



A general anaesthetic requires your child to be starved beforehand. On the day of the operation
..... (date) your child should not
have anything to eat (including chewing gum), or milk to
drink from (time).

They may have only water or weak squash up to
..... (time). If breastfeeding, the last breast feed can
be given at (time).

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

Realignment of nasal fracture

Information for parents

This leaflet aims to answer some of the questions that you/ your child may have about their operation. You will also have an opportunity to discuss any further queries or concerns with hospital staff on admission.

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 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 alternatives?

If your child's nose looks out of shape, and is left untreated, the problem will persist. This may be discussed with the doctor.

What are the risks of the procedure?

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

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?

For some children it is reassuring if they can bring a familiar toy from home. A play specialist may be involved in your child's care, and they 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 to bring their own nightwear, slippers and dressing gown to change into afterwards.

What happens on admission?

The surgeon will explain the procedure to you on the ward, and can discuss any questions that you may have. An anaesthetist will also visit you to explain the anaesthetic. If your child has any medical problems, for instance, allergies, please tell the surgeon and anaesthetist about these. Your child may also have 'magic cream' (local anaesthetic) applied to the back of their hands so that the anaesthetic injection will be less uncomfortable. One parent/carer will be able to accompany your child to the anaesthetic room and stay with them until they are asleep.

What happens afterwards?

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 the 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 following 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.

If you have any further questions, please contact either:

- Pre-clerking nurse:
0118 322 7518
- Kempton Day Bed Unit:
0118 322 7512
- Lion Ward:
0118 322 7519
- ENT Clinic:
0118 322 7139

More information

Visit the Trust website at www.royalberkshire.nhs.uk

This document can be made available in other languages and formats upon request.

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