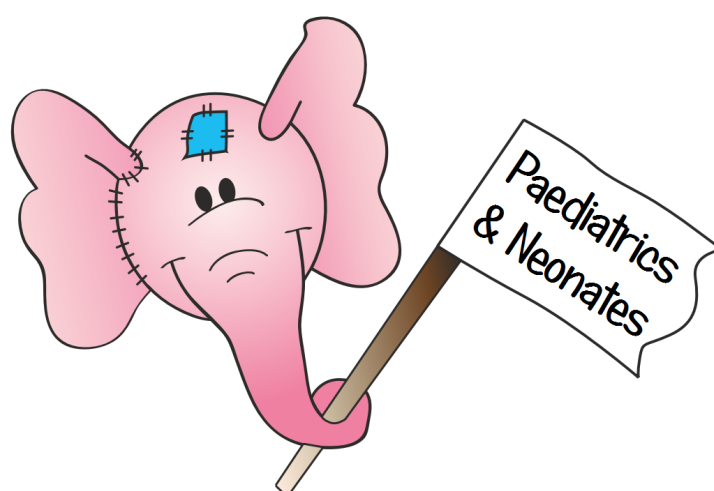


Procedure to shrink nasal turbinates

Children's Ward

Parent/Carer Information Leaflet



Introduction

Your child's consultant has suggested that your child has a procedure to shrink the turbinate bones in their nose. This leaflet explains more about the procedure, the benefits and risks, and what to expect when your child comes to hospital. The medical name of the procedure is submucous diathermy to inferior turbinates.

If you have any questions or concerns, please contact a member of the Children's Ward.

Why does my child need the operation?

The nose acts like a filter to provide moist, warm and clean air for the lungs. To help do this, the side walls of the nose contain three small bones called turbinates.

These have a moist covering that secretes mucus. This acts as a protective barrier over the inside surface of the nose. It is very sensitive and can become swollen and block the nose. The operation involves touching the moist covering with a heated wire so that it will shrink back to provide a clearer airway.

Your child's consultant will have suggested the operation if your child is experiencing a blocked or runny nose, sneezing and headaches. The cause of these symptoms may be an allergy or infection.

What is the benefit of the operation?

The benefit of the operation is to provide a clearer airway and reduce your child's symptoms so that appropriate medical treatment can be given.

What are the risks?

As with any operation, there are some risks:

- Bleeding may occur in the nose after the operation.
- Your child may get an infection in their nose after the operation. This is rare but can be serious. If their nose is very painful and becomes more and more blocked, you should contact your child's GP for advice. Your child may need to have antibiotics.
- There are some rare risks of general anaesthetics which you can discuss with your child's anaesthetist in more detail before the operation. After the anaesthetic, some people feel sick or are sick. Your child may have a headache, sore throat or feel dizzy or light headed but these effects should only be temporary.

What is the alternative to surgery?

The alternative is to use medication, such as nasal sprays. You will need to discuss this with your child's doctor to see if this would be suitable for your child.

What does the operation involve?

The operation involves touching the moist covering of the turbinate bones with a heated wire so that it will shrink back. A general anaesthetic is used for the procedure which means that your child will be asleep.

What happens before the operation?

A letter will be sent to you with the date and time of your child's appointment, and the required starvation times.

If the operation is in the morning, your child must not eat anything after midnight. That means no breakfast. They can have a drink of water or squash before 6.30am. They may be able to have a drink of water or squash when they arrive at the ward. The nurse will discuss this with the surgeon and let you know.

If operation is in the afternoon, your child can have a light breakfast of toast, but not anything with milk (no cereal). They can also have a drink of water or squash up to 11am, before you come into hospital. They may be able to have a drink of water or squash when they arrive on the ward. The nurse will discuss this with the surgeon and will let you know.

What happens when we come for the operation?

You will have an appointment for the morning or the afternoon.

When you arrive at the Children's Ward, a nurse will ask you some questions and assess your child's:

- Blood pressure
- Heart rate
- Breathing rate

If you have any questions or worries, please ask the nurse who is looking after your child. They are always happy to answer your questions.

