet</td>
<td></td>
</tr>
<tr>
<td>• Intravenous fluids prescribed for surgical anesthetics</td>
<td>• Prescription for oral analgesia and/or oral analgesia if prescribed for surgical anesthetics</td>
<td></td>
</tr>
<tr>
<td>• Morphin 0.5mL PRN</td>
<td><strong>POST-OPERATIVE DRESSING/REMOVAL</strong></td>
<td></td>
</tr>
<tr>
<td>• Asotomin 0.5mL PRN</td>
<td>• Remove dressing before patient is able to tolerate oral intake</td>
<td></td>
</tr>
<tr>
<td>• Refer to the unit (CNO) Risk Assessment, Prevention and Management of Pressure Ulcers</td>
<td>• Nasal splint is to be left in place and intact until removed by surgeon at follow-up appointment in clinic 7-10 days post-operatively</td>
<td></td>
</tr>
<tr>
<td>• Address child and caregiver questions or concerns about surgery</td>
<td><strong>EDUCATION</strong></td>
<td></td>
</tr>
<tr>
<td>• Involve social work if needed</td>
<td>• Encourage and engage child and caregiver to participate in care (i.e. changing nasal dressing, providing hidden care, managing pain)</td>
<td></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**

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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.


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Attachments:

process_june 6.pdf