

### **Post Operative Instructions for Rhinoplasty**

The following instructions are designed to answer most questions that arise regarding the “do’s” and “don’ts” after surgery. You and your family should read these several times to familiarize yourselves thoroughly with them. Attempt to follow them faithfully because those who do so generally have the smoothest postoperative course. This, of course, favors proper healing.

**SWELLING** Every operation, no matter how minor, is accompanied by swelling of the surrounding tissues. The amount of swelling varies from person to person, but it seems to be more in the face because the features appear distorted. Swelling is usually greater when both the inside and outside of the nose have been operated upon than when surgery is done on the outside only. Sometimes the swelling will be worse the first or second day after you leave the hospital. It may also become more pronounced along the jaw line and is generally worse when you first arise in the morning. This is not serious and is not an indication that something is going wrong with your operation. The main thing to remember is: swelling always eventually subsides and your face will return to normal.

#### **You can help normal healing to occur several ways:**

1. Stay up (sitting, standing, walking around) as much as possible when you leave the hospital. **THIS IS IMPORTANT.** Of course, you should rest when you tire.
2. Avoid bending over or lifting heavy things for one week. Besides aggravating swelling, this may raise your blood pressure and start bleeding.
3. Avoid hitting or bumping your new nose. It is wise not to pick up small children. It is best to sleep alone for one or two weeks after your operation.
4. Sleep with the head of the bed elevated until all the dressings have been removed from the nose. To accomplish this, place two or three pillows under the head of the mattress and one or two on top of it. Try not to roll on your nose.
5. Ice compresses consisting of moistened wash cloths (not an ice bag) applied diagonally across each eye for twenty minutes every two hours while awake during the first two days after discharge from the hospital are helpful.
6. Avoid “sniffing”, that is, forcibly attempting to pull air through the nose as some people do when their noses feel blocked. This will not relieve the sensation of blockage – it will only aggravate it because the suction created on the inside will cause more swelling.
7. Avoid constantly rubbing the nostrils and base of the nose with Kleenex or a handkerchief. Not only will this aggravate the swelling, but it may cause infection, bleeding, or the accumulation of scar tissue inside the nose. Use a moustache dressing instead if the discharge is excessive. Report any excessive bleeding that persists after pressure and lying down for 15 minutes.
8. Tub bathing or showering can be resumed as soon as you feel strong enough to do so. It is probably best to have assistance standing by on the first couple of occasions.
9. When bathing, avoid getting the nasal dressing wet. If it becomes loose, let us know.
10. The hair may be washed, with someone’s help, after 3 or 4 days; care should be taken not to wet the bandage. Do not use the usual type heat hair dryer used in beauty salons; use a hand-held blow dryer set at a cool or warm temperature.
11. Avoid sexual intercourse for two (2) weeks after your operation.
12. Do not resume exercising, running, aerobics, or nautilus for two weeks after surgery.
13. Avoid sunning the face for prolonged periods for one month; ordinary exposure is not harmful.

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14. Do not tweeze the eyebrows for one week.

**HEMORRHAGE(BLEEDING):** Whenever the nasal passages are blocked (as when you have a cold or allergy), the nasal glands produce more mucus than normal. Your nose is blocked from the swelling resulting from your operation, so you can expect more mucus drainage for several days. It will be blood-tinged and should cause you no concern unless the drainage becomes frankly bloody and flows profusely. If hemorrhage does occur, go to bed, apply ice compresses about the neck and face, and report it by telephone. You will probably be told to return to the office. Avoid bending over and lifting heavy objects, hitting your nose, and removing blood clots, etc., from within the nostrils.

**PAIN:** There is usually little actual pain following rhinoplasty, but you may experience a deep, bruised sensation as a result of the post-operative swelling that occurs. As is usually the case with such things, this seems worse at night and when one becomes nervous. Unfortunately, the usually-prescribed drugs which kill pain often cause sensations of light-headedness, particularly in the immediate post operative period, and so seem to make recovery more tedious. Therefore, it is better to try application of cold compresses before resorting to stronger drugs. If the above are not effective, we will generally prescribe codeine or a similar preparation if there is no history of sensitivity to these products. Two extra strength Tylenol tables every four hours are frequently enough to relieve pain.

**INSOMNIA:** When there is too much difficulty in sleeping in the period before the dressings are removed, we will prescribe a sedative. It should be remembered that such drugs also tend to make some people feel light-headed and weak and tend to slow recovery.

**DEPRESSION:** It is not unusual for an individual to go through a period of mild depression for 12 to 36 hours after surgery because, no matter how much they wanted the operation beforehand and how much they were told about what to expect post-operatively, they are shocked when they see their face swollen and perhaps discolored. Be realistic and realize that this is a very temporary condition which will subside shortly. The best “treatment” consists of busying one’s self with the details of post-operative care and trying to divert one’s mind.

**DISCOLORATION:** It is not unusual to have varying amounts of discoloration about the face. Like swelling, the discoloration may become more pronounced after you have been discharged; it usually does not last for more than a week, all the while decreasing in intensity. The measures that help the swelling to subside will also help the discoloration. You can camouflage the discoloration to some extent by using make-up.

**KEEP A STIFF UPPER LIP:** The upper lip is a key area in rhinoplasty surgery since much work is done in this area. Therefore, you should not move it excessively as long as the bandage is in place so that the healing tissues are not disturbed.

