

## **INSTRUCTIONS FOR PATIENTS HAVING SURGERY**

1. To schedule your operation, you must call my surgical scheduler in the office at (914) 686-3950. She will arrange a date and location for your operation, as well as obtain any necessary approvals from your insurance company. Routine pre-operative testing, if needed, is often performed one to two weeks prior to the date of surgery. The scheduler will help you to arrange this testing, as well as any needed medical clearances.
2. Do not take any medications that contain aspirin or aspirin-like substances for two weeks before your operation. This includes ibuprofen (Advil, Motrin), naproxen (Aleve), and aspirin (acetyl salicylic acid). As a rule, any pain reliever or anti-inflammatory medication that is not acetaminophen should be checked with the doctor. This includes topically applied medicines such as Ben-Gay. For everyday pain relief, acetaminophen (Tylenol) is acceptable. If there is any uncertainty about whether you can take a particular medication, please call the office and ask. Other than stopping aspirin-type of medications, you should continue taking your regular medications.
3. Do not eat or drink anything after midnight prior to the morning of surgery. That means anything! If you eat or drink anything on the morning of surgery, your operation may be cancelled by the anesthesiologist. If you take medication regularly, it is often okay to take it on the day of surgery with just a sip of water, but please discuss this with Dr. Spingarn before your operation.
4. Call the ambulatory surgical facility or hospital Admitting Office the afternoon before the day of surgery to confirm the time of your operation, just in case last-minute scheduling changes have occurred.
5. If you have any questions that have not been answered regarding your operation, call the office. If you need to cancel your operation for any reason, please notify us directly as soon as you know.
6. It is generally a good idea to schedule an office visit with me during the week prior to surgery, especially if you want to pick up your prescriptions before the day of your operation.
7. Although I may participate with your insurance plan, I cannot guarantee that all surgery facilities accept your insurance. Please contact the surgery facility yourself to verify that the facility as well as its anesthesia department both accept your insurance. If there is any doubt, and you wish to use a different facility, please discuss this with my scheduler.

The day of surgery:

1. Make sure to arrive at the ambulatory surgical facility or hospital more than an hour before the scheduled time of surgery.
2. If you are going home on the day of surgery, someone must be available to drive you. You will be discharged once the recovery room team is satisfied that you are stable. Prescriptions should be arranged with Dr. Spingarn in advance. Do not ever drive if taking any narcotic for pain or medication for dizziness in the post op period or after any treatments.
3. It is common to have nausea and vomiting as the result of general anesthesia following surgery. This may last a day or so. If it persists or gets worse, please call the office.

## What to expect after *Nasal* and *Sinus Surgery*

Aaron Spingarn, MD

If you are having nasal or sinus surgery, here are a few things you should know about the recovery period to help you feel more comfortable and speed the healing process. You need to purchase two over-the-counter sprays, *oxymetazoline hydrochloride* nasal solution and a nasal *saline mist* spray, to use as described in #2 below.

1. Nasal and sinus surgery may be less painful than you expect. You will probably wake up from anesthesia with a headache. There will be a few days of discomfort of varying degrees (depending on your particular tolerance to pain), but your need for narcotic pain medication will probably be low. You will receive a prescription for a narcotic pain medication, which you should take if Extra-strength Tylenol does not give you adequate pain relief. If you need the narcotic, please be aware that narcotics often cause sedation, nausea and constipation. You should drink plenty of fluids and consider taking a stool softener or laxative if needed.

2. Many patients experience bleeding from the nose or down the throat immediately after surgery, and occasionally vomit blood. This is normal, and usually improves by the next day, although bloody mucus from the nose can last over one week. Be prepared to change the dressing under your nose up to several times per hour on the day of surgery. The sprays listed below are extremely important in helping to slow down the bleeding, and can relieve some of the nasal stuffiness. You should purchase these over-the-counter sprays now so they are ready at home after your operation. The first is *oxymetazoline hydrochloride* nasal solution (such as Afrin or Dristan). It should be used twice a day, and only for the first three days. Start as soon as you get home from the hospital! Patients having nose surgery are usually reluctant to start spraying immediately after surgery, but this is exactly when you need to get started. While seated, tilt your head back so your nose points straight up, and squirt *one* long spray into each nostril. Try to sniff it in. If the spray goes through both nostrils into your throat, you are done until it is time for the next spray. If the spray does not pass back into your throat, keep your nose up for at least three minutes before putting your head back down again, and then you are finished. Do this twice a day for three days only.

