



Greenville Ear, Nose & Throat

Closed Reduction Nasal Fracture: What You Need to Know

Here are common questions parents and/or patients have about this procedure. The information below will answer most of these concerns. Rest assured, however, that we will be happy to talk with you or see your child if the issue is not resolved.

What needs to happen beforehand?

Do not give aspirin, ibuprofen or Pepto Bismol for two weeks beforehand. (Also, do not give them for two weeks afterward.) You may give acetaminophen (e.g., Tylenol, Tempra, Panadol). Please tell your doctor if you have a family history of bleeding tendencies or if your child bruises easily.

What happens during the procedure?

Closed reduction of nasal fracture is done on an outpatient basis under general anesthesia. The procedure uses pressure and blunt instruments to reposition the displaced nasal bone/septal fragments without making surgical cuts. It takes 20-30 minutes, and your child will stay at the hospital for 1-2 hours afterward.

What are possible risks or alternatives?

Possible risks include, but are not limited to, the following:

- Bleeding
- Infection
- Continued or worsening nasal obstruction
- Inadequate cosmetic result

Practical alternatives include observation.

What happens afterward?

Most children are back to normal within 24 hours, but some take a few days to recover. Increased snoring or nasal congestion is normal and is caused by swelling in the nose.

Will there be pain or fever?

Most children have little pain afterward. Some may have a sore throat or headache for a few days. You can give acetaminophen (such as Tylenol, Tempra, Panadol) every 4 hours as needed for pain.

A low-grade temperature is normal for a few days afterward. Please call our office if your child's temperature exceeds 101°F by mouth.

Will there be nausea and vomiting?

Some children may have nausea, vomiting or fatigue from the general anesthetic—this should stop within a few hours. Please call our office if nausea and vomiting last for 6-12 hours.

What can my child eat?

Begin with a clear liquid diet. Progress to a light diet and then to a normal diet as your child feels like eating. Your doctor will tell you about any restrictions.

What can my child do?

Your child may resume normal activities with limited exercise. Avoid activities that have a risk of nasal trauma for 1 month. The nasal splint placed at the time of surgery should be left in place for 1 week. If it falls off early, it is OK to leave it off.

What about bleeding?

There should be minimal bleeding from the nose. If a small amount of drippage from the nose takes place, you may use a mustache dressing under the nose. If brisk bleeding occurs from either the mouth or nose, take your child to Greenville Health System's Children's Emergency Center (open 24 hours) for evaluation.

When is the follow-up visit?

A visit to your child's surgeon is needed 1-2 weeks after surgery. If problems arise before that time, please call our practice.

Please call our office if you have questions about this information: (864) 454-4368.