

Arizona Sinus Center

Phone (602) 258-9859 Fax (602) 256-0820

Post-operative Instructions following: Melolabial Flap Reconstruction and Nasal Mass Excision

General:

Melolabial flap with repair of the associated nasal or oral cavity defect is performed under general anesthesia as an outpatient procedure. If you have obstructive sleep apnea syndrome or other medical conditions your surgeon may care for you in the hospital for one or two days following the surgery.

Diet:

You may have liquids by mouth following the procedure once you have awakened from anesthesia. If you tolerate the liquids without significant nausea or vomiting then you may take solid foods without restrictions unless otherwise directed by your doctor.

Pain Control:

You may experience mild to moderate pain for a few to several days at the facial incision site or inside the nose following nasal mass excision and melolabial flap repair. This is usually well controlled with prescription oral pain medications (Vicodin, Tylenol #3, Ultracet). Please take the pain medication prescribed by your surgeon when needed. You should avoid non-steroidal anti-inflammatory drugs (NSAIDS) such as aspirin, ibuprofen, naproxen (Excedrin, Motrin, Naprosyn, Advil) because these drugs are mild blood thinners and will increase your chances of having post-operative bleeding. Please contact our office (602) 258-9859 if your pain is not controlled with your prescription pain medication.

Activity:

Sleep with the head elevated for the first 5 days following surgery. You may use two pillows to do this or sleep in a reclining chair. No heavy lifting or straining for 1 week following the surgery. Avoid bending over and placing your head below your waist for one week as this can trigger nose bleeding.

Facial Wound Care:

Do not wash or manipulate the facial wound for 48 hours following the procedure (except to apply ointment). You will find that the skin has been closed with sutures that will be removed at your first follow-up appointment. Mild redness and swelling around the wound is normal and will decrease over the 2 weeks following surgery. Apply a thin layer of the prescribed antibiotic ointment to the wound 3 times daily for the first 7 days. This is best accomplished by washing your hands thoroughly with soap and water and then gently coating the wound with ointment

using your finger. If you have a history of eczema or a previous allergic reaction to antibiotic ointment, then apply Vaseline petroleum jelly to the wound 3 times daily instead of the antibiotic ointment. You may shower and allow the wound to get wet 48 hours following the surgery. Allow soap and water to run over the wound. Do not scrub or manipulate the wound for 7 days. Pat the area dry, don't rub it with a towel. After 7 days you may gently lather the wound with soap and water.

Nasal Care Following the Surgery:

Spray the nostrils with saline solution (over-the-counter bottles are available in most pharmacies: Ocean Spray, Deep Sea, etc.) beginning the evening of the surgery (3 sprays each nostril every few hours while you are awake). Gently apply a layer of antibiotic ointment to the nostrils and any suture lines on the outside of the nose twice daily for the first week. Hot steam showers as needed are very helpful in relieving nasal congestion and crusting. Try to keep the nasal cast dry. Hair can be washed with the head tilted back in the shower or over the sink. Sleep with the head elevated for the first 48 hours; this will minimize pain and congestion. You may use two pillows to do this or sleep in a reclining chair. Your doctor may have you spray your nose with decongestant spray (oxymetazoline or neosynepherine) as needed for persistent nasal congestion and oozing.

Follow-up Appointment:

Your follow-up appointment in the office will be 5-7 days following your surgery. This visit should be scheduled prior to your surgery (at the time of your pre-operative visit). If you do not have the appointment made, please contact our office when you arrive home from the hospital. At the post-operative visit, your sutures are removed, nasal packing is removed and the pathology report is reviewed.

Please call our office immediately if you experience:

- *Increasing swelling underneath the wound
- *Brisk nose bleeding
- *Severe headache or neck stiffness
- *Fever greater than 101 degrees Fahrenheit
- *Purulent discharge (pus) coming from the wound
- *Increasing redness around the wound

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