The second spray is a nasal *saline mist* spray (such as Ocean or Ayr). You should use this spray *every hour* while you are awake, starting when you get home from the hospital. Use the same technique as above. Skip the saline spray only when you are sleeping and when it is time for the oxymetazoline spray. Remember, sniff these sprays into your nose, but do not blow your nose.

3. Most patients experience a stuffy nose or a feeling of pressure in the nose after surgery. The stuffiness is very common, and will usually improve after your first or second postoperative visit. Despite your best efforts at following these directions, sometimes the nose will become completely blocked after surgery. Use the sprays listed in #2 (above) as directed to help with the stuffiness. To relieve the pressure, you can sleep with your head elevated on two pillows for the first few days after your operation. Also, apply cold compresses to your nose and cheeks for the first 24 hours after surgery. A cold compress can be made by folding a washcloth and dipping it in a bucket of ice water. Lay it across the bridge of your nose from one cheek to the other. When it warms up to body temperature, replace it.

4. Although a bloody discharge from the nose or throat is normal after surgery, it is only worrisome if the quantity of bloody mucus suddenly increases, or if there is a "gush" of blood. If this happens, call the office immediately.

5. In order to prevent your having to constantly wipe mucus from your nose (since you are not allowed to blow the nose), use a "drip pad" under your nose for as long as mucus is dripping out, usually a couple of days, but sometimes longer. You will see how these work when you leave the hospital with one in place. Use a 2x2 inch gauze sponge that is folded on the diagonal, and hold it in place with a piece of tape that goes from one cheek, under the nose, to the other cheek. Replace this as often as it becomes saturated with mucus or blood. If the drip pad stays dry all day, you do not need to continue wearing one.

6. Some patients experience a temporary feeling of decreased sensitivity, numbness, or tingling over the bridge of the nose, the tip of the nose, the sides of the nose, the upper lip, or even some of the upper teeth! This sensation generally resolves with time, and does not represent a complication.

7. You will receive a prescription for antibiotics. Make sure you take them as prescribed, and be sure to finish them. If you are concerned about any side effects you think may be due to the antibiotics, call the office.

8. If you use prescription nose sprays, do not restart them until I tell you to. In general, you will resume their use within a few weeks after your operation.

9. If your post-operative pain becomes severe, if active bleeding starts, or if you develop a fever higher than 101 degrees, please call the office immediately and ask to speak to me. I will get back to you as soon as possible. If I am unavailable, you can have me paged. If you cannot wait for a call-back, please proceed to the nearest emergency room or call 911.

10. You may wish to make an appointment to see me in the office a few days before your operation. When you know the date of your operation, call the office to schedule your pre-operative visit. At this time, you will receive prescriptions and an appointment for your first post-operative visit, which is typically one week after your operation. This will save you the hassle of stopping at the pharmacy right after your operation, and ensure that your post-op appointment is made at a convenient time for you.

11. In general, do not return to work or school until I have seen you for your first post-operative visit. Please make the appropriate arrangements to be away from work or school for at least one week. Depending on the type of procedure you have, you may need to come to the office several times during the first 2-3 months after surgery for endoscopic examinations of the nose and sinuses. Cleaning of the nose and sinuses may be done by me in order to improve breathing and healing.

12. On the day of surgery, wear loose, comfortable clothing to the hospital, including a shirt that buttons in the front (instead of a pullover). Expect to be in the recovery room for at least an hour waking up. You will be observed in the ambulatory surgery area until you are awake enough, your stomach is able to tolerate fluids, and are otherwise deemed ready to go home.