

PRE AND POST-OPERATIVE INSTRUCTIONS

Rhinoplasty or Septoplasty Surgery

Please follow these instructions as closely as possible. They are designed to help you heal quickly, and comfortably, with minimal side effects. If you experience any complications, please call our office.

Please read these instructions before and after your surgery. Carefully following these guidelines will help you obtain the best possible result. Take this information with you on the day of surgery so you can begin following the instructions that day. If you have questions, do not hesitate to contact our clinic. We want you to have a pleasant and enjoyable experience.

GENERAL INFORMATION:

Rhinoplasty surgery involves improving the function and appearance of your nose. Your decision for nasal surgery is an individual one and the plan will be discussed in your consultations with Dr. Praetzel. The nose is typically approached through an incision across the center of the nose (columella) and then inside the nostril. The rhinoplasty is performed in components including the dorsum, the septum, the turbinate's and the upper and lower cartilages of the nose. Dr. Praetzel approaches the nose in a very systematic fashion in order to offer complete and comprehensive surgical care that is both predictable and natural. He will review each part of your rhinoplasty before the surgery and hopes to offer a significant improvement to your nose.

PREPARING FOR SURGERY

One Week Prior to Surgery:

- Stop all Aspirin, NSAIDS (Motrin™ (Ibuprofen), Alieve™ (Naprosyn), etc.) and vitamin supplements containing fish oil and Vitamin E, 1 week prior to surgery, as they can all promote bleeding.
- Have requested study results (labs, mammogram, medical clearance, etc.) forwarded to the office.
- Pick up 4 x 4 gauze, triple anti-biotic ointment (Neosporin™ or generic), Hibiclens™ Skin Cleanser, and paper tape at the pharmacy.

The Day of Surgery:

- Wear something loose and comfortable that has a zipper in the front.
- Nothing to eat or drink after midnight.
- If you take routine medications, it is appropriate to skip your morning dose of all medications. **Please discuss taking thyroid medication, cardiac and/or blood pressure medications prior to surgery.**
- Bring your prescribed post-surgical medications with you, for use immediately after surgery, if needed.
- Arrive at the surgery center at least one hour prior to the surgery start time.

POST OPERATIVE CARE:

- Have someone drive you home and stay with you for 2-3 days. Medication will be called to your preferred pharmacy prior to surgery.
- Take pain medication and muscle relaxers as prescribed. Do not drink alcohol with these medications. Over the counter stool softeners and/or laxatives should be taken with the pain medication to prevent constipation. Colace, Biscodyl, Milk of Magnesia are all available at your pharmacy and can be taken as directed.
- Do not smoke or be around smokers as smoking even second hand smoke delays healing and increases the risk of complications.
- Get plenty of rest. The general anesthesia, oral steroids and/or pain medication can all promote insomnia; therefore a sleep aid may be taken if needed.
- Follow a well-balanced diet to include protein and limit the amount of salt intake. Protein supplementation can be started one to two weeks before surgery and should include over 30 grams of additional protein. This should be continued for three weeks after surgery. A high salt diet, or meal, can lead to increased swelling and prolonged recovery.
- Oral hydration should include the use of electrolyte containing fluids such as Gatorade or a low calorie substitute. Limit the amount of caffeinated beverages as they can promote dehydration.

ACTIVITIES:

- Apply ice packs and/or bags of ice (small crushed ice or frozen peas in a zip lock baggy is best) to your cheeks and eyes as much as possible during the day for the first 3-5 days to reduce the amount of swelling you have after surgery. Swelling will peak 48-72 hours after surgery.
- Do not put pressure on the nasal splint. Keep your head elevated at least 45° above your heart at all times to decrease swelling for 2 weeks.
- To prevent bleeding, do not sniff or blow your nose for the first 2 weeks after surgery. Try not to sneeze, but if you do, please sneeze through your mouth.
- Avoid blowing your nose and expect the feeling of congestion in your nose. This is normal secondary to internal swelling and the silicone tubes placed in your nose. Dab with gauze or tissue, don't blow your nose for at least 3 weeks.
- Avoid massaging and rubbing your face and eyes for at least 10 days after the surgery to avoid disruption of the nasal dressing.
- Avoid hitting your nose or wearing glasses for 4 weeks after surgery.
- Do not lift anything heavier than 10 pounds for 3 weeks.
- Do not drive for 7-10 days and/or when your vision is normal and your nose is comfortable.
- Do not run, lift weights, play tennis or golf for 3-4 weeks after surgery (keep your heart rate under 100 beats over one minute for 3 weeks. Cardiovascular exercises can be resumed gradually after 3 weeks. Heavy lifting/stretching (Yoga) can be resumed after 6 weeks.

INCISIONAL AND NASAL CARE

- All incisions are closed at the end of the procedure with very fine sutures, both permanent and dissolvable. Tape and a metal splint are placed on the nose in the operating room. Small silicone tubes are frequently placed in the nostril to help in the healing process. Dr. Praetzel removes all of these during your first follow-up visit in one week after surgery.

