AFTER YOUR RHINOPLASTY

A small bandage is placed between the bottom of the nose and the upper lip. It may be changed as often as needed during the day of surgery and the first post-operative day. A small amount of red to pink drainage is normal and should not be of concern. The bandage may be changed one or a dozen times. The loosely closed internal nasal incisions allow blood to escape rather than back up in the nasal tissue and cause more bruising and swelling. This bandage can be discontinued the day following surgery. Any additional drainage can be dabbed away with a tissue as needed.

A small silicone splint is placed on top of the upper two thirds of the nose at the completion of rhinoplasty. This splint acts both as a protector for the freshly operated nose and helps to maintain the position of the newly sculpted nasal bones. The splint is removed in one week. Do not allow it to get wet or it may separate prematurely.

The first week after surgery:

- During the day and evening of surgery, cold moist compresses are used continuously over the eyes to minimize swelling and control bruising. A small ziplock bag filled with 1/3 cup of frozen peas applied over a single layer of moistened gauze is an effective compress. It is not necessary to maintain the compresses during the night but they will be helpful if used during the second day.

- Puffiness or swelling of the eyelids is always most pronounced on the second morning following any facial plastic surgery (i.e. surgery on Monday, most swelling on Wednesday). It usually regresses quickly in the next few days. This normal and expected observation is no cause for concern.

- Bruising and discoloration of the eyes around the eyes is extremely variable. However, the majority of patients do experience minimal “black and blue.” Careful adherence to the recommended pre-operative medication instructions is imperative. A few patients, despite taking all precautions, will develop marked bruising in the eyelids. Even this bruising is usually resolved by the end of the first week.

- Invariably, there is some nasal stuffiness during the week after surgery. The external edema (swelling) is reflected internally, but the mild blockage will improve steadily. The application, twice daily, of a small amount of prescription ointment just inside the nostrils, acts to lubricate the surgically sutured area and prevent crusting.

- Any crusting that does not form can be gently removed with peroxide-dampened Q-tip. However, it is imperative to avoid extensive manipulation in this area. **DO NOT BLOW THE NOSE. DO NOT USE NOSE DROPS.**
For the first few post-operative days, you may expect a small amount of pink-colored water nasal discharge. Usually, a facial tissue touched to the nostrils is all that is required. Occasionally, reapplication of small gauze beneath the nostrils may be more convenient. Any continuous persistent show of bright red blood should be reported to me. Bleeding on the third, fourth, or fifth day occurs less than one-percent of cases.

First aid for such a rare occurrence is as follows:

- Lie down and elevate head. Place cold compress on the nose. If available, saturate a piece of cotton with nose drops or Visine, and place it in the bleeding nostril.

Discomfort following rhinoplasty is usually limited to the two or three hours just after procedure. It may best be described as a headache. Severe pain is rarely a consequence of facial plastic surgery. The prescription for pain tablets that you have received is more precautionary than necessary, but please have it filled and available at your home bedside. Take codeine with food to avoid any stomach upset.

During the first week, it is best to sleep with the head elevated by at least two pillows, both to decrease the amount of swelling and to aid in the resolution of any swelling that does occur.

During the first week, you may notice that the nasal tip is slightly elevated. This is a constant, temporary factor following all rhinoplasties. The position of the nasal tip at this time has little relationship to the final result. The tip will slowly drop to its lower position over several days or weeks.

Bending and straining should be avoided for two weeks.

Do not use Aspirin until after the second week.

Continue Vitamin C for two weeks. This may promote healing.

The nasal splint will be removed at the end of the first week. Please call several days in advance for the appointment.

After the First Week:

- At the time of nasal splint removal, you will have your chance to see the new nose. It will appear quite swollen but, in most cases, even in this swollen condition, the improvement can be appreciated. It is not a time for critical evaluation since, over the next few weeks, daily changes progress toward the final result. In most cases, the
appearance at six to eight weeks approximates the final shape. At six months, the final permanent result is achieved in most patients. In a few cases, it may take one year. Many factors determine how quickly, or slowly, the nose assumes the final appearance. The most influential determinant is skin type. Skin that is thicker and oilier is certain to retain edema and swelling longer than skin that is drier and thinner. Individuals vary in healing potential.

