



DALLAS
ENT
GROUP

Adult and Pediatric Otolaryngology
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Partial Reduction of the Inferior Turbinates Surgery Instructions

Your surgeon has recommended surgery for partial reduction of the inferior turbinates in your nasal cavity. Below are important instructions regarding your surgery. Although your surgeon will discuss these with you, it is essential that you read these instructions and ask questions as necessary to understand them.

The inferior turbinates in the nasal cavity are reduced using a small radiofrequency probe. The turbinates are not completely removed, as the procedure maintains the normal anatomy and function of the remaining turbinate. Packing is not typically placed following a turbinate reduction.

This procedure can be done in-office, but may need to be done in the hospital.

PRE-OPERATIVE INSTRUCTIONS:

- Unless prescribed by a physician, stop taking any aspirin, aspirin products, or blood thinners of any kind **10 days prior** to surgery. Tylenol is generally okay.
- **IMPORTANT:** If your physician has placed you on a daily dosage of aspirin or other blood thinners (Coumadin or Plavix, etc), **please check with your prescribing doctor regarding appropriate instructions for preoperative and postoperative use. Notify our office in advance if you are on blood thinners.**
- Do not eat or drink anything after midnight **THE DAY BEFORE SURGERY.**
- If you take daily medications, take them the morning of surgery with a sip of water. If you have questions about this, check with the hospital pre-op staff during the pre-surgical evaluation.
- Please make arrangements for transportation to the hospital or office on the day of surgery.

POST-OPERATIVE INSTRUCTIONS:

What to expect:

- The patient may experience a small amount of bleeding in the first several hours. Two sprays of Afrin in each nasal airway will usually control any oozing.
- The most significant post-op problem that the patient faces is nasal congestion during the 1st week. Afrin or the generic brand may be used 2 sprays each nasal airway twice a day for **3 days only**.
- Saline spray or nasal irrigation is also recommended to remove the small amount of dry blood and crust that accumulates over 5-7 days.
- If the procedure is done in the hospital, most patients will need to be hospitalized overnight after the surgery. Longer hospitalization is sometimes necessary.
- Nausea and vomiting can occur for up to 24 hours after the surgery. If this persists, please call our office.

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- Patients sometimes will experience low-grade fevers after surgery that may persist for one to two days. Temperatures can reach as high as 102°F to 104°F, but usually will resolve with Tylenol and fluids. If you have a high fever (greater than 101°F) that lasts longer than 24 hours without any improvement, you will need to notify the office.
- At any time during the post-op period, please call the office if you have any questions or concerns about excessive bleeding, breathing difficulty, pain, persistent fever, nausea, swelling, or other concerns that seem out of the ordinary from what you have discussed with your surgeon.

Activity:

- Bed rest and very light activity is the rule for the first 24 hours postoperatively. You may increase your activity level as necessary, but use common sense.
- Avoid any heavy lifting, bending, straining, or stooping for at least 2 weeks after surgery as this will put additional pressure on the operative site and may increase your chances of postoperative bleeding. If you have questions about certain activities, please ask us.
- Try to keep your head elevated during sleep for at least 3 days after surgery. Sleeping on 2 or more pillows is effective. A recliner chair is also an excellent option.
- Depending on the individual and the type of surgery done, disability from work may vary. Most patients are able to return to work or school within 1 full week after surgery.

Medications:

- If taking blood thinners, you may begin taking them again **48 hours after** surgery, unless the surgeon tells you differently.
- You will be treated with pain medications after discharged from the hospital, and this should relieve any discomfort that you may experience. As your discomfort lessens, you may switch to regular Tylenol (acetaminophen). Do not combine Tylenol with your prescription pain medicine, as this already contains Tylenol.
- Unless aspirin has been prescribed as a daily medication, do not take aspirin or ibuprofen-like products (NSAIDs) as they may cause bleeding. These products include: Ecotrin, Bayer, Bufferin, Excedrin, Alka Seltzer, Goody's powders, Motrin, Nuprin, Advil, Aleve, and Naprosyn.
- Tylenol (acetaminophen) may also be taken for mild fever. If postoperative fever (<101°F) persists for more than 24 hours, notify the office.
- Antibiotics may be given during the postoperative period, particularly while you have a drain in the neck wound. Take all medications as prescribed for you by the physician. If you are nauseous, you can begin the antibiotics the day after surgery. Call the office for any adverse reactions to your medications (vomiting, diarrhea, rash, difficulty breathing or swallowing).

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Follow-up:

- Typically, you will be scheduled for a follow-up appointment in the office within 2-4 weeks for post-op examination and gentle suctioning of the nasal airway.
- In order for you to receive the maximum benefit from surgery, please keep your postoperative appointments. If a conflict in your schedule arises, please call the office as soon as possible and reschedule your appointment.

Please contact the office or surgeon on-call with any significant amount of bleeding or an elevated temperature above 101°F.

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