



Realignment of nasal fracture

This leaflet is for parents and carers of children having surgery on their nose. It aims to answer some of the questions that you or your child may have about their operation. You will also have an opportunity to discuss any further concerns with us, on admission.

A general anaesthetic requires your child to be starved beforehand.

Morning admission:

Last food: 2.30am

Breastfeed: 4.30am

Water or weak squash until 7.30am

Afternoon admission:

Last food: 7.30am

Breastfeed: 9.30am

Water or weak squash until 12.30pm

Please be aware that milk and chewing gum is considered food.

If you do not follow these instructions your child's procedure may be delayed or even cancelled.

What is a realignment of nasal fracture?

If the nose has been damaged, the nasal bones can be fractured and displaced causing the nose to look out of shape. Realignment of a fracture is an operation to manipulate nasal bones that are out of place.

What are the alternatives?

If your child's nose looks out of shape and this is left untreated, the nose will heal in that position. You can discuss this with your child's surgeon on the day if you have any concerns.

What does surgery involve?

The operation will be carried out under general anaesthetic so that your child will be asleep. The surgeon will manipulate the bones back into place from the outside. The operation is short and your child will be able to go home on the same day.

What are the risks?

The commonest complications are nasal bleeding and mild discomfort. These will be discussed with you by the doctor on the day of the operation.

On some occasions, despite our best efforts, there is always a chance we cannot make the nose look the same as it did before the injury.

Every anaesthetic carries a risk but this is small. The anaesthetic will be given by an anaesthetist (a specially trained doctor). After having an anaesthetic some children may feel or be sick. They may have a headache, sore throat, feel dizzy or be upset. These side effects are usually not severe and are short-lived.

What shall I bring?

Some children find it reassuring if they can bring a familiar toy from home. A play specialist may be involved in your child's care, and will be able to provide a range of suitable toys and activities. A hospital gown will be provided to wear to theatre; however, children may want their own nightwear, slippers and dressing gown to change into.

What happens on admission?

The surgeon will explain the procedure to you on the ward, and can discuss any worries that you may have. An anaesthetist will also visit you to explain the anaesthetic. Your child may also have 'magic cream' (local anaesthetic) applied to the back of their hands so that the anaesthetic injection will be less painful.

One parent/carer will be able to accompany your child to the anaesthetic room and stay with them until they are asleep.

What happens after the operation?

When the operation is over, your child will be taken into the recovery room to wake up. Once they are sufficiently recovered, you may be able to accompany the nurse to collect them and bring them back to the ward. Some children can wake up crying because of the strange environment. It does not mean they are in pain. Children are given pain relief during their operation. If necessary, further pain relief will be given on the ward. It is possible that your child may vomit following surgery – medicine can be given to relieve this if vomiting persists.

When can we go home?

Your child may go home when both you and the staff are happy that they have recovered sufficiently. They should be awake and comfortable, and have eaten and drunk a small amount.

Advice after realignment surgery

- Your child will need regular Paracetamol (e.g. Calpol) after the operation – please make sure you have some, and follow the instructions that are given on the packaging.
- Your child's nose may look bruised and swollen. Some children may also require an external nasal plaster splint to hold the fracture in position.
- Your child's nose will become blocked for 1 to 2 weeks due to the swelling. This will resolve by itself.
- Your child may have a mucous discharge from their nose, like a bad cold, this may have some blood in it. This is normal.
- Your child should avoid blowing their nose for at least one week, and only sniff gently if needed. If they sneeze they should try to have their mouth open.

- If your child's nose starts to bleed, gently pinch the soft parts of their nose (nostrils) together for 5 minutes. If this does not stop it then wrap some ice in a tea towel and press it onto the bridge of their nose, whilst holding the tip for 15 minutes. If it continues to bleed then seek advice from your GP.
- Your child will be able to return to school when they feel comfortable, and you satisfied that they are ready.
- However, all contact sports should be avoided for 6 weeks.

Contact us

Pre-clerking nurse: 0118 322 7686

Lion Ward: 0118 3227519

Kempton Day Bed Unit: 0118 322 7512

ENT Department 0118 322 7139

Please ask if you need this information in another language or format.

RBFT Paediatric Unit, May 2026

Next review due: May 2028