



Ocean®, AYR®, Afrin Saline®) four to five times per day to keep the nose moist. When the air is dry, a cool mist vaporizer will also help keep the nose moist.

AIR TRAVEL. Airplanes are dry and you must be sure to keep your nose moist by using a salt-water (saline) nasal spray frequently during your flight. If you experience facial pressure during air travel, a decongestant pill (e.g. Sudafed®) or a nasal spray (Afrin®, Neo-Synephrine®) may provide comfort.

DRY LIPS. Dry lips caused by breathing through your mouth can be moistened with Vaseline® or baby oil.

LIP AND MOUTH CARE. For the first two weeks following surgery, avoid pursing the lips as in whistling, applying lipstick, kissing, or sucking on a straw.

Allowing the nose to heal with as little movement as possible will improve both your cosmetic and functional results. Since movement of the upper lip causes some movement of the tip of the nose, you should minimize use of the lips. Excessive talking, laughing, or grimacing or eating foods that require prolonged or excessive chewing is not advised. Brush your teeth gently and cautiously, especially around the upper lip.

FACIAL, BODY AND HAIR CARE. Wash your face gently, but do not get the nasal dressing wet because this may cause it to loosen and fall off.

Do not shower. The shower may wet the nasal dressing and loosen it. Take tub baths until your nasal dressing is removed. If you must wash your hair while the nasal dressing is in place, have someone help you so the nasal dressing does not get moved.

EYEGGLASSES. Do not rest eyeglasses on the nasal dressing or nose for four weeks after surgery. The weight of the eyeglasses may cause the nose to shift its position. If you must wear eyeglasses, tape the bridge of the eyeglasses to the forehead so they do not rest on the nose itself.

CONTACT LENSES. You may wear contact lenses after any eye swelling has decreased. When inserting contact lenses, do not rest your hands or fingers on your nose.

**THE FIRST OFFICE VISIT
AFTER SURGERY**

While there is rarely any discomfort in removing the nasal dressing, some patients are anxious about the first office visit after surgery.



If you had a septorhinoplasty and there are splints in the nose, one stitch will be holding them. Any other stitches used are self-dissolving and will come out on their own within a week or two of surgery.


It is common for the nose to appear slightly larger when the dressing is removed. A small amount of swelling will continue several months after the surgery which will generally be sensed as a tight feeling over the nose but not noticed by those around you.

THE FIRST MONTHS AFTER SURGERY

SUN EXPOSURE. Avoid excessive sun exposure for about four weeks after surgery. A sun burn to your nose will cause additional swelling, can create a permanent discoloration and may delay healing. Sun tanning with adequate sunscreen (SPR 15 or more) is permitted.

PHYSICAL ACTIVITY. Aerobic activity may be resumed after one week, but you must avoid getting the nose bumped or hit for one month. However, DO NOT SWIM for two weeks because water in your nose may cause a nasal infection. If bright red bleeding occurs, decrease these activities for a few days.

THE RECOVERY PROCESS. Your nasal breathing will not be its best until about six weeks after surgery. Some days, the breathing will be good. Other days, it will not. During this time, it is common for your nasal breathing to alternate from one side of the nose to the other.

Remember, your recovery is a process, not an event. 

Date of Surgery: _____

Surgery Center: _____

Surgery Center Phone Number: _____

First Appointment after Surgery: _____

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**RHINOPLASTY
SEPTORHINOPLASTY**



You deserve a breath of fresh air®

CLEVELAND NASAL-SINUS & SLEEP CENTER
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RHINOPLASTY is an operation to improve the appearance of the nose. The outer deformity of the nose may have occurred through trauma or normal growth. In addition to the outer deformity of the nose, you may have difficulty breathing because of a blockage by the partition which separates the two sides of the nose. This is called a deviated septum. When the deviated septum is repaired with the rhinoplasty, the operation is called a SEPTORHINOPLASTY.

This information is provided to help you have a comfortable and successful recovery. No matter what is said in these guidelines, if you have any question about your postoperative care, please do not hesitate to call the doctor.

PREPARING FOR SURGERY

MEDICATIONS YOU MUST AVOID BEFORE SURGERY: ASPIRIN, IBUPROFEN PRODUCTS (Advil®, Nuprin®, Motrin®, other NSAIDS). You must not take any of these products for one week before and one week following your surgery. A list of medications to avoid is given to all Dr. Levine's patients. If you do not have this list, please call Dr. Levine's office.

SPECIAL MEDICATIONS. Bring medication taken regularly with you. If you use medications for high blood pressure, heart problems, asthma or diabetes, check with your surgeon about taking them the morning of your surgery.

