

INSTRUCTIONS FOR NASAL SURGERY

Please refer to the "**Gateway to Plastic Surgery**" as a general informational guide and overview of preoperative and postoperative instructions.

The following instructions pertain specifically to nasal surgery.

WHAT TO EXPECT POSTOPERATIVELY:

It is important that you are prepared for your postoperative recovery period after nose surgery. The day of surgery, for instance, you might feel sleepy from the anesthesia. Most likely, you will have no discomfort due to the long-acting local anesthesia that was used. When this wears off, most patients may describe some discomfort or tenderness to the nose and this is easily alleviated by pain medication and cool compresses.

PACKING: Some oozing from the nose can be expected for a day or two after nasal surgery. The packing inside your nose usually prevents any significant amount of bleeding from occurring. A small gauze "mustache" dressing is worn as a drip pad and can be changed or removed as necessary. You do not have to change the mustache dressing too often. Try not to swallow any blood, as this can cause nausea. The packing is removed the day after surgery (2 days if turbinate surgery was performed). Once the packing is removed, most of the oozing or dripping from the nose stops.

DO NOT BLOW YOUR NOSE. It is important not to blow your nose for at least **TWO WEEKS** after surgery. This can cause a crust to come loose and cause bleeding. (This is particularly important if turbinate surgery was done).

CRUSTS: On the second day after surgery, small amounts of dried mucous and blood can collect and by following these instructions you will be more comfortable, breathe easier, and have less swelling.

- (1) Mix equal amounts of lukewarm water and hydrogen peroxide in a small glass.
- (2) Dip a cotton swab in this solution and very gently cleanse the edges of the nostrils.
- (3) Apply Bacitracin, Neosporin ointment (or Vaseline) with Q-tips inside your nostrils to keep them moist and help loosen any crusts. Be very gentle, and do not forcibly cleanse or pull on crusts. Let them loosen on their own. We recommend Ayr^R or Nasal^R buffered Saline solution to irrigate the nose. This is an over-the-counter nasal spray that you may use as often as you like.

MOUTH BREATHING & SNEEZING: You may find that you need to be a "mouth breather" for a short time. Try to avoid activities which can induce sneezing. If you must sneeze, *it is extremely important* to do so with the mouth open.

HOW TO RECLINE OR SLEEP: Sleep with your head elevated. The best way is to recline with your head elevated on 2-3 pillows. This should be done for the first two to three weeks after surgery to prevent swelling. Try to avoid striking, bumping or rolling on your nose while sleeping.

ICED COMPRESSES: The use of icy cool compresses to the eye areas will help to resolve swelling and bruising. Prepare compresses as follows:

- (1) Fill a plastic bowl with ice cubes and water and a 1/2 teaspoon of salt. Soak and wring out gauze pads and place these over your eyes. Try to avoid touching the cast. Place these over your eyes as much as possible while you are awake (i.e. 10 min. on & 5 min. off).
- 2) Ice bags should never be placed directly against the skin, as the area may be numb due to local anesthetic and swelling.

BLEEDING: If your nose begins to bleed, saturate a small piece of cotton with Neosynephrine nose drops, place this cotton into the nostril that is bleeding and relax but keep your head elevated. If bleeding continues, call the office.

REPORT TO THE OFFICE:

- * Any *excessive* pain.
- * Any *rise in temperature* over 101 degrees.
- * Any *injury* to your nose.

THINGS TO AVOID TO MINIMIZE SWELLING AND SPEED HEALING:

- (1) **AVOID EXCESSIVE BENDING AND HEAVY LIFTING** for at least 2 weeks to minimize swelling and avoid bleeding. In addition, eliminate added salt and spices from your diet. *Sunbathing, saunas, and extremely hot showers* can also contribute to swelling and should be avoided for 2 to 3 months following your surgery.
- (2) **AVOID THE SUN OR EXCESSIVE HEAT:** Do not expose your nose to the sun for 4 - 6 weeks. Use a sunscreen when in the sun for the next 6 months after surgery. Do not use a *hot hair dryer* for at least 2 weeks following surgery, since the nose should be shielded from direct heat of the dryer. A warm or cool hair dryer is O.K.