First Week with Nasal Splint:

- Take care to prevent the nasal splint from getting wet. A drip pad will be taped to the under surface of your nose and can be changed every 4 to 6 hours as needed. It is usually maintained for one to two days after the operation and then discarded. You may discard the drip pad and remove the tape on your cheeks when the drainage has stopped.
- Anti-biotic ointment (Polysporin, Neosporin™, etc.) can be applied to the incisions for 3 days only to help eliminate crusting and promote suture dissolution.
- Keep the inside edges of your nostrils and any stitches clean by using a Q-tip saturated with hydrogen peroxide followed by a thin coating of ointment. You may advance the Q-tip into the nose as far as the cotton on the Q-tip, but no further. You will not hurt anything inside your nose as long as you are gentle in your actions. You can begin to gently wash your face (but not your nose) with a mild soap and rinse with water. It will not hurt to get water on the stitches or in the eyes.
- Cosmetics can be worn on the face as early as 5 days after surgery. However, eyelid or eyelash cosmetics should NOT be worn until after the nasal splint is removed.

After the Nasal Splint is Removed:

- After your sutures are removed and the internal/external splints are removed it is recommended that you use a saline solution (salt water)(Ocean or Afrin Nasal Spray) to gently remove crusty formation from inside your nose especially if you had internal nasal surgery such as septal reconstruction or inferior turbinate resection.
- After the nasal splint is removed, the nose can be washed gently with bland soap and make up can be applied.
- Moisturizing creams can be used if the nose is dry.
- After the splint is removed, do not wear glasses or allow anything else to rest on your nose for 4 weeks. Glasses should be taped to the forehead. Contacts can be worn as soon as the swelling has decreased enough for them to be inserted. You can use nasal spray (Afrin®) intermittently ONLY for the first and second week post-op for improved nasal breathing or if you are taking a flight to help prevent your ears/nose from popping.
- The skin of your nose is sensitive to sunlight after surgery. Protect your nose from excessive exposure for 6 months. Wear a wide brim hat and/or a good sunscreen (SPF-20 or greater) with both UVA and UVB protection if you have to be in the sun for prolonged periods.
- The incision and any areas of bruising can be lightly dressed with a fragrance free moisturizing cream starting one week after surgery. This will promote early softening and maturation of these areas. Skin care should be kept to a minimum for the first week after surgery.

EYE CARE:

- Apply the cold compresses or ice packs for the first 3-5 days. The cooling effect helps to reduce the amount of swelling you will have after surgery. Also they help to protect your eyes from drying out, as they provide a hydrated environment while your eyes recover.

WHAT TO EXPECT AFTER:

- The most common complaint after surgery is a mild headache pressure in the cheek and nose region. You will probably have a slight bloody nasal discharge for 3-4 days and may change the drip pad under your nose as often as needed. This is normal. Do not rub or blot your nose, as this will tend to irritate it.
- Swelling and bruising around the eyes is normal and usually lasts 2 to 3 weeks. The nose will feel tight and congested, this will resolve when the internal silicone tubes are removed. The tip of the nose sometimes will feel numb after rhinoplasty and occasionally the front teeth will feel “funny”. These feelings will gradually disappear over 6-9 months. Much of the major swelling will be gone 3 weeks after surgery. It often takes over a year for the last 20% of the swelling to disappear.
- Your nose may feel stiff when you smile and not as flexible as before surgery. This is not noticeable to others and things will gradually return to normal.
- Remember that it will take at least 12-15 months to see final results. One side of your nose may swell more than the other side for several months, this is normal. It is common to have discomfort and mild burning at the incisions after rhinoplasty surgery- this is normal, and will improve shortly after surgery.
- Discomfort in the areas of surgery may worsen with increased activity and relates to swelling and internal cartilage grafts and sutures. You can expect some slight oozing (bloody) from the suture lines and swelling of the incisions.
- Gauze can be reapplied if it is bothersome; as well head elevation and Afrin spray can help reduce this. However, you should call the office if you have a continuous bleeding, significantly more swelling on one side of the nose than the other, or any severe pain and associated swelling.
- Red discoloration of the incisions may occur if there is significant swelling, especially in the areas of sutures. This will resolve as the stitches are removed and the incisions heal.
- Constipation is common after any operation, and is secondary to the anesthetic, pain medication and dehydration. Please stay hydrated and pick-up a stool softener and/or laxative with your prescription medications.

Recommendations include:

- Docusate (Colace) 100mg orally twice daily when taking pain medication
- Milk of Magnesia 30cc/1 tbsp. twice daily when taking pain medication
- Prune juice or Sorbitol orally
- Biscodyl or Magnesium Citrate as needed for constipation

WHEN TO CALL THE OFFICE:

- **If you experience increased nasal bleeding with bright red blood (with a need to change nasal pad every 30-40 minutes). You should sit up and apply pressure to the end of your nose for 15 minutes and you can use Afrin spray to stop the oozing in the interim. Bleeding usually stops with these maneuvers.**
- **If you have increased swelling and bruising of one side of the face significantly more than the other.**
- **If you have increased redness or swelling around the incision.**
- **If you have severe pain not relieved by pain medication.**
- **If you have any side effects from medications: rash, nausea, headache, vomiting.**
- **If you have a fever over 101F.**
- **If you have yellow or greenish drainage from incision or notice a foul odor.**
- **If you notice some vaginal burning or itching as a result of the antibiotics used during and after surgery.**

For medical questions, please call the office at 501-623-4485. Dr. Praetzel should be paged/called on his cell phone for any urgent or emergent medical issues.

FOLLOW-UP CARE:

- Your permanent sutures, nasal splints and internal nasal tubes will be removed at one week after surgery. Generally no tape or splint is reapplied.