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

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

<table>
<thead>
<tr>
<th><strong>GOALS</strong></th>
<th><strong>PRE-OP</strong></th>
<th><strong>IMMEDIATELY POST-OPERATIVELY</strong></th>
<th><strong>DISCHARGE: WITHIN 24 HOURS POST-OP</strong></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>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</td>
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<td>3. Initiate Septorhinoplasty postop order set in Epic</td>
<td>3. Intubation risk assessment</td>
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**PERIOPERATIVE**

**GENERAL AGREEEMENT**

- Complete the following physical assessment on admission from PACU:
  - Airway assessment
  - Monitor airway closely
  - Examine deep breathing and coughing exercises
  - Ensure head of bed is elevated to 30 degrees
  - Allergy assessment in Epic
  - Pain assessment q4h
  - Vital signs q2h, pco2, paco2, pao2
  - O2 sat q2h
  - Medications administered in the PACU
  - Pressure ulcer risk assessment
  - Falls risk assessment
  - Accurate intake and output q2h

**POST-OP**

- Lactated Ringer, DSW 0.9% normal saline or 0.9% normal saline at maintenance
- Dextrose IV rate to keep vein open (TTEOD) where eating and drinking well
- Encourage PO fluid intake. Start with clear fluids and advance to regular diet as tolerated

**MEDICATION**

- Morphine q4h PRN
- Atropine q4h PRN
- Midazolam q4h PRN
- Refer to e-formulary

**DRESSING/REMOVAL**

- Clean site with normal saline using Q tips. Apply Polysporin/Vaseline
- Apply/maintain moistened dressing as needed. Instruct child or family to stop using moilsheez dressing once discharge has been decided/discharged
- Nasal packing will be used for child who is admitted overnight. This is removed on day of discharge by the surgeon
- Dresser care as per surgeon recommendation. Leave the bandage in the back of the ear dry and intact until removed 7-10 days postoperatively in clinic

**EDUCATION**

- Address child and caregiver questions or concerns about surgery
- In-patient unit (CNO) Risk Assessment, Prevention and Management of Pressure Ulcers
- Fluid and Electrolyte Administration in Children
- www.aboutkidshealth.ca

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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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