- (3) **NO ASPIRIN; NO SMOKING; NO ALCOHOLIC BEVERAGES; NO CAFFEINE** for 2 weeks following surgery. Smoking will irritate the lining of the nose and cause coughing; both of which can bring on a nose bleed.

EATING: Eat a relatively soft diet for one week after surgery.

SHOWERS & BATHING: Following your surgery **DO NOT GET THE CAST WET!** Showers should not be taken for one week following your surgery, but may be resumed after the nasal cast is removed. However, you may take luke-warm baths or sponge baths.

BRUSHING YOUR TEETH: You may brush your teeth carefully. During your early recovery, we recommend a child's toothbrush. It is usually more comfortable and gentle.

WEARING GLASSES: If you wear glasses, they can be worn over your nasal cast. Once the splint is removed, glasses should not be worn for usually 1-2 months following your surgery. Each surgical case is individual, Dr. Binder will let you know when he feels its ok to wear your glasses again.

LOOSE DRESSINGS: If dressings become loose, do not remove them! Simply apply additional tape to hold them in place, or call the office and we will be happy to reinforce the splint for you.

NASAL SPLINT & TAPING: A form-fitting plaster cast dressing is applied to the nose and worn for 5 to 7 days following your surgery. Skin tone tape is then lightly applied to the nose for a few days after the cast is removed to decrease swelling. As a result of taping, the skin on the nose may peel or develop clogged pores and whiteheads or blackheads. Using an antiseptic soap three times per day will help clear up skin problems.

BRUISING: A slight to moderate amount of bruising around the eyes is common. This will usually resolve in 7 to 10 days. Very rarely, some spot bruising may occur on the white (conjunctiva) of the eye, and should resolve in 2 to 3 weeks.

SWELLING: Normally, most of the swelling resolves in 2 to 3 weeks, however you will have minimal swelling for a few months after surgery. It is possible to have swelling 6 to 12 months following surgery. Depending on the thickness of your skin, particularly at the tip, nasal swelling in this area may persist for weeks or months. Your swelling will be more apparent in the morning when you get up and should subside as the morning progresses. In rare cases, total resolution of swelling may not occur for up to one or even two years. Do not attempt to evaluate your nose for at least six months. The final result may not be evident for three to six months.

NUMBNESS: You may notice some numbness, especially at the tip of the nose. Most numbness resolves rapidly, but some residual numbness (which represents the residual swelling) may last as long as it takes for all the swelling to disappear.

NASAL CONGESTION: Nasal congestion after nose surgery is expected. If stuffiness is bothersome to you, we can prescribe certain types of nasal sprays called Vancenase, Beconase or Ayr to lessen intranasal postoperative swelling and stuffiness. In rare cases, where extensive structural work is performed inside the nose congestion may persist. In these cases, we encourage you to keep your postoperative appointments. It is during this time that these minor postoperative problems can be treated and prevented from becoming more bothersome problems.

DARK RINGS UNDER THE EYES: Occasionally, dark rings may occur around some patient's eyes, especially those with darker pigment to their skin, but these resolve with time. Once the nasal cast is removed, you can use cover up make-up around the eyes if you desire.

ASYMMETRIES & IRREGULARITIES: Infrequently, a patient may feel (but rarely see) slight irregularities in the nose during the healing process. Bone, cartilage, and some layers of skin have a propensity to develop small, temporary lumps under the surface of the skin while healing. These lumps may occur over the bridge of the nose where the bones join the cartilage, or just in back of and to the sides of the tip. They most often represent callous tissue, enlarged glands, or thickened incision lines. In most cases, they disappear in time.

INCREASE SENSITIVITY TO SMOKE & AIR CONDITIONING: You may notice some sensitivity to smoke and air conditioning for several weeks after surgery. This is normal.

RESUMPTION OF ACTIVITIES: Most patients tell us they feel better than expected following their surgery and are able to return to work and social activities within 7 to 10 days. Light exercise can be resumed after 2 weeks. Regular exercise and workouts at the gym can usually start 3 - 4 weeks postoperatively. Heavy contact sports, such as swimming, volleyball, tennis, football, basketball, and wrestling, lifting weights and running long distances must be delayed for 6 to 12 weeks.

