



SMITA R. RAMANADHAM, M.D.
PLASTIC SURGERY

Rhinoplasty

Patient Care Instructions

General Information

Rhinoplasty surgery involves improving the function and appearance of your nose. Your decision for nasal surgery is an individual one and the plan will be discussed in your consultations with Dr. Ramanadham. The nose is typically approached through an incision on the outside of the nose (columella) and then inside the nostril. In some situations, a closed approach with only internal incisions can be performed. The rhinoplasty is performed in components including the dorsum, the septum, the turbinates and the upper and lower cartilages of the nose. Dr. Ramanadham approaches the nose in a very systematic fashion in order to offer complete and comprehensive surgical care that is both predictable and natural. She will review each part of your rhinoplasty before the surgery and hopes to offer a significant improvement to your nose.

Things to handle prior to your surgery

Avoid all NSAIDs (motrin, aspirin, ibuprofen, etc) for 7-10 days prior to procedure unless otherwise directed by your doctor. Continued use may cause bleeding.

Avoid all herbal medicine or supplements for 3 weeks prior to procedure. Continued use may cause bleeding.

Arrange for someone to drive you home from the hospital and stay with you for 2 to 3 days.

Necessary medications will be called into your pharmacy or given to you on the day of surgery. These should be picked up prior to surgery.

Protein supplementation can be started one to two weeks before surgery and should include over 20 grams of additional protein daily.

Have electrolyte containing fluids such as Gatorade or electrolyte water on hand.

Have stool softeners/laxatives on hand, such as Colace, Biscodyl, Milk of Magnesia. These can be purchased at your local pharmacy.

Review the attached list of medications not to take during the perioperative period.

If you have any further questions that were not addressed during your consultation then please call our office.

If you are unsure if you can stop a medication then please call the prescribing provider to confirm if this is medically safe.

Obtain saline solution nasal spray, bacitracin ointment, hydrogen peroxide and Q-tips at your local pharmacy.

For your convenience, we have included a [Suggested Shopping List](#) in the addendum to these instructions.



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Pre-Operative Guidelines

Smoking should be stopped a minimum of 6 weeks prior to surgery. Smoking should be avoided for at least 6 weeks after surgery as well. Smoking can greatly interfere with healing and lead to postoperative complications.

Do not eat or drink anything after midnight the night before surgery. This includes no water, gum, or hard candy.

Blood pressure and/or heart medications can be taken with a sip of water as directed by your prescribing physician.

If you take medication for diabetes then confirm with your prescribing physician how to manage these medications prior to surgery.

If you are prone to nausea or motion sickness let your anesthesiologist know on the day of surgery. Medications can be started prior to surgery or during surgery to help improve your postoperative experience.

Post-Operative Care

Take pain medication as prescribed. Often these medications are necessary for the first two days and then on an as needed basis. Do not drink alcohol with these medications.

Take a suggested stool softener/laxative until bowels begin to function normally after surgery. A combination of anesthesia and pain medications usually make these necessary for a few days.

Do not smoke or be around smoking as even second hand smoke delays healing and increases the risk of complications.

Get plenty of rest.

Follow a well-balanced diet, which includes protein and is limited in salt intake. A high salt diet or meal, can lead to increased swelling and prolonged recovery. It is best to continue the protein supplementation for approximately 3 weeks after surgery.

Oral hydration should include the use of electrolyte containing fluids such as Gatorade or a low calorie substitute. Limit the amount of caffeinated beverages as they can promote dehydration; however Dr. Ramanadham recommends you maintain your daily average of caffeine to avoid headaches.

Apply ice packs and/or bags of ice (small crushed ice or frozen peas in a zip lock bag is best) to your cheeks and eyes as much as possible during the day for the first 3 to 5 days to reduce the amount of swelling you have after surgery. Swelling will peak in 48 to 72 hours.

Keep your head elevated at least 45 degrees above your heart at all times to decrease swelling for 2 weeks.

Protect nose at all times. Do not sleep on stomach or side.

