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>Category</th>
<th>Steps</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Pre-operative</strong></td>
<td>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</td>
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<tr>
<td><strong>Immediate Post-operatively</strong></td>
<td>1. Adequate pain control 2. Airway management 3. Initiate Septorhinoplasty postop order set in Epic</td>
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<tr>
<td><strong>Discharge: within 24 hours post-op</strong></td>
<td>1. Ensure safe and timely discharge 2. Encourage and engage child and caregivers to participate with care to ensure that they are comfortable and familiar with care they need to provide at home</td>
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**Initial Assessment**
- Complete the following physical assessment on admission from PACU:
  - Arterial 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 q4h
  - Vital signs q6h per baseline peers and per protocol when administering narcotics
  - Pressure ulcer risk assessment
  - Falls risk assessment
  - Accurate intake and output q12h

**Patient Nursing Care**
- Lactated Ringer, D5W 0.9% normal saline or 0.9% normal saline at maintenance
- Monitor IV rate to keep veins open (Trend) 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
- Prescription for oral analgesia and/or oral antihistamines if prescribed for surgical anaphylaxis

**Equipment and Supplies**
- Morphine PO PRN
- Aspirin (oral)
- Refer to e-formulary

**Dressing/Barrier Care**
- Clean ulcers with normal saline using Q-tips. Apply Polysporin/Vaseline
- Apply hydrogel dressings as needed. Insulate child or family to stop using dressings. Dressing once dressing has dried/decubitus
- Nasal packing will be used for child who is admitted overnight. This is removed on day of discharge by the surgeon
- Donor serings as per surgeon recommendation. Leave the bandage in the back of the ear dry and intact until removed 7-10 days post-operatively in clinic
- Postop dressing on surgeon recommendation if no graft taken, leave the dressing dry and intact until seen by surgeon at follow-up appointment in clinic

**Education**
- Address child and caregiver questions or concerns about surgery
- Involve social work if needed
- Encourage and engage child and caregiver to participate in care (i.e. changing nasal pack dressing, providing hidden care, managing pain)
- The nurse should review discharge instructions with the child and family to ensure they are comfortable and consistent with user and ensure their understanding of discharge teaching.

## 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.

**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

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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:  
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