- During the second week the nose must not be bumped (elbows, doors, etc.). Though the bones are firmly healing in place, even a slight blow could cause movement. Avoid any situation where a potential for nasal trauma exists.

- You should not wear glasses for about one month. If glasses must be worn, taping the central bridge of the glasses to the forehead will allow as little pressure as possible on the nasal bones. If desired, a nasal splint will be provided that will disburse the weight of the eyeglasses allowing you to wear them on the bridge of the nose.

- It is wise not to sunbathe for about 60 days. A sunburn will cause the nose to swell and delay the final result. Walking about between sun and shade or sitting with a hat, is permitted. It is always best to apply a waterproof factor 25 sun block to the nose if strong sun exposure is anticipated. The nasal skin is somewhat insensitive following rhinoplasty. This can be appreciated by touching the skin, which will seem slightly numb. Full sensation always returns in three months time; the tip regains full sensation last. The advice concerning sun exposure also applies to the winter cold. It is possible to experience frost-bite is exposed for long periods to sub-freezing weather during activities such as skiing. Both sun and the winter cold are natural enemies to the skin and prolong the usual post-op course.

- A natural reaction of all types of nasal skin to this surgery is the pronounced increase in nasal oiliness. Even skin that is usually dry will need to be wiped with an astringent on a cotton pad once or twice a day for two weeks or more.

- Another universal observation is the presence of flaking or peeling of the skin, much like that caused by sunburn. This also abates in about two weeks.

- Most discoloration is resolved in 7-10 days. However, though unusual, this may persist longer as pigmentation beneath the eyes. Occasionally, olive-skinned patients may retain this pigment for several months.

- Exercise, which increases the heart rate, can begin at 14 days post-op. Exercise during the first week post-op can cause bleeding. During the second week post-op it will increase edema or swelling. At 14 days, you can begin fast walking and light weights (less than 5 pounds). At 4 weeks, full exercise can begin.
• At the time the nasal splint is removed, sutures will also be removed from the external area. Internal sutures are absorbable and will dissolve in 3-4 months.

• Small irregularities may be felt below the smooth skin, especially over the nasal bones. These irregularities are common. Most noses, even without surgery, have palpable bone irregularities beneath smooth skin.

• Avoid salty and spicy foods (anything that causes your face to flush or retain fluid) for 6 weeks following surgery. Prolonged swelling can contribute to scar tissue formation and lead to a less refined result.

• You may blow your nose gently, simultaneously, through both nostrils at this time. It is best to try this during or after a shower the first time. Excessive nose blowing will contribute to nasal stuffiness and can cause bleeding.

• In the unlikely event of a nosebleed, cotton or facial tissue can be saturated with nose drops (Afrin, Dristan, or Neosynephrine) or eye drops (Visine or Murine) and placed into the nostril that is dripping. Leave in the nostril for several minutes and call our office.

• Use an antibiotic ointment like polysporin on your external incision for two weeks post-operatively. You may use a Q-tip to apply vasoline to the internal sutures if they become dry.

• Bruises may be covered with make-up starting at 1 week post-operatively. They may take up to 6 weeks to fully resolve. Arnica gel applied to the bruises may improve their appearance. This can be purchased at GNC.

• Alcohol consumption can be resumed, with caution, two weeks after the nasal splint is removed. Alcohol will cause swelling that will last for 24 hours. Again, prolonged swelling can contribute to scar tissue formation and lead to a less refined result.

• Use a baseball cap with a firm brim to protect your nose. This is helpful when you are with a large group of people, or in a crowded place.

• 1000 mg. Vitamin C should be taken daily for 6 weeks post-operatively to promote healing. It also has a slight anti-inflammatory effect.

• You may notice increased facial and nasal skin oiliness. Use an astringent like Stridex pads to control this. You may resume acne preparations after one week.

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