Activity Restrictions

To prevent bleeding, do not sniff or blow your nose for the first 2 weeks after surgery. Try not to sneeze, but if you do, sneeze through your mouth.



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Avoid blowing your nose and expect the feeling of congestion in your nose. This is normal secondary to internal swelling.

Avoid massaging and rubbing your face and eyes for at least 10 days after the surgery to avoid disruption of the nasal dressing.

Avoid hitting your nose or wearing glasses for 4 weeks after surgery.

Do not lift anything heavier than 10 pounds for 4 weeks.

Do not drive for 7 to 10 days and/or when your vision is normal, your nose is comfortable and you are no longer taking any pain medications.

Do not run, lift weights, play tennis or golf for 4 weeks after surgery. It is important to keep your heart rate under 100 beats per minute for 4 weeks.

Light cardiovascular exercises can be resumed gradually after 4 weeks.

Heavy lifting/stretching (Yoga) can be resumed after 6 weeks.

Incision Care

All incisions are closed at the end of the procedure with very fine sutures, both permanent and dissolvable.

Tape and a splint are placed on the nose in the operating room.

The tape and the splint will be removed by Dr. Ramanadham during your first follow-up visit in one week after surgery.

First Week (with Nasal Splint)

Take care to prevent the nasal splint from getting wet.

A drip pad will be taped to the under surface of your nose/ upper lip and can be changed every 4 to 6 hours as needed. It is usually maintained for one to two days after the operation and then discarded

You may discard the drip pad and remove the tape on your cheeks that is holding the drip pad in place when the drainage has stopped.

Keep the inside edges of your nostrils and any stitches clean by using a Q-tip saturated with hydrogen peroxide followed by a thin coating of Polysporin ointment. You may advance the Q-tip into the nose as far as the cotton on the Q-tip, but no further. You will not hurt anything inside your nose as long as you are gentle in your actions.

Cosmetics can be worn on the face as early as 5 days after surgery. However, eyelid or eyelash cosmetics should NOT be worn until after the nasal splint is removed.



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Following removal of the nasal splint

On the morning of your follow-up visit for splint removal the steam from a long warm shower can help loosen the adhesive under the splint.

After your sutures are removed and the external splints are removed it is recommended that you use a saline solution (salt water) (Ocean or Ayr Nasal Spray) to gently remove crusty formation from inside your nose. This is especially true if you had internal nasal surgery such as septal reconstruction or inferior turbinate resection.

After the nasal splint is removed, the nose can be washed gently with a bland soap and make up can be applied. Moisturizing creams can be used if the nose is dry.

Nasal molding may be performed with light pressure or tape as directed and demonstrated by Dr. Ramanadham.

After the splint is removed, do not wear glasses or allow anything else to rest on your nose for 4 weeks.

Glasses should be taped to the forehead. Contacts can be worn as soon as the swelling has decreased enough for them to be inserted.

You can use a nasal spray (Afrin) intermittently **ONLY** for the first and second week post-op for improved nasal breathing or if you are taking a flight to help prevent your ears/nose from popping.

The skin of your nose is sensitive to sunlight after surgery. Protect your nose from excessive exposure for 6 months. Wear a wide brim hat and/or a good sunscreen (SPF-30 or greater) with both UVA and UVB protection if you have to be in the sun for prolonged periods.

The incision and any areas of bruising can be lightly dressed with a fragrance free moisturizing cream starting one week after surgery. This will promote early softening and maturation of these areas. Dr. Ramanadham can help you choose a moisturizer.

Skin care should be kept to a minimum for the first week after surgery.

Eye Care

Apply the Swiss eye masks for the first 3-5 days. The cooling effect helps to reduce the amount of swelling you will have after surgery. Also, they help to protect your eyes from drying out, as they provide a hydrated environment while your eyes recover.

Swiss Eye Mask Care: This may be given to you by Dr. Ramanadham, make sure you keep it cold and wet and change it every 15-20 minutes. When the eye mask dries out, you can use frozen peas in a sealed Ziploc bag

What to Expect after a Rhinoplasty

The most common complaint after surgery is a mild headache like pressure in the cheek and nose region.

