

POST-OP | *Septo/Rhinoplasty*

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"What will I see when I look into a mirror?"

You will have a splint type dressing over your nose with tape that extends over the nostril area. Do not remove your splint.

You will have a small gauze pad under your nose, this is referred to as a drip pad, change this as needed. This may be removed once the bloody drainage has reduced enough after surgery, which may take several days.

You may have a plastic tube in each nostril to keep the airway open. The office will let you know when these will be removed at your follow up appointment after surgery.

Your swelling and bruising will increase for the first 48 hours; you may then expect a gradual improvement. You may have bruising around the eyes.

You will experience some swelling of your nose after the splint has been removed. This will gradually decrease.

The major swelling will dissipate during the first the 3 months post-op, but it will take 1 year to see the final result.

Patience is key.

"How will I feel?"

You may have difficulty breathing through your nose for a while, this is expected.

Try to sneeze through you mouth for the first ten days following surgery.

Do not blow your nose.

The tip and bridge of your nose may become numb, this is expected.

"When can I shower or take a bath?"

You can shower 24 hours after surgery. Don't let the water hit your face. Wash your face with a damp washcloth and wipe gently around the nose. DO NOT get the splint wet.

"What can I do after surgery?"

Sleep on your back with your head elevated at approximately a 45 degree angle. 2-3 pillows

Do not wear glasses for a period of one month after your nasal splint has been removed.

Do not wear clothing that pulls over the head.

Avoid bending over for long periods of time.



No excessive sun exposure for a period of four weeks after surgery, if you have to be outdoors, a protective sunscreen lotion (SPF15 or higher) must be used.

You should "take it easy" the day of surgery and gradually increase your activity as you feel more comfortable. Avoid heavy exercise also during this time and only gradually return to your normal routine. No strenuous activity or heavy lifting for 4 weeks. You can resume all of your normal activities about four weeks after surgery.

"When can I drive?"

You should never drive if you are still taking any pain medication other than Tylenol.

"When will I be able to return to work?"

Depending on the type of work you do, you should be able to return to your job as soon as you are comfortable.

"How much pain will I have?"

The most discomfort that you will have lasts 5-7 days, sometimes a little longer. As you feel more comfortable, your need for medication will be less.

"What should I eat after surgery?"

A light diet is best for the day of surgery. Begin by taking liquids slowly and progress to soups or jello. You may start a regular diet, high in protein, the next day.

Avoid salty foods. Avoid spicy foods.

"What medications should I use?"

<u>Pain medication</u>: I will prescribe a pain medication for you. Follow the directions on the bottle for their use. The pain medication will make you feel drowsy. Have someone assist you in your home and do not attempt to drive while you are taking the pain medication.

- A few days after surgery most women will find that Tylenol will take care of the discomfort.
 - Do not use aspirin for five days after the surgery.
 - It is best to take pain medication with crackers, jello, etc.
 - If you have no pain, do not take the medication.
 - Alcohol and pain medication should not be taken together.

<u>Antibiotic:</u> You will be given an antibiotic. Please follow the instructions from your pharmacist or that are written on the packaging.

<u>Stool softener:</u> Narcotic pain medications can sometimes cause constipation. An over-the-counter stool softener (Colace) is recommended if you are prone to this.

- Prune juice mixed with 7-Up (half and half) for mild constipation
- If severely constipated use Miralax first as it is a mild but effective laxative, Phillips Milk of Magnesia, and fleet enemas (regular or oil retention) as a last resort.



Anti-nausea medication: Some nausea is normal in the first 24-48 hours following surgery. If you are nauseated,

please take the anti-nausea medication.

You may have additional medications.

"Can I drink alcohol?"

Do not drink alcohol while taking narcotic pain medication after your surgery.

"When will I be seen in the office after surgery?"

You will normally be seen in the office within one week of your surgery.

"Should I apply anything to the incisions to help make it scar better?"

We will give you instructions on how to improve the scar appearance.

"How will I know if I am having a problem?"

I NEED TO KNOW ABOUT THESE PROBLEMS IMMEDIATELY:

These are the complications that will require a change in your post-operative care!

Hematoma (blood collecting under your incisions) can occur within a few days of surgery. The warning signs are:

- Significant swelling
- Excessive or growing bruising

Infection is rare. It is normal to have a very small amount of drainage from your incisions for one to 2 days. Signs of infection are:

- Increased temperature
- Increasing drainage from the incisions
- Increasing redness around the incisions

Leg swelling with or without associated pain may indicate a problem with the vein circulation in your leg(s). Although some swelling is to be expected due to your surgery, intravenous fluids given to you during the surgery and your decreased level of activity, this swelling is normally mild, painless and affects both legs evenly. If you have a large amount of leg swelling (either one or both legs) or if you experience pain in your legs contact the office immediately.

Breathing problems after surgery are rare but can be a serious complication. If you develop any chest and/or back pain or the feeling of being short of breath you must contact my office or be seen in the nearest emergency medical facility without delay.

Medication reactions may occur with the drugs prescribed for you. If you develop a skin rash, itching, vomiting, or diarrhea, stop taking your medication and contact my office.