

## **Rhinoplasty Information Sheet**

### **PROCEDURE**

Rhinoplasty alters the appearance of the nose by cutting and re-positioning the nasal bones and trimming the bone and/or cartilage as needed. Problems such as a large hump, or an overly broad or round tip can be corrected with rhinoplasty. Most incisions are made inside the nose; though sometimes carefully placed external incisions are needed to correct some problems. Problems with breathing through the nose can often be corrected at the same time.

### **PRE-OPERATIVE**

Prior to booking surgery, you will need to decide who your support person will be. It is important that they are aware of the type of surgery you are having, that they are not “squeamish”, and that they are available solely to you during your immediate recovery period (they should not have any other commitments). At the minimum, you cannot be left alone for the first 24 hours after surgery, and you should have someone available to help you for about 3-5 days with regular daily activities, such as making meals, running errands, walking the dog, etc. We advise against driving until after you are seen in office postoperatively, as your vision may be affected. You cannot drive while taking pain medication.

After you have paid a deposit and a surgical date has been confirmed, you will receive more specific information and a review of what you are required to complete before surgery. Once you have booked your date, please ensure you have the following supplies on hand:

- Q-tips
- Throat lozenges
- Vaseline (for lips)
- Stool softener (i.e. Colace or Senokot), as pain medication may cause constipation
- Tylenol Extra Strength
- Ibuprofen 400 mg

### **DAY OF SURGERY**

Rhinoplasty is performed under general anesthetic so you will be asked to fast after midnight the night before. You must be discharged from the clinic with a responsible adult (preferably the person who will be helping care for you after surgery). When you leave the clinic, you will have a cast and/or dressing on and around your nose. A prescription for pain medication will be provided if needed. Arrival time for surgery will not be provided to you until about 1-2 weeks prior, so it is important that both you and your support person do not have any other responsibilities that day.

## **POST-OPERATIVE & LONG-TERM FOLLOW-UP**

You can expect swelling and bruising, which typically peak around day three post-op. Most patients experience moderate discomfort (both surgical pain and a feeling of nasal congestion), which is well managed with medication and the use of cool compresses. Sleeping and resting with the head of your bed elevated about 30 degrees may also help minimize discomfort and swelling. You will be expected to clean your nose daily – more specific instructions regarding this will be provided after your surgery.

## **POST-OPERATIVE & LONG-TERM FOLLOW-UP, CONTINUED**

It may be difficult to breathe through your nose, as there will be splints inside your nose. These splints will be removed, along with the external cast, seven days after surgery at your postoperative visit with one of our nurses.

Though rare, post-operative complications from any procedure are possible. These can include bleeding, infection, asymmetry, contour abnormalities, delayed healing, loss of sense of smell, airway compromise, and the potential need for revisional surgery. Altered sensations (numbness, tingling, and/or hypersensitivity) are to be expected while you are healing, and can persist for several weeks or months. Our health care team follows you closely to recognize and treat any complications, should they arise.

As with any surgery, results cannot be guaranteed. The goal of cosmetic plastic surgery is improvement, and perfection is not attainable. Final results depend on many factors and healing can vary from patient to patient. It is important to remember to have patience during convalescence to allow your body time to recuperate and settle.

Swelling will continue to settle over the next several months. Final rhinoplasty results can take up to a year or more to fully manifest. For that reason, Dr. Robinson will assess you approximately 6 weeks post-op and again approximately 9-12 months after your surgery to assess your result and take photographs. If revisions are required, they would be discussed, and a surgical plan set up at this time.