

# Nose fractures



## Information for patients

This leaflet explains the treatment – including surgery – that we may offer you if you have a broken (fractured) nose. If you have any questions or concerns, please do not hesitate to speak to the doctors or nurses caring for you.

### Confirming your identity

Before you have a treatment or procedure, our staff will ask you your **name** and **date of birth** and check your **ID band**. If you don't have an ID band we will also ask you to confirm your address.

**If we don't ask these questions, then please ask us to check.**

Ensuring your safety is our primary concern.

## How is a broken nose diagnosed?

The bones in your nose are the ones in your face that are most often broken because they stick out and do not have a lot of support.

We do not usually do x-rays to check whether you have broken your nose as these bones do not show up well. If you do need any x-rays, these will be to check that you have not damaged other parts of your face, such as your eye sockets, cheek bones or jaw bone.

We will look for certain signs that show you have broken your nose. These will also help us to decide the treatment you need.

They include:

- your nose is obviously misshapen and out of place
- it wobbles (unstable) and clicks
- you have cuts around your nose
- you have swelling and/or bruising around your nose
- you have a nose bleed
- you have a blocked nose
- you have clear watery fluid draining from one nostril.

## How is a broken nose treated?

Your doctor or nurse practitioner will examine your nose to make sure there is no bleeding, no blood clots (haematoma) in your septum (the piece of cartilage between your nostrils) and that you can breathe through both nostrils.

If you have a simple break with no problems, we may:

- advise you to use ice packs and to take painkillers such as paracetamol and ibuprofen, to reduce the swelling and ease any pain.
- give you a course of antibiotics if you have a cut over the area of the break or you have had a blood clot lanced and drained.



- ask you to come back to be seen within five – seven days for a follow-up appointment to see a consultant in the Oral and Maxillofacial outpatient clinic in King’s Dental Institute. At this appointment, the doctor will decide whether you need an operation to reset your broken nose. This can be done only after the swelling in your nose has gone down.

If you need an operation, we will arrange this for you about one to two weeks after your injury.

### **Why do I need surgery?**

If you cannot breathe out of one nostril and/or your nose is very misshapen.

### **What are the benefits of surgery?**

- It improves your appearance.
- It helps you to breathe better.
- It helps you heal better and faster.
- It helps prevent infection.

### **What are the risks of surgery?**

- Your nose may start to bleed again once the packs put in during surgery are taken out. You can usually stop this by pinching your nose. Rarely, you need to have the packs put in again.
- You may need more surgery to improve what your nose looks like or to help you breathe. You do not usually have this operation until at least six months after your first, when all bruising and swelling have gone.

### **What are the alternatives?**

There are no alternatives. If we decide not to operate, the bones in your nose usually take about two-three weeks to heal.



## What are the risks of having an anaesthetic?

If you have a general anaesthetic, straight after you may feel tired, dizzy or weak. You must have someone to collect you and stay with you for the first 24 hours.

### During the first 24 hours you should not:

- drive or operate any motorised vehicle or electrical equipment
- sign any legal documents or make important decisions
- drink alcohol.

You may feel weak or dizzy at times during the first 7 – 10 days. If this happens, sit down until the feeling passes. You may also have the 'post-operative blues' and feel a little depressed, though this should soon pass.

## What happens before surgery?

**Pre-assessment clinic:** We will ask you to come to the pre-assessment clinic for some screening tests. These may include MRSA screening, taking a blood sample, and checking your blood pressure, height and weight.

**When to come in for surgery:** An admissions officer or ward nurse will ask you to come to a named ward or to the Day Surgery Unit at a set time on the morning of your operation. Please arrive on time. If you do not arrive on time, we may cancel your operation. Beds are allocated on the afternoon before your surgery. If there is no available bed your surgery will be cancelled but rescheduled as soon as possible.

