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

**Pre-Operative**
- 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

**Goals**
- 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 q6h
  - Vital signs q6h per twice-daily paper

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

**Immediate Post-Operatively**
- 1. Adequate pain control
- 2. Airway management
- 3. Initiate Septorhinoplasty postanaesthesia in Epic

**Discharge**: within 24 hours post-op
- 1. Ensure safe and timely discharge
- 2. Encourage and engage child and caregivers to participate with care to ensure they are comfortable and familiar with care they need to provide at home

Prior to discharge, the following criteria must be met:
- Activity
- Hydration maintained
- Adequate vein control
- No active bleeding
- Child and caregiver understand discharge teaching
- Child and caregiver are comfortable caring for dressing/medication and managing pain

**Pre-Operative**
- Lactated Ringers, D5W 0.9% normal saline or 0.9% normal saline at maintenance
- Decompress IV rate to keep vein open (TTU/OH) when eating and drinking well
- Encourage PO fluid intake. Start with clear fluids and advance to regular diet as tolerated

**Medication**
- Morphine 0.4–0.8 m/kg q4h PRN
-acetaminophen q6h PRN
- Refer to w-formulary
- Prescription for oral analgesics and/or oral antithrombotics if prescribed for surgical prophylaxis

**Dressing/PostCare**
- Clean sutures with normal saline using Q-tip. Apply Polysporin/Vaseline
- Apply hydrogen mammoth dressing as needed. Instruct child or family to stop using mammoth dressing once dressing has dried and/or removed
- Nasal packing will be used for children who is intubated overnight. This is removed on day of discharge by the surgeon
- Donor site dressing: no donor site dressing. Leave the donor site to the back of the ear dry and intact until removed 7–10 days postoperatively in clinic
- FluX protocol depending on surgeon recommendation. If fluX taken, leave the dressing dry and intact until seen by surgeon at follow-up appointment in clinic
- Nasal splint will be to be left dry and intact until removed by surgeon at follow-up appointment in clinic 7–10 days post-operatively
- 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.

**Education**
- Address child and caregiver questions or concerns about surgery
- Involves social work if needed
- Encourage and engage child and caregiver to participate in care (i.e. changing mammoth dressing, providing hidden care, managing pain)

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### 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.

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Attachments:

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