Rhinoplasty Post Op

RECOVERY TIMETABLE:

Approximate recovery after rhinoplasty is as follows:

DAY 1:
Return Home. Use cool compresses for 24 hours. Some swelling and bruising, mild discomfort. Change mustache dressing as needed (often 10 to 20 times). Use saline every 2 hours while awake.

DAY 2-3:
Maximum bruising and swelling.

DAYS 5-7:
External stitches removed or dissolving. Internal and external nasal dressings removed by Dr. Smith. Bruising going away.

WEEK 2-4:
Much of swelling has begun to go away. Breathing better.

1 Year:
Enjoy your final result

RECOVERY TIMETABLE:

Recovery after septoplasty alone is as follows:

DAY 1:
Return home. Nasal congestion mild. Change mustache dressing as needed (often 10 to 20 times).
DAY 2-5:
Nasal stuffiness is main problem.

DAYS 5-7:
Internal nasal splints removed by Dr. Smith. Stuffiness and nasal congestion much better.

DAYS 7-10:
Slightly worse nasal congestion.

WEEK 3-4:
Nasal breathing much improved.

REMEMBER: If you have any concerns or questions, you should be comfortable contacting our office any time. Our office should be a source of information and reassurance throughout the entire period, from the time of your first consultation and continuing after your surgery.

WHAT CAN I EXPECT AFTER SURGERY?

There will be a mild to moderate amount of pain and discomfort associated with the surgery. This should be easily controlled with oral medications. Tylenol with hydrocodeine or codeine (or equivalent if allergy to codeine exists) is generally always sufficient for pain control.

The discomfort and pain should begin to decrease within 72 hours after surgery and a significant increase in pain after this period should prompt you to call the office.

Bruising and swelling are not unusual after the surgery. These symptoms often worsen on the second and third day following surgery, and then steadily improve thereafter; this is normal. The amount of bruising that occurs varies significantly from one person to the next. Most swelling
occurs around the eyes, but some bruising may track down and discolor the cheek area. If only the septum and/or nasal tip are operated on, only slight, if any, bruising is minimal.

Some bloody nasal discharge is to be expected after any nasal surgery. A small “mustache” type gauze dressing can be placed beneath your nose after surgery. During the first 24-72 hours, this absorbent dressing often needs to be changed 10-20 times; this is to be expected.

At the completion of surgery, a light tape and plastic nasal dressing is placed on the outside silicone of the nose, and siliconesplints are placed on the inside of the nose. If only a septoplasty and/or nasal tip surgery have been performed, the external dressing is omitted. Both the internal and external nasal dressings are removed in 5-8 days after surgery.

Nasal stuffiness is the most annoying problem that you will face after surgery. It is more distressful during the first week after surgery, and significantly improves once the internal splints are removed. Any residual stuffiness can be expected to gradually improve over a period of several weeks thereafter.

Excess mucus is often present in the throat after surgery. It is because of the splints inside the nose. This will resolve once the splints are removed (5 to 8 days after surgery).

Numbness in the tip of the nose, upper front teeth or roof of the mouth following surgery is to be expected because nasal surgery typically causes a temporary disruption of some of the nerves in the area. Sensation will generally return slowly over a period of several weeks to months.

Some temporary decrease or alteration in the sense of smell or taste is typical after surgery. This is, again, secondary to disruption of some nerves in the nose during surgery. These changes will begin to improve within the first 2 to 4 weeks after the procedure.

It is very important for you be aware of the fact that swelling from the surgery will temporarily make the nose appear broader and the tip more turned up and less refined than is desirable. You will often notice that the
swelling on the bridge of your nose will improve more quickly than the
swelling on the tip of your nose. This should not be a cause for alarm. All
the swelling in your nose will greatly improve in the first several weeks after
the surgery. Although much of the swelling will have resolved within a few
months, your nose will continue to improve for up to one year after surgery.
Patients who have undergone only septal surgery do not normally have any
significant swelling on the outside of the nose.

It is of utmost importance to tell Dr. Smith prior to your surgery if you have
ever been on Accutane, received radiation therapy to the head or neck,
taken steroids or immunosuppressive agents.