## What happens during surgery?

You will have a general or a local anaesthetic. If you have a general anaesthetic you will be completely asleep. If you have a local, you will be awake and we numb only the area we are going to operate on.



Once you have been given an anaesthetic, we will move your nose back into the right place. No cuts will be made on the outside or inside of your nose. When your nose bones break, the cartilage can sometimes bend as well and may also need to be straightened. We often cannot do this during this operation and you may need more complex surgery 6 to 12 months later.

If your nose bleeds during surgery, we will put a pack (soft gauze pad) in each nostril. These are usually taken out the day after your operation.

We often stick a splint made of plaster of Paris or plastic to your nose to help protect it after surgery. We will take this off at an outpatient appointment, usually about 10 days after your operation. It is important to keep any dressings as dry as possible until they are taken off.

## **What happens after surgery?**

Your nose is likely to be sore, so we will give you painkillers to ease the pain. The discomfort is usually worst for the first few days, although it may take two weeks to go away completely. Broken noses usually heal without getting infected, so you will not need to take antibiotics.

You will have some swelling and bruising around your eyes. You will notice this most in the first 24 hours after surgery and it will go down a lot by the end of the first week. You can help to reduce swelling and bruising by using a cold compress such as an ice pack wrapped in a cloth or a towel around your eyes and sleeping propped upright for the first few nights after surgery.

Most of the swelling will go after about two weeks, but there is often some slight swelling that can take several months to disappear. Only you and your family are likely to notice this.



## How long will I be in hospital?

You can usually go home the same day.

If your surgery was complicated or you have other medical problems, you may need to stay in hospital overnight.

## How long do I need to take off work?

It depends on what type of job you do. You may need to take a week or so off work and avoid hard exercise. Do not play contact sports for three months after surgery. You can start gentle exercise after two weeks.

## Will I need to come back to hospital?

Before you leave hospital, we will make a review appointment for you to come back to the outpatient clinic to have the splint taken off. This is usually about 10 days after surgery.

## What if my nose bleeds?

1. Try to stay calm
2. Pinch the fleshy part of the nose firmly for 20 minutes
3. Breathe through your mouth and lean forward in a sitting position
4. Apply cold compresses to your nose, forehead and nape of neck to reduce the swelling
5. Spit out any blood in the mouth
6. Seek medical help if the bleeding will not stop.



## Who can I contact with queries and concerns?

**Monday to Friday, 8am – 4pm:** contact our Clinical Nurse Specialist (CNS) on **020 3299 5216**.

**After 4pm and at weekends:** phone switchboard on **020 3299 9000** and ask to speak to the member of staff on call for Oral and Maxillofacial Surgery.

**In an emergency:** please go to your local Emergency Department (A&E).

## Sharing your information

We have teamed up with Guy's and St Thomas' Hospitals in a partnership known as King's Health Partners Academic Health Sciences Centre. We are working together to give our patients the best possible care, so you might find we invite you for appointments at Guy's or St Thomas'. To make sure everyone you meet always has the most up-to-date information about your health, we may share information about you between the hospitals.

## Care provided by students

We provide clinical training where our students get practical experience by treating patients. Please tell your doctor or nurse if you do not want students to be involved in your care. Your treatment will not be affected by your decision.



## **PALS**

The Patient Advice and Liaison Service (PALS) is a service that offers support, information and assistance to patients, relatives and visitors. They can also provide help and advice if you have a concern or complaint that staff have not been able to resolve for you. The PALS office is located on the ground floor of the Hambleton Wing, near the main entrance on Bessemer Road - staff will be happy to direct you.

PALS at King's College Hospital, Denmark Hill, London SE5 9RS

Tel: **020 3299 3601**

Email: **kch-tr.PALS@nhs.net**

You can also contact us by using our online form at  
**[www.kch.nhs.uk/contact/pals](http://www.kch.nhs.uk/contact/pals)**

**If you would like the information in this leaflet in a different language or format, please contact PALS on 020 3299 1844.**

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