	Document Scope: Departmental	
	Document Type: Clinical Practice Guideline Approved on 2019-07-22 Next Review Date: 2021-07-21	
	Septorhinoplasty	Version: 1

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

	Document Scope: Departmental	
	Document Type: Clinical Practice Guideline	
	Approved on 2019-07-22 Next Review Date: 2021-07-21	
Septorhinoplasty		Version: 1

Recommendations


Septorhinoplasty Care Pathway		Expected Date of Discharge: within 24 hours post-op	
	PRE-OPERATIVE	IMMEDIATELY POST-OPERATIVELY	DISCHARGE: WITHIN 24 HOURS POST-OP
GOALS	<ol style="list-style-type: none"> To repair a deviated septum or correct an obstruction inside of the nose which can cause problems with breathing To improve the shape, appearance and function of the nose 	<ol style="list-style-type: none"> Adequate pain control Airway management Initiate Septorhinoplasty post-op order set in Epic 	<ol style="list-style-type: none"> Ensure safe and timely discharge 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
PHYSICAL ASSESSMENT		<p>Complete the following physical assessment on admission from PACU:</p> <ul style="list-style-type: none"> Airway assessment <ul style="list-style-type: none"> 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 q4h as per bedside pews and as per protocol when administering narcotics Pressure ulcer risk assessment Falls/ESE risk assessment Accurate intake and output q12h 	<p>Prior to discharge, the following criteria must be met:</p> <ul style="list-style-type: none"> Afebrile Hydration maintained Adequate pain control No active bleeding Child and caregiver understand discharge teaching Child and caregiver are comfortable caring for dressing/incision and managing pain
DIET & IV FLUIDS		<ul style="list-style-type: none"> Lactated ringers, D5W 0.9% normal saline or 0.9% normal saline at maintenance Decrease IV rate to keep vein open (TKVO) when eating and drinking well Encourage PO fluid intake. Start with clear fluids and advance to regular diet as tolerated 	<ul style="list-style-type: none"> Child is tolerating regular diet
MEDICATION		<ul style="list-style-type: none"> Morphine Q4H PRN Acetaminophen Q4H PRN Gravol Q8H PRN Refer to e-formulary 	<ul style="list-style-type: none"> Prescription for oral analgesia and/or oral antibiotics if prescribed for surgical prophylaxis
DRESSING AND WOUND MANAGEMENT		<ul style="list-style-type: none"> Clean sutures with normal saline using Q-tips. Apply Polysporin/Vaseline Apply/change mustache dressing as needed. Instruct child or family to stop using mustache dressing once drainage has decreased/stopped. Nasal packing will be used for child who is admitted overnight. This is removed on day of discharge by the surgeon. Donor cartilage as per surgeon recommendation. Leave the bolster to the back of the ear dry and intact until removed 7-10 days post operatively in clinic. Rib graft depending on surgeon recommendation. If rib graft taken, leave the dressing dry and intact until seen by surgeon at follow-up appointment in clinic 	<ul style="list-style-type: none"> Nasal splint/cast is to be left dry and intact until removed by surgeon at follow-up appointment in clinic 7-10 days post-operatively
EDUCATION	<ul style="list-style-type: none"> Address child and caregiver questions or concerns about surgery Involve social work if needed 	<ul style="list-style-type: none"> Encourage and engage child and caregiver to participate in care (i.e. changing mustache dressing, providing incision care, managing pain) 	<ul style="list-style-type: none"> The nurse should review discharge instructions with the child and family to ensure they are comfortable and competent with care, and ensure their understanding of discharge teaching.

[Printable version](#)

Related Documents

- [Coming For Surgery](#) website
- [Family Tour and Orientation to Unit 8C](#)
- [Pain Assessment](#)


© 2012 The Hospital for Sick Children ('SickKids'). All Rights Reserved. This document may be reproduced or used strictly for non-commercial clinical purposes. However, by permitting such use, SickKids does not grant any broader license or waive any of its exclusive rights under copyright or otherwise at law; in particular, this document may not be used for publication without appropriate acknowledgement to SickKids. This Clinical Practice Guideline has been developed to guide the practice of clinicians at the Hospital for Sick Children. Use of this guideline in any setting must be subject to the clinical judgment of those responsible for providing care. SickKids does not accept responsibility for the application of this guideline outside SickKids.

	Document Scope: Departmental	
	Document Type: Clinical Practice Guideline Approved on 2019-07-22 Next Review Date: 2021-07-21	
	Septorhinoplasty	Version: 1

- [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

1. Salyer KE, Early and Late Treatment of Unilateral Cleft Nasal Deformity. Cleft Palate – Craniofacial 1992.
2. Satal S., Peterson R., Spira M. Aesthetic Considerations and the Pediatric Population. Clinical Plastic Surgery. 17; 133, 1990.
3. Boston Children's Hospital: Plastic and Oral Surgery Pathway.
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.
6. Hamilton Health Sciences, Patient Education, Septorhinocare. 2002.
7. Hunt O., Burden D., Hepper P., Psychol C., Stevenson M., Johnston C.: Self Reports of Psychosocial Functioning Among Children and Young Adults with Cleft Lip and Palate. Cleft Palate – Craniofacial Journal 43(5) (PP.598-605), 2006.
8. Dunham J. Cosmetic Maxillofacial Surgery. Journal of Oral and Maxillofacial Surgery. 70(11) 2012.
9. Agostini et al: Preventing Septorhinoplasty Complications: Evaluating the Experience Plastic and Reconstructive Surgery. 123(4) (PP1393 – 1394), 2009.
10. Rettinger et al: Complications in Septoplasty. Facial Plastic Surgery. 22(4) (PP.289 -297) 2006.
11. Schwentner L. Dejakum K. Does Nasal Septal Surgery Improve Quality of Life? Acta Oto – Laryngo logica 126(7) (PP752-757) 2006.
12. Hern J. Rowe – Jones J. Hunton A. Nasal Deformity and Interpersonal Problems. Clinical Otolaryngology Allied Sciences. 28(2) (PP121 – 124) 2003.
13. Mane, Rajashri S., Patil B., Mohite A.: Comparison of Septoplasty With or Without Nasal Packing and Review of Literature. Indian Journal of Otolaryngology and Head and Neck Surgery. 65(suppl 2): (PP406 – 408) 2013.
14. Saharia, PS, Deepti Sinha, Septoplasty Can Change the Shape of the Nose. Indian Journal of Otolaryngology and Head and Neck Surgery. 65(suppl 2) : (PP220 – 225) 2013.
15. Nazari S., Bohluli B., Varedi P., Besharatizade R. Carpentery in Septorhinoplasty: A Novel Technique to Straighten the Deviated Nasal Septum. Journal of Oral and Maxillofacial surgery. 72(1) (157 - 63) 2014.
16. Racic G. et al: Effects of Septoplasty on Sleep Difficulties, Nasal Functions and Quality of Life. Journal of Sleep Research Conference: 21st Congress of the European Sleep research society Paris France. 2012.
17. College of Nurses of Ontario; CNO Documentation Standard (2008).

	Document Scope: Departmental	
	Document Type: Clinical Practice Guideline Approved on 2019-07-22 Next Review Date: 2021-07-21	
	Septorhinoplasty	Version: 1

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
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:

[process_june 6.pdf](#)