The nurse will put a wrist band on each of your child's wrists and put a numbing cream on the back of their hands. This is used so that when the anaesthetist puts a cannula into their hand to give the anaesthetic, they will not feel this being put in. A cannula is a thin, plastic tube.

The surgeon will come and see you to explain the operation. If you want your child to have the operation, the nurse will ask you to sign a consent form, if you have not already signed one at a previous appointment.

The anaesthetist will come and see your child to check that they are well enough to have the operation.

The nurse will be able to give you a rough idea of the time your child will have the operation. We try to minimise delays as much as possible but sometimes these occur.

When it is time for your child's operation, one parent can go with them to the anaesthetic room and stay until they are asleep. The operation will last about 20 minutes.

What happens after the operation?

On waking, a nurse will bring your child back to you on the ward, when the recovery team are happy with them.

During the recovery period on the ward, the nursing team will assess your child and offer them something to eat and drink, when it is safe to do so.

Your child may still have a cannula in when they come back to the ward. We recommend that this is kept in until your child goes home. This can be used to give your child medicine if they need it. For example, some people feel sick or are sick after having a general anaesthetic. If your child feels sick, please tell the nurse and we can give them some anti-sickness medicine.

After the operation, your child may have nasal packs in their nose. The nasal packs will be taken out by a nurse before they go home. It is common for your child's nose to bleed for a short time after the packs are taken out. This will stop after a while and until it stops, the nurse will hold a dressing under your child's nose.

Will my child be in pain?

It is usual for your child to be uncomfortable for a few days after this operation. We will give them pain relief while they are having their operation and they can have regular pain relief when they are back on the ward.

Please ensure that you have paracetamol and ibuprofen at home for your child before their appointment. Always read the label and do not exceed the recommended dose. We are unable to supply these medications at discharge.

Please ask for advice from your pharmacist, if you need it.

When can my child go home?

Your child may need to stay in hospital just for the day or overnight, depending on the consultant's advice. One parent is welcome to stay overnight with their child. Before they can go home, your child will need to have:

- Eaten an adequate amount of food and drink.
- Passed urine.
- Stopped being sick.
- A normal temperature.
- The doctor's approval to go home.
- No problems with their breathing.

We recommend that your child does not travel home on public transport due to the risk of infection.

How do I care for my child after their operation?

Your child may have:

- Blood-stained mucus from their nose for up to three weeks. This is part of the healing process but if it becomes heavy or starts to smell strange, contact the Children's Ward on 01384 244271 for advice.
- Some bleeding from their nose. If this happens, you can put an ice pack (or a packet of frozen peas) wrapped in a towel on your child's nose for up to 10 minutes. Do not put the ice pack directly onto the skin, or keep it on the nose for more than 10 minutes, as it can cause ice burn.
- A blocked nose after the operation. This should be nothing to worry about and will clear in about two to three weeks. However, if it gets much worse and your child is in pain, please contact the Children's Ward for advice.

Your child should:

- Not blow their nose for a few days after the operation and wipe their nose gently.
- Avoid people with coughs and colds due to the risk of getting one – sneezing and blowing their nose will not help the healing process.
- Avoid smoky atmospheres as smoke can irritate the lining of your child's nose and may cause bleeding.

When can my child go back to school?

Your child will need to have two to three days off school.

What about other activities?

Your child will need to avoid contact sports and boisterous activities for two weeks after the operation. This will allow the nose to heal properly.

What do I do if my child becomes unwell?

If your child:

- has a high temperature
- is being sick
- is generally unwell

please contact either your GP or the Children's Ward for advice. This could mean that your child has an infection.

Follow up

If your child needs to see their consultant again, we will give you an outpatient appointment.

If you have any questions or if there is anything you do not understand about this leaflet, please contact:

Children's Ward on 01384 244271

Russells Hall Hospital switchboard number: 01384 456111

This leaflet can be downloaded or printed from:

<http://dgft.nhs.uk/services-and-wards/c2-childrens-ward/>

If you have any feedback on this patient information leaflet, please email dgft.patient.information@nhs.net

This leaflet can be made available in large print, audio version and in other languages, please call 0800 073 0510.

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