



WILKINSON SNOWDEN OTOLARYNGOLOGY CONSULTANTS, P.A.

South office (904) 268-5366
Beaches office (904) 339-0350

Instruction Sheet
NASAL PLASTIC SURGERY

PRE-OPERATIVE INSTRUCTIONS:

1). Unless prescribed by a physician, do not take any aspirin or aspirin products for 1 week prior to surgery or after surgery. Tylenol is okay.

IMPORTANT: If your physician has placed you on a daily dosage of aspirin, check with your prescribing doctor regarding instructions for preoperative and postoperative aspirin use. Typically, aspirin will be stopped 3 days before surgery and restarted 3 days after surgery.

2). Have nothing to eat or drink after midnight the day before surgery.

3). If you take daily medications, take them the morning of surgery with a sip of water. If you have questions about this, check with the hospital preop nurse during the presurgical evaluation.

4). Wash your face and hair well the morning before surgery. Do not apply any facial makeup.

5). Please make arrangements for transportation to and from the hospital the day of surgery.

POST-OPERATIVE INSTRUCTIONS:

Activity:

- Do not lie flat. Always sleep on at least 2 pillows to keep your head elevated for at least 5 days following the surgery. A recliner chair is recommended.
- Avoid any heavy lifting, bending, straining, or stooping for at least 2 weeks after surgery as this will put additional pressure on the operative site and may cause increased swelling or bleeding.
- Depending on the type of surgery done, disability from work may vary. The doctor will determine the needed time off although this usually is about 1 week after surgery.
- Treat your nose with care. Avoid any situations that might result in trauma to your nose (i.e., playful children, sporting events, a swinging door).
- Do not get your external splint wet while it is place. You may wash your hair as long as you lean back far enough in the bathtub or sink and do not allow the water to flow freely over the nose.

Diet:

- Eat a soft diet that does not require excessive chewing for the first 3 days after surgery.

Wound Care:

- Some edema (swelling) and discoloration under and around the eyes as well as across the



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bridge of the nose may occur. Keeping cold compresses or cold cloths on your face may improve your comfort for the first 2 days after surgery.

- Nasal packing is very rarely used. Thin nasal splints, however, are frequently placed in the nose for 24-48 hours after surgery. You will be able to breathe through the splints; however, there will be some stuffiness noted in the nose. Try not to blow your nose while the splints are in place. During this time there may be some stuffiness in the nose, and patients will frequently feel tired and lethargic. Once the splints are removed, breathing improves immediately. Upon removal of the splints, you should begin frequent saline irrigations 10 to 15 times per day. You can also begin to blow your nose lightly at this time.
- If you have to sneeze, it is recommended that you place your fingers over the tip of the nose and open your mouth as wide as possible.
- Plan to keep a dressing under your nose for as long as the drainage continues. It will be heaviest during the first 24 hours and then will steadily diminish. You may keep the tip of your nose and area around the splints clean with frequent applications of hydrogen peroxide using Q-tips. If the bleeding persists for greater than 48 hours applications of ice packs and use of Afrin spray may be useful. If it continues to bleed, please let us know.
- The first week after a rhinoplasty, eyeglasses may be worn only if the support mechanism rests on the metal splint over the nose. After the splint has been removed, no pressure should be applied to the nose for one month after surgery unless instructed by the doctor. If you must wear glasses then you may tape them to the forehead to avoid any pressure on the nose. Again, contacts are recommended.

Medication:

- Postoperative pain varies in intensity from individual to individual, but is rarely severe. Tylenol (acetaminophen) by itself is an excellent choice for mild post-operative discomfort. For more significant or persistent pain, do not hesitate to use the pain medication prescribed. Do not take the prescription pain medication and Tylenol at the same time. Avoid aspirin products or Motrin (ibuprofen) for the next 2 weeks unless aspirin has been prescribed as a daily medication (see preop instructions.)
- Take your antibiotics as prescribed. If you are nauseous, you can begin the day after surgery.

Follow-up:

- All appointments after surgery must be kept in order for you to receive the maximum benefit from the surgery. If a conflict in your schedule arises, please call the office and reschedule your appointment.

PLEASE CALL THE OFFICE IF THERE ARE ANY CONCERNS WITH EXCESSIVE BLEEDING, NASAL DRAINAGE, PAIN, PERSISTENT FEVER, NAUSEA, VISUAL CHANGES, OR OTHER CONCERNS THAT SEEM OUT OF THE ORDINARY FROM WHAT YOU HAVE DISCUSSED WITH YOUR SURGEON.