Toward this end:

1. Avoid excessive grinning and smiling.
2. Don’t pull the upper lip down as women do when they apply lipstick.
3. Apply lipstick with a brush.
4. The upper teeth should be cleansed with toothpaste on a face cloth; the lower teeth may be brushed as usual.
5. Avoid gum or foods that are hard to chew. Soups, mashed potatoes, stewed chicken, hamburger steak,

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or any easily-chewable food is permissible; French bread, steak, etc., should not be eaten.

6. If you decide to continue wearing a moustache dressing because of excessive mucus drainage, do not change it often - no more than twice daily - because this has a tendency to move the upper lip and base of the nose. The fact that they become soiled doesn't hurt anything except, perhaps, one's self-esteem, and one should be able to put up with this for a few days for a good cause. If the dressing becomes "stuck" it may be loosened with a few drops of peroxide. The best type of adhesive tape to use is Micropore paper tape because it is less irritating to the skin.

**NASAL BLOCKAGE AND NOSE DROPS:** Nasal blockage is to be expected after rhinoplasty and will gradually subside over a period of time. You may spray your nose four times a day with \_\_\_\_\_ nasal spray . This spray should only be used for four days after surgery.

**CLEANING THE NOSE:** Don't blow the nose at all for 10 days; after that, blow through both sides at once - do not compress one side. You may clean the outside of the nose and the upper lip with Q-tips moistened with peroxide as soon as you return home from the hospital, but don't rub too vigorously. After one week the inside of the nostrils may be cleaned with a Q-tip moistened with mineral oil. Soon after the bandage has been removed, the nose should be cleaned in the usual manner twice daily to remove the oily material that is produced by the skin glands. This is important because otherwise swelling will be prolonged. The nose can withstand gentle cleaning at this time.

### **RESUMING ACTIVITIES:**

1. After 2 weeks you may sleep without the head of the bed elevated.
2. Until the bandage is removed you should wear clothing that fastens either in the front or back rather than the type that must be pulled over the head.
3. No swimming, gym or strenuous athletic activity for 2 weeks; no diving or water skiing for 2 months. No contact sports for two months.
4. Avoid sneezing until the bandage is removed; if you must, let it come out like a cough - through the mouth. If it becomes a real problem, we will prescribe medicine to alleviate the condition.
5. Eye glasses can be worn as long as the splint remains on the nose. After that, they must be suspended from the forehead for a period of about 6 weeks; we'll show you how this is accomplished if you must wear them. This is important, for the pressure of the glasses may change the new contour of the nose.
6. Contact lens may be inserted the day after surgery.

**DRYNESS OF THE LIPS:** If the lips become dry from breathing through the mouth, coat them with oil, Vaseline, or lipstick.

**TEMPERATURE:** Generally, the body temperature does not rise much above 100 degrees following rhinoplasty, and this rise is due to the fact that the patient becomes mildly dehydrated because s/he does not drink enough water. Patients will often think they have an increased temperature because they feel warm, but, in reality do not. To be sure, you should measure your temperature in the armpit; the armpit temperature is 1 degree below that measured by mouth. Report any persistent temperature above 100 degrees.

**MEDICATION:** You have been given a prescription for a pain medicine, which may be taken as needed. You have also been given a prescription for an anti-nauseant. Directions for taking them should be written on the bottle. There is one preauthorized repeat on each prescription if required.

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**WEAKNESS:** It is not unusual after a person has an anesthetic or any type of operation for them to feel weak, have palpitations, break out in “cold sweats”, or get dizzy. This gradually clears up in a few days without medication.

**YOUR FIRST OFFICE VISIT:** Soon after arriving home you should call the office to schedule an appointment a week following your surgery. This should be done soon, because special preparations must be made for your visit in advance of your arrival - these are different from the usual office routine. Don't build up a feeling of fear and anxiety about what is going to be done to you on the occasion of your first post operative visit to the office. The outer adhesive tape and the splint will be removed; a special tape-removing solution is used to insure that these come off easily. Likewise, the material inside your nose will be softened so that it comes out easily. There are no stitches to remove from the inside of your nose because the dissolvable type are used. If your nostrils were narrowed those stitches are also of the dissolvable type. You will probably feel much better after the first office visit.

**RETURNING TO WORK OR SCHOOL:** The average patient is able to return to school the day after the bandages are removed, that is, 8 days following surgery. Some individuals have done so earlier. When you should return to work depends on the amount of physical activity and public contact your job involves, in addition to the amount of swelling and discoloration you develop; the average patient may return to work in the 8th to 10th post-operative day when these factors are minimal.

**INJURY TO THE NOSE:** Many individuals sustain accidental hits on the nose during the early post-operative period. One need not be too concerned, usually, unless the blow is hard or if hemorrhage or considerable swelling ensues. Report the incident at the next office visit or by telephone if you are sufficiently concerned.

**FINALLY:** Remember the things you were told before your operation, namely:

1. When the bandage is first removed completely, the nose will appear fat and turned up too much; this is due to post-operative swelling over the nose and in the upper lip. This swelling will subside to a large extent within a week; however, it will take up to one year for all the swelling to disappear and for your nose to reach its final contour.
2. The discoloration will gradually disappear over a period of 7 to 10 days in most cases.
3. The thicker and oilier the skin, the longer it takes for the swelling to subside.
4. The upper lip may appear stiff for a while and you may feel that it interferes with your smile; this will disappear within a few weeks.
5. The tip of the nose sometimes feels ‘numb’ after rhinoplasty, but this eventually disappears.

**You have been given a prescription for pain: Tramacet. Please take as directed.**

**You have been given a prescription for nausea: Zofran. Please take as directed.**

**Your follow-up appointment is scheduled for: \_\_\_\_\_**

**If you have further questions, call the office at 604-806-6360**