Resumption of activities depends to a great extent on how you feel and how quickly your swelling resolves. Activities will increase your swelling. In most cases, you will feel a slight "pressure sensation" in and around your nose if you "over-do-it". This is your "Q" to stop and then resume the next day at a slightly lower level.

AIR TRAVEL: You may travel by air the week following your surgery. Taking Sudafed during the flight and Neosynephrine nose drops or spray before landing will help reduce the swelling inside the nose and also help clear your ears by equalizing the air pressure.

COMPLICATIONS

Complications involving nasal surgery are unusual. With all surgical procedures, however, there exists the remote possibility of complications. Fortunately, most are troublesome, but temporary. Rarely serious, most complications resolve with simple treatment, the passage of time, or sometimes further surgery. **The most common complications are:**

(1) **Bleeding:**

Slight oozing of blood may be expected anywhere from several hours to a few days following surgery; however, heavy bleeding is unusual and treated with head elevation, quiet, and patience. If persistent, packing may be necessary. If aspirin and aspirin-containing products are avoided for two weeks before and after surgery and your clotting and bleeding tests are normal, this complication is very rare, occurring in less than 1% of cases.

(2) **Infection:**

Antibiotics are prescribed 1 day prior to surgery and are continued 5 days following surgery for a total of 6 days. Antibiotics are also administered during surgery to prevent infection. Still, mild nasal infection may occasionally occur, requiring further antibiotic treatment. This is extremely rare. In extremely rare instances, an infection may extend to sinuses, bone, or cartilage, possibly requiring further antibiotics, hospitalization, or additional surgery.

(3) **Breathing difficulty:**

Most common during the first few weeks before swelling has resolved, breathing difficulty can also result from persistent septal deviation, bone enlargement, polyps (growths created by fluid accumulation), and scarring between the septum and nasal bones. This usually resolves with time, although correction may require minor secondary surgery.

(4) **Septal perforation:**

When extensive septal work has been performed to straighten a distorted septum, small holes can develop, causing whistling or crustiness. This condition is unusual (especially after primary surgery), but is correctable by further surgery.

(5) Undesirable shape or irregularities:

Six to twelve months may be required before the nose stabilizes and the final shape can be discerned. It is important to withhold final judgement until sufficient time has passed to allow complete healing and resolution of swelling. If revision surgery is indicated (in about 2% of cases) it can be performed at this time.

If persistent swelling is the complaint, conservative measures (i.e. the use of diluted Kenalog injections) are used judiciously on different occasions and are exhausted before a second surgical procedure is attempted. Palpable irregularities due to bone or cartilage healing often resolve, if given sufficient time. The softer areas will begin to flatten first and the harder areas will take longer.

(6) Deviation of the nose:

In most instances deviation of the nose is due to persistent swelling that resolves asymmetrically. In rare circumstances, if there is a persistent "springiness" or "memory" of the cartilage that causes the deviation, then further corrective surgery may be required.

(7) Skin reactions:

Small pimples, tape reactions, and small spider veins occasionally develop and are easily treatable. Less common are increased or decreased pigmentation and scarring from pressure or prolonged tape reaction. If you notice any unusual skin irritation, notify our office at once.

Overall, **complications are unusual**. The vast majority of our patients are very pleased with their new natural looking nose and improved breathing.

A NOTE TO OUR PATIENTS

It is important that you work with the doctor to establish realistic appearance goals. With aesthetic surgery, good results are nearly always achieved. By reserving final judgement for a period of six months to a year, the results are usually excellent.

Imperfections exist in all things. Beautiful paintings and sculptures by world-renowned artists always have small imperfections, but these are rarely scrutinized. Instead, one sees the overall beauty and mastery of the art. In order to remain natural looking, cosmetic surgery will often have small imperfections when closely scrutinized. Instead of utilizing techniques that might over-correct or distort features, we tend to utilize a safer approach, while striving for a more natural appearance.