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## **Rhinoplasty/Nasal Reconstruction**

Variation from a well-proportioned, straight nose may be considered an indication for rhinoplasty. Alteration of the external appearance of the nose is often done in conjunction with a septoplasty; which is a procedure used to improve the nasal airway (i.e. enhance someone's ability to breathe through the nose). The goal for the surgery is to improve both the appearance and the function of the nose. The specific plan will be discussed in detail with you prior to the surgery. Photographic analysis is an important part of the preoperative evaluation.

The surgery is performed through the nose. Sometimes a small external incision will be used; if this is necessary you will be informed pre operatively. Surgery is done as a "day care" or ambulatory procedure at the hospital. Ice applied to the nose and eyes is critical during the first 48 hours. This will minimize nasal swelling and limit the extent of eyelid discoloration/bruising.

Nasal packing is usually required and is most often removed 1-3 days after surgery. The packing can be uncomfortable. You may have some splints in your nose. These will be removed 4-8 days after surgery. There may be some bloody mucous drainage from your nose for about one week. This drainage is greatest during the first few days. During the first few days, you may wish to keep a gauze bandage taped beneath your nose. Avoid blowing your nose for one week, as this may cause bleeding. Mild bleeding can usually be controlled by ice, gentle pinching pressure, or a decongestant (e.g. Afrin, Dristan or Neo-Synephrine). You may use up to 4 sprays of these if there is active (bright red) bleeding, but do NOT use these sprays for more than 3 days in a row. You will have a cast on outside of your nose for about one week. You should keep the cast dry.

You will have labs done 2 weeks prior to surgery, and nothing to eat after midnight the night prior to surgery. Do not take any aspirin, motrin or advil for 2 weeks prior to surgery (Tylenol is okay). You will receive a prescription for an antibiotic and pain pill. Instructions for these medications are listed on the bottles. Again, aspirin and Advil types of medication should NOT be taken for 3 weeks after the surgery and also should be avoided 2 weeks prior to the surgery. Tylenol is ok.

Sleeping with your head elevated may decrease pain and swelling. You can eat a regular diet but avoid hot foods that may cause some bleeding. Avoid heavy lifting and exertion during the first week. Cough or sneeze with your mouth open. The anesthesia and surgical effects may make you somewhat tired for 1-2 weeks. Don't push yourself too hard. Should you develop significant problems including a fever greater than 101 or brisk bleeding which does not resolve with pressure, decongestants and ice, call the office. Do not be discouraged if you can't breathe well through your nose at first; your body is undergoing a gradual healing process which will slowly improve over the ensuing weeks. You will be seen after surgery in the office to remove the splints and clean the nasal passages. This postoperative follow-up is important to ensure the best possible results. Your nose will be swollen at first, but this will rapidly diminish over the first 2 weeks, and continue to narrow for 6-12 additional months. You may be instructed to utilize nasal exercises/finger pressure to the nose for several weeks after the cast is removed to speed up the narrowing process.

Should you develop any significant problems, please do not hesitate to call the office immediately.