



EAR, NOSE & THROAT CONSULTANTS OF NEVADA

W.W. Schroeder, M.D., F.A.C.S., F.A.A.P. Ashley Sikand, M.D., F.A.C.S. Frederick Goll, III, M.D.
Jonathan Salinas, M.D. LaKeisha Henry, M.D., F.A.C.S Allen Young M.D. Megan Jensen M.D.
Nicole Molin M.D. Daniel Kim, D.O. Kathrina Paner PA-C Alisha Alexander APRN
Theresa Walker APRN-C Anna-Joy Lingwood NP Shiyuan "Annie" Zhu SLP C.Gary Daniels Au.D

PHONE: (702) 792-6700 FAX: (702) 792-7198 www.entc.com

CLOSED REDUCTION NASAL FRACTURE (CRNF)

Closed reduction of nasal fracture is the medical term for 'setting' the nose back to normal position soon after the nose is broken if the nasal bones are displaced. Generally, we suggest performing this procedure between several days (to allow for the swelling to subside), up to two weeks after the nose has been broken. Waiting much beyond that time allows for the body to heal the displaced bones in the abnormal position, and makes it much more difficult to realign and reshape the nasal bones.

It is important to understand the intent of Closed Nasal Reduction. The procedure is performed to try to return only the external bony portion of the nose to its pre-injury state. If there was a simultaneous fracture of the inside of the nose (the nasal septum), it is highly unlikely that this can be straightened at this time. The same applies to the lower (cartilaginous) 2/3 of the nose. If either the septum remains twisted, or the outside of the nose remains twisted after closed nasal reduction, at a minimum of 3 months after the procedure, these concerns can be addressed.

Closed nasal reduction is most commonly performed under a relatively short general anesthesia. Typically, the patient will be discharged to home from the recovery room about 1-1 1/2 hours after the procedure. There will be a cast on the outside of the nose for approximately one week, and on occasion there will need to be packing inside the nose, also removed about a week after the procedure.

The alternative to Closed Nasal Reduction is not to have the procedure performed. Not having the procedure would leave your nose in the condition that it is in now.

The risks of Closed Nasal Reduction should be completely understood by the patient prior to surgery: RE-DEVIATION or INABILITY TO ADEQUATELY STRAIGHTEN THE NOSE: Normally, closed nasal reduction is very successful in returning the nose close to, or back to its pre-injury appearance. Occasionally, the fracture is too comminuted (broken into many small pieces), or there were pre-injury asymmetries to begin with, so the appearance of the nose remains either not straight, not perfectly symmetrical, or slightly different than it appeared prior to the injury. On occasion the small bones don't stay into the position that we place them in at the time of surgery, and we need to pack the inside of the nose – in addition to the normal external casting of the nose. When this occurs, we try to overcorrect the depressed nasal bones when the internal packing is placed, because the bones tend to fall back down some once the packing is removed. If asymmetries persist after closed nasal reduction, then in a delayed fashion – a minimum of 3 months later, but preferably longer, we can address both external and internal deviations and asymmetries with cosmetic rhinoplasty, and/or functional septoplasty, and/or other nasal procedures.

BLEEDING: Excessive bleeding is rare after closed nasal reduction. The nose may rarely need to be packed for a couple of days to minimize the chance of bleeding. It is typical to experience some mild bloody

Northwest Office

7040 Smoke Ranch Road

Las Vegas, NV 89128

Green Valley Office

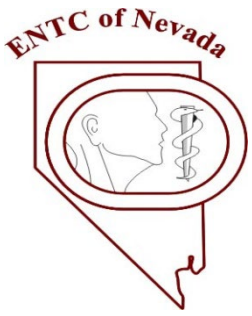
3195 St Rose Parkway
Suite 210

Henderson, NV 89052
(Mailing address)

Southwest Office

8840 W Sunset Road
Suite A

Las Vegas, NV 89148



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discharge down the back of the throat or out the front of the nose for a few days. If it is heavy bleeding, please notify us immediately.

INFECTION: Infection is rare after closed nasal reduction and is generally only a concern if there is nasal packing. If packing is present, antibiotics are typically prescribed for 7-10 days postoperatively. If prescribed, please take these until completion.

I have been given an opportunity to ask questions about my condition, alternative forms of treatment, risks of non-treatment, the procedure and the risks and hazards involved. I have sufficient information to give this informed consent. I understand every effort will be made to provide a positive outcome, but there are no guarantees.

Patient/Guardian Signature: _____

Date: _____

Witness: _____

Date: _____

Patient Account #: _____

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