You will probably have a slight bloody nasal discharge for 2-3 days and may change the drip pad under your nose as often as needed. This is normal. Do not rub or blot your nose, as this will tend to irritate it.



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Swelling and bruising around the eyes is normal and usually lasts for up to 2 to 3 weeks.

The nose will feel tight and congested.

The tip of the nose sometimes will feel numb after rhinoplasty and occasionally the front teeth will feel “funny.”

These feelings will gradually disappear over 6-9 months.

Much of the major swelling will be gone in 6 weeks after surgery. It often takes over a year for the last 20% of the swelling to disappear. Your nose may feel stiff when you smile and not as flexible as before surgery. This is not noticeable to others and things will gradually return to normal.

Remember it will take at least 12 months to see the final results.

One side of your nose may swell more than the other side for several months. This is normal.

It is common to have discomfort and mild burning at the incisions after a rhinoplasty. This is normal and will improve shortly after surgery.

Discomfort in the areas of surgery may worsen with increased activity and relates to swelling and internal cartilage grafts and sutures.

You can expect some slight oozing (bloody) from the suture lines and swelling of the incisions. Gauze can be reapplied if it is bothersome. Head elevation and Afrin spray can help reduce this as well. You should call the clinic if you have continuous bleeding, significantly more swelling on one side of the nose than the other, or any severe pain and associated swelling.

Red discoloration of the incisions may occur if there is significant swelling, especially in the areas of sutures. This will resolve when as the stitches are removed and the incisions heal.

Constipation is common after any operation, and is secondary to the anesthetic, pain medication and dehydration.

Please stay well hydrated and pick-up a stool softener and/or laxative with your prescription medications.

When to Call the Office

If you experience increased nasal bleeding with bright red blood (with a need to change nasal pad every 30-40 minute). You should sit up and apply pressure to the end of your nose for 15 minutes and you can use Afrin Spray to stop the oozing in the interim. Bleeding usually stops with these maneuvers. Call if it does not.

If you have persistent eye irritation after most of the swelling subsides.

If you have increasing redness or swelling around the incision.



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If you have severe pain not relieved by pain medication.

If you have any side effects from the medication: rash, nausea, headache, vomiting.

If you have fever over 101.

If you have yellow or greenish drainage from an incision or notice a foul odor.

If you notice some vaginal burning and itching or severe diarrhea as a result of the antibiotics used during and after surgery.

For medical questions, please call our office.

Follow-up Care and Appointments

Your first follow-up visit should be scheduled in 5 to 7 days. Your permanent sutures and nasal splint will be removed 5 to 7 days after surgery.

Generally, no splint is reapplied but in some situations tape or the external splint is reapplied.

You should schedule to see Dr. Ramanadham at 6 weeks, 3 months, 6 months, and 1 year postop.

Suggested Shopping List

Items to have on hand prior to surgery

Rhinoplasty

- Prescriptions will be called into your local pharmacy as ordered by Dr. Ramanadham or given to you on the day of surgery. Typical medications are as follows but these will be tailored to your needs.
 - Norco or tramadol (pain medication)
 - Medrol Dose Pack (steroids)
 - Zofran (nausea)
- Bacitracin or Neosporin Ointment
- Afrin nasal spray
- Saline nasal spray
- Hydrogen peroxide (dilute with ½ strength peroxide and water)
- Q-tips



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- Gatorade or another low calorie alternative, such as water with electrolytes

- Protein Supplements

- Stool softener / laxative (choose one):
 - Docusate (Colace) 100 mg orally twice daily when taking pain medication
 - Milk of Magnesia 30cc/1 Tablespoon twice daily when taking pain medication
 - Prune juice or Sorbitol orally
 - Biscodyl or Magnesium Citrate as needed for constipation

- Baby Shampoo

- Ice Packs or Ziploc bags with frozen peas (or purchase Swiss Eye Mask)