

## Procedure Information Sheet - Closed Reduction of Nasal Fracture

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### **Introduction**

To straighten a deviated nasal bone due to recent injury.

### **Indication**

1. Nasal obstruction attributed by a recently deviated nasal bone.
2. Cosmetic deformity due to a recently deviated nasal bone.

### **Intended Benefits and Expected Outcome**

1. Reduce nasal obstruction.
2. Improve nasal deformity attributed by deviated nasal bone.

### **※ Condition that would not be benefited by the procedure**

Nasal obstruction not caused by deviated nasal bone.

### **Procedure**

1. Reposition nasal bone.
2. Apply external nasal splint to support the nasal bone.

### **Pre-operative preparation**

1. You will need to sign a consent form and your doctor will explain to you the reason, procedure and possible complications.
2. Inform doctor of any medical condition e.g. diabetes mellitus, heart disease, hypertension and any regular medication, including herbs and dietary supplement.
3. Fast for 6-8 hours before the operation.
4. Change to operation attires and remove loose objects (e.g. dentures, jewelry, contact lens etc.).

### **Possible risks and complications**

- Common risks and Complications: Bleeding, persistent nasal obstruction, infection, nasal adhesion, septal haematoma, persistent nasal deformity.
- Uncommon risk with serious complication (<1%):
  1. Toxic shock syndrome if nasal packing is used.
  2. Death due to serious surgical and anaesthetic complications.

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### **Post-operative information**

1. May need analgesic for postoperative pain or discomfort.
2. Mild transient epistaxis may occur, please attend the nearby emergency department if bleeding persists.
3. Sleep in slightly head up position may help reduce postoperative oedema.
4. Do not blow nose.
5. After the procedure, avoid rigorous exercise or contact sports for few weeks.
6. Follow up on schedule as instructed by your doctor.

### **Alternative treatment**

Expectant treatment.

### **Consequences of No treatment**

1. Persistent nasal obstruction.
2. Persistent nasal deformity.

### **Remark**

The above-mentioned procedural information is not exhaustive, other unforeseen complication may occur in special patient groups or individual differently. Please contact your physician for further enquiry.

**Reference:** [http://www21.ha.org.hk/smartpatient/tc/operationstests\\_procedures.html](http://www21.ha.org.hk/smartpatient/tc/operationstests_procedures.html)

I acknowledge that the above information concerning my operation/procedure has been explained to me by Dr. \_\_\_\_\_. I have also been given the opportunity to ask questions and receive adequate explanations concerning my condition and the doctor's treatment plan.

Name: \_\_\_\_\_

Pt No.: \_\_\_\_\_ Case No.: \_\_\_\_\_

Sex/Age: \_\_\_\_\_ Unit Bed No: \_\_\_\_\_

Case Reg Date & Time: \_\_\_\_\_

Attn Dr: \_\_\_\_\_

Patient / Relative Signature: \_\_\_\_\_

Patient / Relative Name: \_\_\_\_\_

Relationship (if any): \_\_\_\_\_

Date: \_\_\_\_\_