Immunosuppressed patients (HIV positive, chemotherapy, AIDS etc) and
patients with certain autoimmune disorders may not be good candidates for
this procedure as the risks of poor healing and infection leading to
permanent scarring and poor aesthetic results may be much higher. It is
mandatory that you inform Dr. Smith if you have any of these conditions
before surgery.

CALL THE OFFICE PROMPTLY IF YOU NOTICE ANY OF
THE FOLLOWING:

• development of a temperature elevation exceeding 100 degrees
  Fahrenheit.

• unusual amount of bleeding from the nose. Any significant reinjury of the
  nose.

• a significant progressive increase in pain which is not easily relieved by
taking your prescribed medication.

If any of the above should occur after regular office hours, call us through
the answering service. For whatever reason, if you notice one of the above
changes and cannot reach us at our office or through the answering
service, present yourself to the emergency department for evaluation.
HOW DO I CARE FOR MYSELF AFTER SURGERY?

Make arrangements to have someone drive you to, and from, your surgery.

We highly recommend someone stay with you the first night after your surgery.

Try to fill your prescriptions prior to your surgery since it means one less thing for you to worry about afterwards.

You should squirt saline mist spray (e.g. salinex, ocean spray) and then place a small dab of either Vaseline or antibiotic ointment (e.g. polytopic or bacitracin) inside your nose every 2 hours while awake, beginning on the first day after surgery. This will minimize nasal crusting and make you feel more comfortable. Both the saline spray and antibiotic ointment are available at drugstores without a prescription. A Q-tip moistened with hydrogen peroxide may be swabbed in the nose (be careful not to wet the outside of the nose) 2 to 3 times a day to also help reduce nasal crusting.

Arrive for your surgery in loose, comfortable clothing. Your top should button or zip rather than pull over your head.

Take the antibiotics and pain medication only as prescribed by the office.

Do not take any aspirin or any anti-inflammatory compounds for 4 weeks before and 2 weeks after your surgery unless you first discuss it with your surgeon.

If you use tobacco products, you should not use these products for at least 6 weeks prior to surgery and 6 weeks after surgery. Smoking and chewing tobacco inhibit your circulation and can significantly compromise your surgical outcome. Your surgery may be canceled if you have not followed the above noted recommendations.

To minimize swelling, you may use cool, clean compresses or ice wrapped in a dry cloth. Apply these gently to your closed eyes four to six times a day, for 20 minutes, for the first twenty four hours after surgery.
Sleep with the head elevated 30 degrees for the first week after surgery. You should not blow your nose for two weeks after surgery as it can disrupt proper healing and cause bleeding. If you have to sneeze, sneeze with your mouth wide open as this will minimize any disturbance within the nose.

If an external nasal dressing is used, do not allow it to become wet at any time. You may shower or bathe the day after surgery, but do not let the spray strike your nose. Do not rub or massage your nose unless instructed to do so by Dr. Smith.

For the first month after rhinoplasty, you should not rest your glasses on the bridge of your nose. Either wear contact lenses or suspend the glasses with the use of a small tape from your forehead (ask Dr. Smith to show you how to do this). You should note that your glasses may have to be refitted because changes in the shape of the nose may alter the resting place for your glasses. Patients undergoing only septoplasty may wear their glasses normally on the day following the surgery.

It is important to either avoid the sun or use a sunblock (SPF 30 or higher) for 6 months after rhinoplasty. Failure to do so may result in long term reddish discoloration of the skin of the nose. Patients undergoing only septoplasty have no increased risk of discoloration. Do not travel by plane for 10 to 14 days after nasal surgery in order to avoid any possibility of sinus blockage.

Usually, your surgeon will use dissolvable sutures inside the nose which will disappear on their own within a few weeks. Any external sutures should be kept clean and dry. If non-dissolvable sutures are used on external incisions, they should be removed within 5 to 8 days after surgery (at the time of splint removal).

You should do no vigorous exercise and should avoid any significant physical exertion, lifting or straining for a minimum of 3 weeks after your surgery, as this activity could disrupt your wound healing and cause bleeding. Plan on taking it easy. Although your nose will not feel painful while healing, it is still susceptible to injury. Be careful not to bump it or squeeze it (Dr. Smith may on occasion ask you to squeeze your nose in...
certain areas to help reduce swelling; unless told to do so, do not apply any pressure to your nose for a few months after surgery). Be aware that the most common sources of inadvertent injury to your nose after surgery are children and pets.