



INSTRUCTIONS AFTER RHINOPLASTY

Activity:

- Immediately after surgery you should rest for the first 48 hours.
- Apply cooling/ice or gel packs for the first 3-4 days while awake.
- Stay in the company of a responsible adult for the first night.
- Commence on a light or liquid diet as tolerated as anesthesia medications can make you feel nauseous. You may want to begin with soft foods, chewing may increase your discomfort.
- To minimize swelling you should keep your head elevated at all times for the first week. Sleep with at least two pillows or in a recliner.
- In some cases there is temporary numbness for weeks to months after surgery due to stretching of the nerve supply.
- Avoid any strenuous activity, heavy lifting or bending over for the first 2 weeks (bend from the knees with head erect). Bending forward could start a nose bleed or increase swelling.
- Refrain from blowing your nose for 10 to 14 days. Gently pat the area dry if necessary.
- Spraying saline mist to the nostrils helps to keep the nasal passage moist. Use mist 4-5 times per day to each side beginning 24 hours after surgery.
- Avoid direct sun exposure. Wear a high grade sun block and a hat or visor to keep the incisions protected from the sun.

Dressing Care:

- The splint will be removed in 5 to 7 days. Avoid getting your face wet in the shower.
- Soak gauze in ice water and apply to upper face and eyes.
- After the splint is removed you may allow the surgical site to get wet briefly while showering then pat gently dry. Do not use a perfumed or medicated shampoo. Wash your face with a mild cleanser.
- Your outside stitches will be removed in 5 to 7 days after surgery.
- You may apply moisturizer to your face but away from your suture line.

Medication:

- You may take Tylenol for mild/moderate discomfort. (Be aware if the pain medication you are taking contains Tylenol. Do not take two items containing Tylenol.)
- Take prescription pain medicine as needed for more severe pain according to the instructions on your prescription.
- Continue to take the supplemental vitamins and arnica that was given to you preoperatively.

Please use the medication prescriptions already give to you:

Pain Medicine _____

Anti-Nausea Medicine _____

Follow-up:

Your 1st postop visit is _____

If a follow up appointment has not been made for you please call our office during regular business hours (8:30am to 5:00pm) at you earliest convenience.

If you have any unusual bleeding, severe pain (not responding to pain medication) or any signs of infection, call (617) 786-7600 anytime to reach the doctor.

I acknowledge the above instructions were explained to me and that I understand them.

Signature: _____ Date _____