

POST-SURGERY INSTRUCTIONS: RHINOPLASTY

Patient Name _____

Date _____

Surgery Date _____

Once your surgery is completed, you must follow all the instructions given to you in order to heal properly and have a good outcome.

The following instructions are your obligation. Use this as a checklist of progress as you heal. Included are normal post-surgical experiences and key health considerations that may be a cause of concern.

TYPICAL POST-OPERATIVE SYMPTOMS

Typical symptoms and signs to watch for following nasal injury repair include:

Swollen, tight and bruised nasal and cheek region, including bruising and swollen eyes. Nasal stuffiness, post-nasal drip and headache. Numbness or swelling in the region of the nose, lips and cheeks. These are normal experiences as the skin, facial bones, tissues and sensory nerves heal. Pain medication will help you cope with any discomfort.

Consistent sharp pain should be reported to our office immediately.

To alleviate any discomfort, and to reduce swelling, you may apply soft, cool (not cold) compresses over your eyes and nose. Do not apply ice or anything frozen directly on the skin. Do not apply anything cool on your cheeks or neck. Soak soft plain white washcloths or gauze squares in ice water and wring out well. Apply any compress gently; do not apply any pressure. Apply cool compresses for no longer than 20-minute intervals. Do not apply any heat.

CALL THE OFFICE IMMEDIATELY IF YOU EXPERIENCE ANY OF THE FOLLOWING:

- **A high fever, (over 101°) severe nausea and vomiting, continued dizziness or incoherent behavior, such as hallucinations.**
- **Any pain that cannot be controlled by your pain medication.**
- **Excessive bleeding or fluid seeping from the nose or mouth.**
- **A severely misshapen appearance, excessive bruising or fluid retention that is localized to the side of your face or nose.**

SPLINTS

You may have a splint over your nose to protect and support nasal structures as you begin to heal. **Do not remove this splint for any reason**, unless directed specifically by Dr. (NAME)

PACKING

Nasal packing may be used to help support nasal structures during initial healing and to prevent drainage from secreting into your throat. **Do not remove packing for any reason**, only Dr. (name) can remove your packing.

DAY OF SURGERY INSTRUCTIONS

You will only be released to the care of a responsible adult. All of these instructions must be clear to the adult who will monitor your health and support you.

_____ **Rest, but not bed rest.** While rest is important in the early stages of healing, equally important is that you are ambulatory: meaning that you are walking under your own strength.
Spend 10 minutes every 2 hours engaged in light walking indoors as you recover.

_____ **Recline, do not lie down.** This will be more comfortable for you, and can reduce swelling.
Always keep your head elevated. Do not bend forward or over.

_____ **Good nutrition.** Fluids are critical following surgery. Stick to cool, non-carbonated, non-alcoholic, caffeine-free, sodium-free and green tea-free beverages including fruit juices and water, milk and yogurt drinks. Do not drink anything hot or frozen. Drink from a sip cup or a straw if that is more comfortable. You must consume at least 8 ounces of fluid every 2 hours.
Stick with liquid, bland, nutritious food for the first 24 hours.

_____ **Take all medication, exactly as prescribed.** Oral pain medication, antibiotics and other medications you must take include:

Antibiotic:	_____	_____ mg	_____ x per day
Pain medication:	_____	_____ mg	_____ x per day
Supplements:	_____	_____	_____
	_____	_____	_____

_____ **Change your dressings:** you may have gauze taped beneath you nostrils. These will become soiled with blood and drainage. With the assistance of your adult support person, change these frequently. This is important to hygiene and for your comfort.

_____ **Care for any external incisions** you may have in the area of your nostrils or at any donor site.
Do not remove any steri-strips or crusting near your stitches. Apply ointment as directed.

_____ **Do not blow your nose for any reason.** If you must sneeze, do so through your mouth.

_____ **Do not allow heavy glasses to rest on your nose.** Wearing contact lenses may be uncomfortable.

_____ **Do not smoke.** Smoking can greatly impair your safety prior to surgery and your ability to heal following surgery. You must not smoke.

_____ **Relax.** Do not engage in any stressful activities. Take care of no one, including yourself. Let others tend to you.

TWO TO SEVEN DAYS FOLLOWING SURGERY

During this time you will progress with each day that passes. Ease into your daily activities. Your packing and possibly your splint will be removed at this time.

You may also receive clearance to begin driving or return to work at your post-operative visit, or within:
_____ days

Your post-operative visit is scheduled for: _____

- **Bruising and swelling may increase in the first few days following surgery.** If this is accompanied by acute pain, or a severely distorted appearance, contact our office immediately.
- **Continue a healthy, soft diet.** Chewing may be uncomfortable.
- **Practice daily sun protection.** An SPF 30 is essential regardless of the weather or your activities. Do not go outdoors without your splint and a hat to shade your nose.
- **Apply skincare cautiously.** Do not use glycolics, retinoids or other potentially irritating skincare products until you receive clearance to do so.
- **Take antibiotic medications and supplements as directed.** Take pain medication only as needed. You may wish to switch from prescriptive pain medication to acetaminophen or ibuprofen.
- **Continue to keep your head elevated, including when sleeping.**
- **Do not blow your nose.** You must not blow your nose, or sneeze through your nose for at least three weeks post-operatively.
- **Do not resume any exercise other than regular walking.** Walking is essential every day to prevent the formation of blood clots.
- **Do not smoke. Do not consume alcohol.**
- **You may resume wearing contact lenses.** Do not wear glasses for any extended period of time; do not allow the weight of your glasses to rest on your nose.

ONE to FOUR WEEKS FOLLOWING SURGERY

As you resume your normal daily activities, you must continue proper care and healing.

- **Continue to wear your splint as directed. Any bruising and swelling should begin to improve.**
- **Refrain from direct sun exposure.** If you are outdoors, apply at least an SPF 30 at least 30 minutes prior to sun exposure and wear a hat. Your facial skin is highly susceptible to sunburn or the formation of irregular, darkened pigmentation.
- **Do not smoke.** Smoking deprives your body of necessary oxygen that can result in poorly healed, wide, raised scars.
- **You may begin sleep in a modified reclining position.** However do not sleep lying flat or on your stomach. If you are a side sleeper, two pillows under your head may offer more comfort.

Follow-up as directed. Your second post-operative visit is scheduled for: _____

SIX WEEKS FOLLOWING SURGERY

Healing will progress; swelling continues to diminish.

- **Bruising, discomfort or tightness will continue to improve.**
- **You may ease into your regular fitness routine.** However, if you are going to engage in any contact sports you must wear proper protection.
- **No need to resume smoking.** You have now gone 10 weeks (4 weeks prior to surgery and 6 weeks following) without a cigarette. For your long-term health, there is no need to resume smoking.

YOUR FIRST YEAR

Your appearance will continue to refine. It may take a year for all swelling to resolve and for your nasal appearance to settle to a final outcome. Nasal injury repair is the most intricate of plastic surgery procedures and healing is often unpredictable as delicate nasal bones may shift in healing. The outcomes may not be as expected. In some cases a secondary procedure may be recommended to refine your outcomes.

Your appearance will change with age. Like any facial feature, your nose can change as you age. Call us at any time with any of your questions or concerns.

I have read and understand all of the above instructions. I understand that following these instructions is solely my responsibility. I understand that it is also my responsibility to ask my doctor and his or her staff any questions I have related to these instructions or about my procedure, health and healing.

Patient Signature

Date

Printed Name of Patient

Signature of Practice Representative and Witness