Nose fracture surgery

There are two small nasal bones connect to the front of the skull and form the bridge of the nose. The cartilage that gives a nose its shape and flexibility is attached to these bones. When one or both of these bones breaks or cracks, it’s called a nasal fracture, nose fracture, or broken nose.

Minor nasal fractures in which the nose isn’t crooked or misshapen often don’t need treatment beyond pain medicines and cold packs to ease swelling. However, if the nose is crooked, a doctor may need to reset it. When your child has surgery to fix their broken nose, you may have questions about what to expect and how long recovery will take.

What happens during nose fracture surgery?
Your child’s anesthesiologist (doctor who helps with the surgery) will give your child medicine to sleep. The surgeon will move the bones gently back into place. After the surgery, your child will receive medicine to decrease bleeding and pain. The surgeon may put some packing material in your child’s nose and put a splint on it to help keep the bones in place.

When can my child eat?
After surgery, give your child plenty of clear liquids like water, an electrolyte solution such as Pedialyte® or Gatorade®, apple juice, ice pops, and plain gelatin. You may also give your child soft foods such as soup, pasta, yogurt, cereal, eggs, and bread. Avoid high-fat or greasy foods like hamburgers and pizza for 24 hours after surgery.

What should I do about nausea and vomiting?
Sedation from the surgery, car movement, and pain medicine can all cause nausea and vomiting. A small amount of blood mixed with the vomit is common right after surgery. To help control nausea and vomiting:

• Have your child lie down.
• Wait 30–45 minutes before giving them any food or drink.
• Give your child small sips of clear liquids or ice chips every 5–10 minutes.
• If your child is younger than 2 years old, try water, apple juice, or Pedialyte®.
• If your child is older than 2 years old, try an ice pop, Gatorade®, gelatin, or clear soda, such as 7-UP®.
• Help your child drink every 1–30 minutes, but don’t force it. If the nausea returns, wait another 30 minutes and try again.
• Once your child has stopped feeling sick, slowly begin giving them solid foods.

Nausea and vomiting should stop by the end of the first day. If your child continues to vomit after the first day or if they vomit a large amount of blood, call the ear, nose and throat nurse or doctor on call.
How will I know if my child is drinking enough?

After surgery, your child may have low body fluids, called dehydration. Signs of dehydration include:

• Dark yellow urine
• A dry mouth (no spit)
• Chapped lips
• Soft spot on a baby’s head sinking inwards

If you notice any of these signs, give your child more to drink. They should urinate (pee) normally within 24 hours after surgery. A baby should have 6–8 wet diapers in a 24-hour period. An older child should urinate every 6–8 hours. Have your child drink a small amount of liquid every 15–30 minutes while they are awake to prevent dehydration.

Will my child have a lot of pain?

Nose fracture surgery usually does not cause much pain. Your child should not be more uncomfortable after the surgery than when they first broke their nose. This is because the bones have already begun healing. The nose pain may last 3–4 days. Your child may also have a sore throat or neck discomfort after surgery. The soreness usually goes away after 1 day.

How do I know if my child is in pain?

Signs your child is in pain include:

• Being fussy or irritable after surgery
• Moaning, whimpering, or crying
• Making a face of pain
• Being less active
• Not sleeping

How can I help with my child’s pain?

• Keep your child’s head raised on a few pillows to decrease swelling.
• Use an ice pack or cool cloth on the surgery site for the first 2 days after surgery.
• Give your child their prescribed pain medicine regularly the first few days until they have less pain.

• Switch to acetaminophen (such as Tylenol®) for pain when your child is feeling better. Never give your child aspirin; it can cause excessive bleeding.

How do I help my child’s nose heal?

Your child will have a metal or plastic splint across their nose to protect it from small bumps. Keep the splint on for the first week after surgery. If the splint comes off, put it over your child’s nose with regular adhesive tape.

Your child may also have a dressing. A small amount of blood or drainage from the dressing is normal, but the drainage should not soak through the dressing. Use gauze or tissue to catch some of the drainage from the nose. If bleeding from the nose or mouth does not stop, call the ear, nose and throat clinic at 801.662.1740 or go to the closest emergency room.

When can my child bathe or shower?

Your child may bathe as needed. Keep their nose dry so the metal splint does not come off.

How active can my child be?

Your child will be more tired than usual for about 24 hours after surgery. Sedation can also affect your child’s coordination. To help your child heal:

• Don’t let your child play sports, ride bikes, or swim for the first 24 hours after surgery.
• Don’t let your teen drive a car for 24 hours if they are taking pain narcotics.
• Don’t let your child participate in gym, recess, or organized sports for 4–6 weeks while the bones in the nose are healing. After 2 weeks, the bones are still weak, but your child’s nose probably won’t easily break again. Full healing takes 6 weeks.

• Think about letting your child play sports again and how you can protect them. If your child’s nose gets bumped, they may have to have surgery again. Talk to your child’s healthcare provider about a nasal shield or mask if your child wants to play sports.

What is normal behavior after surgery?

It is normal to see behavior changes after surgery, including:

• Regression (bed-wetting or acting out)
• Changes in sleep patterns or nightmares
• Changes in eating patterns

If behavior changes last longer than 3–4 weeks, call your doctor. Be patient with your child; this will help your child return to normal.

When should I call my child’s healthcare provider?

Call your child’s healthcare provider if your child has:

• Excessive bleeding
• A temperature higher than 101°F
• Hurt their nose again
• Uncontrolled pain
• Numb fingers and toes
• Signs of dehydration (dry mouth, fewer than 6–8 wet diapers, lack of tears)
• Excessive diarrhea or constipation

If your child has chest pain or shortness of breath, go to the emergency room or call 911.

Notes