SURGERY SCHEDULE. You will be told by the hospital or surgery center when to arrive for your surgery.

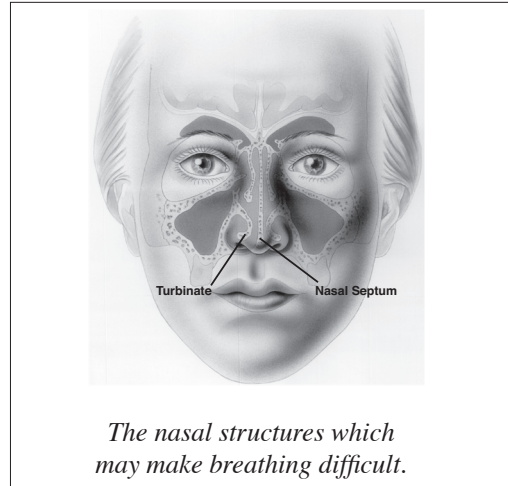
EATING & DRINKING BEFORE SURGERY. Most anesthetics require a time period with no food or drink. You will be advised about your eating and drinking schedule.

WHAT TO BRING. Most patients go home the same day. Because there is a small chance you will need to stay overnight, you will want to bring a few personal items such as toothbrush, slippers, and robe. Most patients find it easier to use the hospital gowns instead of their personal bed clothes. If you usually wear contact lenses, you will be more comfortable wearing your eye glasses after surgery.

WEAR CLOTHING THAT FASTENS IN THE FRONT. Pulling clothing over your head may injure your nose when you are dressing after surgery.

LEAVE VALUABLES AT HOME.

ARRANGE YOUR TRANSPORTATION. Because you should not drive for 24 hours after surgery, you must have someone available to drive you home.



THE DAY OF SURGERY

ANESTHESIA. You will have the chance to discuss your anesthesia with a member of the anesthesia department before surgery. The doctor will see you before surgery to answer any last minute questions.

THE HOSPITAL STAY. Following surgery, you will remain in the hospital several hours to be sure you have recovered from surgery and anesthesia.

NASAL DRESSINGS. After surgery there may be a small, soft dressing or sponge-like tampon in your nose which will be removed before you leave the hospital. There will be a mustache-like dressing on your upper lip to absorb any drainage. It is common to change this dressing often immediately after surgery. Before you leave the hospital, you will be given any supplies and dressings you may need for your home care. If a septorhinoplasty is performed, there may be a nasal splint—a thin, flexible inner dressing to hold the nasal septum straight—which will be removed at your first office visit.

PAIN. Because there is some discomfort after surgery, there will be pain medication for you at the hospital and a prescription for your home use or you may take acetaminophen (Tylenol®) as directed on the label.

INFORM YOUR FAMILY. While your family does not need to be in the hospital during your surgery, the doctor always tries to talk with them immediately after either in person at the hospital or by telephone at work or home.

THE FIRST WEEK AFTER SURGERY



AVOID PHYSICAL ACTIVITY AND EXERTION. Excessive physical activity raises the blood pressure and can cause nasal bleeding.

OBTAIN ADDITIONAL REST. Even though your operation is short, you may be tired and fatigued.

SWELLING AND BRUISING. While most patients develop minimal swelling and bruising, the amount of discoloration around the eyes, cheeks, nose and lips varies among individuals.

There is often an increase in the amount of swelling on the second or third day after surgery. Do not be alarmed. Like any bruise on the body, it will change colors as it heals. Much of the swelling and discoloration will go away within a week of surgery. To minimize the swelling, elevate your head with an additional pillow when sleeping at night. If you use ice or an iced cloth on your eyes, avoid getting your nasal dressing wet because water may loosen it.

EYE MAKEUP. Eye makeup is allowable when the eye swelling begins to subside but do not put any makeup near the nasal dressing.

SNEEZING. If you must sneeze, keep your mouth open to decrease pressure within your nose.

NASAL CARE. Do not blow your nose for the first three days. If there is blood or mucus in your nose, gently sniff it back into the throat.

At the start of your recovery, you will have increased nasal drainage, often with some bright red bleeding. Do not be alarmed. A small amount of bleeding is not unusual and may continue through the first week. Any heavy, bright red bleeding should be reported to the doctor. Old blood which accumulates in the nose during surgery is reddish brown in color, drains from the nose for a week or more and is no cause for worry. It is common to have some thick, discolored drainage continue from four to six weeks after surgery.

The small dressing which you were wearing under your nose in the hospital is for your convenience. It is to absorb any nasal drainage. It will need to be changed frequently in the first few days after surgery. When the drainage slows, you will not need the dressing. You may wipe or dab the nose gently with a soft facial tissue.