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

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<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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</thead>
<tbody>
<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>
<td>1. Ensure safe and timely discharge</td>
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<tr>
<td>2. To improve the shape, appearance and function of the nose</td>
<td>2. Airway management</td>
<td>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</td>
<td></td>
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</tbody>
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**Critical Assessment**
- Arterial
- Hydration maintained
- Adequate pain control
- No active bleeding
- Child and caregiver understand emergency contact numbers
- Child and caregiver tolerate discharge teaching

**Delete If Applicable**
- Lactated Ringer’s, ONSW 0.9% normal saline or 0.9% normal saline at maintenance
- Monitor labes of periwound area and as per protocol when administering narcotics
- Pressure ulcer risk assessment
- Falls/ED risks assessment
- Accurate intake and output ≤12h

**Medication**
- Morphine 0-4H PRN
- Ativan 0-4H PRN
- Refer to e-formulary

**Dressing/Bandaging**
- Address child and caregiver questions or concerns about surgery
- Involve social work if needed

**Education**
- Encourage and engage child and caregiver to participate in care (i.e. changing nasal tent 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 user and ensure their understanding of discharge teaching.

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

1. Adequate pain control
2. Encourage and engage child and caregivers in participate with care to ensure that they are comfortable and familiar with care they need to provide at home

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### 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.

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Attachments:

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