

# Reduction of Fractured Nose

Most cases result from sports injuries, fall or assaults. Patients are usually referred to the ENT clinic from the Emergency Department. There may be associated injuries to the facial bones or elsewhere which will have been assessed in the Emergency Department already.

The nose becomes very swollen and bruised, and there may be bleeding from the nose soon after the injury, followed by a blockage. The nose will be painful to touch and there may be numbness of the tip of the nose, upper lip or upper-middle gum. X-rays of the nose are not routinely taken (unless there are other facial injuries which need to be assessed).

Bruising around the eyes fades over a week or so, and most of the nasal swelling settles within a few days.

## **Timing of surgery**

We like to see patients in the ENT clinic a few days after the injury. This gives time for the swelling to settle down and makes it easier to see if the nasal bones have been broken and are out of line. If straightening of the nose is to be done, this needs to be within a couple of weeks of the injury otherwise the nasal bones will begin to knit together.

## **What does the operation involve?**

### *Before the operation:*

Check that you have a friend or relative who can take you home after the operation.

You must not drive for at least 24 hours after a general anaesthetic.

Make sure that you have a supply of simple painkillers at home.

### *The day of the operation:*

Admission is almost always on the day of surgery. The nurses will complete some routine paperwork and tests. You will be asked to change into a gown ready for theatre. The anaesthetist will come to see you and discuss the anaesthetic side of things. A member of the ENT team will also see you before your operation.

### *The anaesthetic:*

The operation is usually performed under general anaesthetic. In adults, it may be possible to perform the operation under local anaesthetic. The choice of anaesthetic will be discussed with you.

### *The operation itself:*

The operation would usually be done as a day case. It is performed under a general anaesthetic and just takes a few minutes. Once you are asleep your nasal bones will be manipulated to put them back into the right place. There are no cuts made in the skin and we would expect very little extra bruising or swelling from the operation.

The nasal bones may need to be protected with a plastic moulded splint if they are very unstable. The splint is taped across the forehead and across the nose and should be kept on for 5 days. Very occasionally there is some bleeding from the nose at the time of the operation and a dressing may be required to deal with this. The dressing would usually be taken out after a few hours.

## **For all enquires:**

**P:** 0407 924 224

**F:** 03 8677 2872

**Email:** [info@drtimprice.com.au](mailto:info@drtimprice.com.au)

**Visit:** <https://drtimprice.com.au/>

*After the operation:*

Your nose may feel a little uncomfortable or sore. Simple painkillers should help with this.

*Your discharge from hospital:*

Following general anaesthesia, you will need to arrange for a responsible adult to pick you up from the hospital, take you home and stay with you for 24 hours after discharge. Depending on how fit and active you are before your operation, you may need to arrange for someone to stay with you for a few days. We would not normally arrange for any further review in the outpatient department after the operation, but some patients have a nasal septum injury noted at the time of the procedure and may be reviewed back in the clinic to decide whether surgery to straighten the nasal septum should be planned for a later date.

**What should I do when I leave the hospital?**

*Activity:*

Normal activity can be resumed the day after surgery. Once the plastic splint is removed the nasal bones will still not be as strong as before the injury and so you should be careful to avoid any contact sport or any other activity which is likely to risk a repeat injury to your nose for at least 3 weeks after the operation.

*Driving:*

You should not drive or operate heavy machinery for at least 24 hours after a general anaesthetic. You can then drive when you are able to perform an emergency stop safely.

*Work:*

You should be fine to return to work/school the day after surgery.

**Are there any risks involved in this operation?**

Although modern surgery and anaesthetics are considered to be safe, all medical procedures carry some risks. The surgeon will discuss all these risks with you.

Risks associated with the operation are:

- **Bleeding:** this may occur at the time of surgery particularly if there had been bleeding at the time of injury. Packing of the nose may be required to stop the bleeding. The packs may be removed a few hours after surgery or the next morning. Rarely a persistent bleed may require surgery to stop it. This usually occurs when a vessel (vein or artery) is caught between the fragments of the fracture and is held open, preventing effective clotting and healing. A blood transfusion may be necessary.
- A pre-existing superficial skin wound may reopen during manipulation.
- **Infection:** this is rare and would be treated with antibiotics.
- **Persistent deformity:** the nose may not be completely straight after the manipulation and may require further surgery.

Risks associated with a general anaesthetic are rare and include:

- Infection can occur, requiring antibiotics and further treatment.
- Bleeding can occur and may require a return to theatre. Bleeding is more common if you are on blood-thinning drugs.
- Chest infection. Small areas of the lung can collapse, increasing the risks of chest infections. This may need antibiotics and physiotherapy.
- Blood clots in the legs (DVT) can cause pain and swelling of the legs. Rarely pieces of the clot can break off and can travel to the lungs (pulmonary embolism). This is a particular problem in obese patients. Patients may wear tight stockings and are advised to keep moving their legs to help the circulation. Blood-thinning injections are often given to prevent this.

- Heart attack or stroke could occur due to the strain on the heart.
- Increased risk in obese patients of wound infection, chest infection, heart and lung complications and thrombosis (DVT).
- Death as a result of a general anaesthetic/ this procedure is possible.

**Are there any alternatives to this operation?**

If a recurrent infection is the main problem a longer course of low dose antibiotics is sometimes helpful. If you would like a second opinion about the proposed surgery please ask your G.P or Surgeon to arrange this.

**Are there any risks of not having this operation?**

No. The nasal deformity will stabilise and will not get any worse over time.

**Where can I find out more about the operation?**

Royal Australian College of Surgeons

<http://www.surgeons.org>

Australasian Society of Otolaryngology and Head & Neck Surgery (ASOHNS)

<http://www.asohns.org.au>

**Further information and advice**

If you experience pain not relieved by painkillers or heavy bleeding after your operation please contact your GP or go to the Accident & Emergency Department.