

## **DISCHARGE INSTRUCTIONS AFTER ENDONASAL SURGERY**

**MEDICATIONS:** You may be given prescriptions for new medications to take at home and possibly for medications previously prescribed; you may fill these at any pharmacy. Before discharge, your nurse will review your medication dosage, schedule and side effects. **It is important to take medications as ordered. Possible discharge medications include:**

**Antibiotics:** You will likely be on antibiotics for 5-7 days after surgery, typically Augmentin twice daily, or an alternative if you are penicillin allergic.

**Prednisone or hydrocortisone (stress hormone):** If your pre- or postop cortisol levels are low, you may need these steroids taken once or twice a day (upon arising and late afternoon). Duration of treatment will be determined by the Doctor. **IT IS CRITICAL TO TAKE THIS MEDICATION AS PRESCRIBED.**

**Thyroxine (Synthroid, Levoxy, Levothyroid, Levothyroxine –thyroid hormone):** This medication should be taken every morning on an empty stomach, 1 hour before eating.

**DDAVP (Desmopressin acetate – for salt and water balance):** The pituitary gland may not produce enough of this hormone after surgery leading to diabetes insipidus (DI) with excessive urination and thirst. DDAVP is usually given once or twice per day. DI usually resolves within 3-5 days post-surgery. Dosing of DDAVP should be carefully coordinated with your endocrinologist since too frequent DDAVP dosing can cause low blood sodium and feeling poorly.

**Sodium Chloride (salt tablets):** You may be losing more salt than normal for 5-10 days after surgery and require added salt. Side effects may be upset stomach and nausea so take with food.

**Saline spray (Ocean Spray):** May be used 2-3 times/day both nostrils to help nasal mucosal healing.

**Sinus Rinse (Neil Med):** Start the 5<sup>th</sup> day after surgery and do the rinses 3-6 times daily. (Decongestants should be avoided as they will generally not help with post-operative congestion).

\*If you have permanent pituitary insufficiency (hypopituitarism) and require long-term steroids (prednisone or hydrocortisone) and/or DDAVP, you should have a Medical Alert card or bracelet. This will alert medical personnel to your need for life-saving stress hormone and/or DDAVP coverage in an emergency situation. If you do not have a medical alert bracelet or card, we can provide you an application.

### **Appointments after hospital discharge:**

**Post-operative sodium blood level check:** This test should be done on the 5<sup>th</sup> or 6<sup>th</sup> day after surgery. It can be done at Hoag or an outside medical lab closer to your home. Results should be faxed to the office of Dr. Robert Louis at 949-612-7296 and/or your endocrinologist.

**Follow-up with Dr. Robert Louis:** 1-2 weeks after surgery. Please call 949-383-4190 to schedule an appointment. Bring your sodium test results with you to this appointment.

**Endocrinology follow-up:** Typically within 2-3 weeks after surgery.

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\*Although post-operative recovery is somewhat different for everyone, here are some helpful guidelines for the first few weeks after your endonasal surgery.

**ACTIVITY:** For the first week post-surgery, get plenty of rest, avoid heavy lifting (over 5 lbs.), bending over and blowing the nose; walking is encouraged. No flying for 7 days after surgery and/or until cleared to do so by your doctors. After the first week post-surgery you can begin gently blowing your nose. After 3 weeks post-surgery, in general, all activities are ok including exercising, work, bending over and sex.

**BATHING:** You may shower or bathe when you get home. If you have an abdominal incision from a fat graft, avoid getting it wet for the first 4 days after surgery by covering it with plastic wrap. After the 4<sup>th</sup> post-operative day your abdominal incision needs no dressing. Suture removal is not necessary as the sutures are buried.

**NASAL CARE:** Expected nasal drainage is usually yellow or blood-tinged and of a thicker mucus consistency compared to cerebrospinal fluid (CSF) which is watery. This normal drainage should decrease or stop completely within 1-2 weeks. Use of saline irrigation (Ocean Spray) 2-3 times a day or steam baths are helpful to improve nasal air flow. On the 5<sup>th</sup> day after surgery you will start Nasal irrigation and cleaning with the Neil Med Sinus Rinse. It is important to use filtered/bottled water and do these rinses 3-6 times daily. Do not BEND OVER the sink, just stand upright while performing the wash. Avoid pushing too hard or some of the wash will enter your ear. A Q-tip or tissue can also be used to clear your nasal passageways. Do not forcefully blow your nose for 3 weeks after surgery and try to avoid sneezing for the first week after surgery.

**DRIVING:** You may resume driving two weeks after surgery provided your vision is not impaired since surgery and you do not have double vision.

**DIET:** You may resume the type of diet you had before surgery.

**WORK:** You should have clearance from your doctors before returning to work. Generally 2-3 weeks off is recommended before, although desk or computer work may be possible 7-10 days post-surgery.

### **WARNING SIGNS**

- Excessive bleeding from the nose that does not stop.
- A clear, thin, continuous, watery nasal drip. Such nasal drainage may be cerebrospinal fluid. (CSF)
- Persistent headache not relieved by medication and rest. (It is normal to have some mild to moderate headache for up to 2 weeks after surgery.)
- Excessive fatigue or tiredness (most patients experience some fatigue and tiredness)
- Persistent chill; onset of fever (over 100 °F)
- Onset of stiff neck, nausea/vomiting or diarrhea.
- New or increased visual problems. (Blurring, loss of peripheral vision, double vision).
- Onset of excessive urination or thirst.

**If any of the above symptoms occur contact Dr. Louis' office at 949-383-4190. If the problem is urgent, you may need to go to the emergency room.**