

RHINOPLASTY & SEPTOPLASTY (NASAL SURGERY) INSTRUCTIONS

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 codeine (or equivalent if allergy to codeine exists) is generally sufficient for pain control. The discomfort and pain should begin to decrease within 48 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 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 will normally be expected to occur.

Some bloody nasal discharge is to be expected after any nasal surgery. A small "mustache" type gauze dressing will be placed beneath your nose after your surgery. During the first 24-48 hours, this absorbent dressing often needs to be changed 10-20 times; this is to be expected.

Often at the completion of the surgery, a light tape and plastic nasal dressing is placed on the outside of the nose, and plastic splints are placed on the inside of the nose. If only a septoplasty and/or nasal tip surgery have been performed, the external dressing may be omitted. Both the internal and external nasal dressings are removed in 5-7 days after surgery.

Nasal stuffiness is the most annoying problem that you will face after surgery. It is most distressful in the first week after surgery, and significantly improves once the internal nasal 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 due to the splints inside the nose stimulating the nose to temporarily produce more mucus than is normal. This will resolve once the splints are removed (5 to 7 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, and rarely, 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 1 to 2 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 few 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. Verret ahead of time if you have ever been on Accutane, received radiation therapy to the head or neck, or taken steroids or immunosuppressive agents. Immunosuppressed patients (HIV positive, chemotherapy, diabetes, 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 esthetic results may be much higher. It is mandatory that you inform Dr. Verret if you have any of these conditions before surgery.

Things To Remember

- Make arrangements to have someone drive you to, and from, your surgery. You will likely need someone to assist you in driving for at least a week after surgery.
- If you live more than 30 miles from our office, you should plan on staying in Plano with friends, family or in a hotel for 2-3 days following surgery.
- Arrive for your surgery in loose, comfortable clothing. Your top should button or zip rather than pull over your head.
- Having someone stay with you on at least the first night after your surgery is highly recommended.
- Be sure to fill your prescriptions before your surgery since it means one less thing for you to worry about afterwards. Take the vitamins and antibiotics until your supply is exhausted; the prescriptions need not be refilled.
- If you are a smoker, you should not smoke for at least 2 weeks prior to surgery and 2 weeks after surgery. Smoking and chewing tobacco inhibit your circulation and can significantly compromise your surgical outcome.
- Do not take any aspirin or any anti-inflammatory compounds for 2 weeks before and 2 weeks after your surgery unless you first discuss it with your surgeon.
- Sleep with your head elevated 40 degrees for two weeks; an additional pillow or two under your mattress may help, if necessary.
- Stay up (sitting, standing, walking around) as much as possible after you return home - this promotes a decrease in facial swelling. Of course, you should rest when you tire.



- Avoid bending or lifting heavy things for one week. Besides aggravating swelling, this may raise your blood pressure and start bleeding. No lifting over 5 pounds the first week, 25 pounds the second week.
- Avoid straining at stool, which also raises your blood pressure. If you feel you need a laxative, consult your local pharmacist as most stool softeners do not require a prescription.
- Avoid hitting and bumping your nose. It is wise not to pick up small children, and you should sleep alone for one or two weeks after your operation. Remember, the two most common causes for accidental nasal injury are children and animals.
- It is important to either avoid the sun or use a sunblock (SPF 15 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.
- 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 4 to 6 times a day, 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.
- 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.
- Avoid “sniffing,” that is, constantly trying to forcefully pull air through the nose.
- Do not use nose drops or nose sprays without consent from Dr. Verret.
- Avoid foods that are difficult to chew, such as steak and gum.
- 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. Verret.
- 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. Verret 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.
- Take only prescribed medication or Tylenol, never aspirin or other NSAIDS, as they promote bleeding.
- Do not travel by plane for 10 to 14 days after nasal surgery in order to avoid any possibility of sinus blockage.
- Usually, dissolvable sutures will be used 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 7 days after surgery (at the time of splint removal).



- Don't go swimming, diving, water skiing, or participate in strenuous athletic activity for at least six weeks after surgery.
- You may drive after one week.

Contact the Office Immediately

If you notice any of the following, please contact the office immediately at 972-608-0100:

- any change in vision.
- unusual amount of bleeding from the nose
- any significant reinjury of the nose.
- development of a temperature elevation exceeding 100.0 degrees.
- 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, do not hesitate to call Dr. Verret at home at the number provided on the day of surgery or on his cell phone. For whatever reason, if you notice one of the above changes and cannot reach us at our office or through any of the alternate means, present yourself to the emergency department for evaluation.

Recovery Timetable for Rhinoplasty

- **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).
- **Days 2-3** Maximum bruising and swelling.
- **Days 5-7** External stitches removed or dissolving. Internal and external nasal dressings removed by Dr. Verret. Bruising going away.
- **Weeks 2-4** Much of swelling has begun to go away. Breathing better.
- **1 Year** Enjoy your final result

Recovery Timetable for Septoplasty

- **Day 1** Return home. Nasal congestion mild. Change mustache dressing as needed (often 10 to 20 times).
- **Days 2-5** Nasal stuffiness is main problem.
- **Days 5-7** Internal nasal splints removed by Dr. Verret. 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 questions at any time, do not hesitate to call. On the day of surgery, you will be provided with Dr. Verret's home and cellular phone numbers as well as the personal contact phone numbers of members of our staff. We do not like surprises and would much rather hear about a small annoyance before it becomes a big problem.



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