

Rhinoplasty Post-Operative Information

Overview

The below outlines what to expect following a rhinoplasty with me. You will be told if there is any variation to this but by far most surgeries follow this course. Most of my patients see me weekly for the first 4 weeks, then a month later, 3 months later and finally 6-7 months later. All post-op visits are not charged regardless of how frequent they need to be. The goal is to achieve the best result possible and some cases require closer, more frequent follow up than others.

What to expect

When you wake from your surgery in the operating theatre recovery room you will have a rigid external plastic cast taped over your nose (and glued to small adhesive strips over your nose) and a small gauze taped under your nose. You will have a cold eye mask applied as you are waking and the nurse will check you are comfortable and get you to rest with your mask on. You will have small silicone stents (Splints) inside your nose that keeps everything locked in position over the ensuing days as you get a bit swollen. These splints do allow you to breathe on waking up and continue to breathe for 2-3 days following your surgery although after that they usually block up and you have to wait for them to be removed at your first post-op visit to breathe well again. The splints just have one suture (stitch) holding them in just a little inside the nose.

Most of my rhinoplasty patients stay overnight but in some instances, I am happy for day stay only and will discuss this with you.

Typically after 30 minutes or so in recovery, you will be transferred to the ward to stay overnight. On the ward a cool mask will continue to be applied, you can get up and go to the toilet if needed and have something light to eat. These eye masks I supply you with to go home and continue using as much as possible for 3 days post-operatively. The masks are like an ice pack but have the eyes cut out so you can read or watch TV as you rest up. Try to wear them non-stop for this period only having them off to refreeze the mask.

When you first arrive home I encourage you to apply a packet of frozen peas (or similar) over your eyes for an hour or two while you freeze your mask. Swelling increases for 3 days following surgery (any trauma or significant injury) and keeping things cooled definitely helps especially at the very

start. Go to sleep at night with your mask on and then get the bag of peas on again come morning. Just for 3 days. Less swelling speeds your recovery, reduces pressure and pain and reduces potential nasal framework distortion. Bruising can be reduced. This routine is the most important thing you can do for yourself in these first few days.

The gauze taped under your nose may need changing 2-3 times overnight and the nurse will help you with this. Most people only need the gauze in the first 24hrs to catch a little ooze. Please reapply it at home if needed rather than continually dab at your nose as your nasal skin is very delicate, your nose will be a bit numb and tissues can be quite abrasive and damaging over time. Contact me if significant ooze persists beyond 3 days. You DO NOT have any packing up your nose that needs removal.

Your nose will start to block over this time which is annoying but will be fine after your splints are removed at your first visit. Be patient and definitely DO NOT poke anything up your nose to try and unblock it. You will be provided with a tube of kenacomb (Otocomb) ointment. Place some of this onto a cotton bud and apply it a small distance (5mm or so) up your nostrils over the front of the hard silicone splint. Do this twice a day. Start as soon as you get home. This just helps reduce crusting so I can easily access your splints to remove them when I see you. You will stay on this ointment for 2-3 weeks after your surgery until your nostrils no longer get crusty (once the incision line inside your nostrils has fully healed and stitches dissolved the dryness and crusting stops). I will guide you in this.

The bridge of skin between your nostrils (Columella) has an incision across it that has been stitched and glued. This leaves a hard shell with a red/purple tinge to it. Please DO NOT apply kenacomb ointment to this area. I want it to stay hard, supportive and protective. I will remove this glue at your second visit (10-12 days).

Medications

You will be discharged home from hospital with pain medication, kenacomb ointment and antibiotics. Please take the full course of antibiotics (usually 10 days). Pain relief should be regular (4x a day) paracetamol, Celebrex

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(an anti-inflammatory that doesn't affect your clotting unlike Ibuprofen) and some stronger pain relief such as endone (oxycodone) or palexia (Tapentadol). Please take regular Celebrex for at least a week. Many people get by on just paracetamol and Celebrex but some may need some endone or palexia before bedtime for the first few nights while swollen. This is fine but if in a lot of pain and requiring regular strong relief please contact me (see below).

Many of the rhinoplasties I perform are for those who have had surgery before (Revisions), major trauma or just require a lot of reconstruction. Some of these cases require rib cartilage for reconstruction. This can be quite sore and patients who have had this will be provided with a slow release stronger pain relief (Targin or Palexia SR). This is normally needed for the first week. Please take a regular laxative. It is not normal to go several days without opening your bowels even when not eating much. Similarly, cases who require a lot of reconstruction I typically put on a course of oral cortisone (Prednisolone) and sometimes POTABA (an anti-inflammatory) post op to help with healing, swelling, pain and reduce infection risk. Prednisolone can give some people insomnia so take it in the morning (it's a single daily dose) to reduce this. Prednisolone can also exacerbate heartburn in some. Notify me if this is an issue.

Constipation

Endone and palexia will sedate and constipate you (take a regular laxative when on them even as a daily dose such as Metamucil, psyllium husks or Coloxyl) and many get some nausea although this is less common when on just a single daily dose. Please contact me immediately if you have any concerns about your medications, any reactions or significant pain.

If constipation/ abdominal discomfort is not settling please see your local pharmacist for their guidance or if not your GP. Once your gut becomes uncomfortable you need to have your bowels opening within 24-48hrs or you will become very sore and need emergency care.

Week one instructions

- Apply cold eye mask for 3 days solid
- Apply Kenacomb ointment into your nostrils 2x day

- Rest up. No activity apart from walking around the house. You don't need to rest in bed. Sitting up is better. Watch TV or read a book. No exercise for 3-5 weeks (anything that raises your heart rate). You can wander around the shops after 1 week if you must
- Take your antibiotics and pain relief
- Keep well hydrated and refrain from very hot or spicy foods.
- Just clean your face with a cool face washer. Don't get your tapes or cast wet. No hair washing until your cast comes off (at 12 days) unless you really must it can be done in a hairdressers basin (some patients book in the hairdressers in advance). Just have warm (not hot) showers keeping your face and hair dry. Do not have a bath as it can increase bleeding risk and swelling
- Stay off all supplements such as vitamins, oils (evening primrose, fish oil etc) and herbal remedies. You can restart these after 2 weeks but many affect clotting and healing in the short term. I do not mind if people take a pro-biotic (VIVOMIXX or LifeSpace are good brands) as it can help settle some people's gut when on antibiotics
- DO NOT blow your nose, sniff, snort or try to clear it. DO NOT use any nasal sprays, saline sprays or saline rinses/douches. You can start blowing after 2 weeks
- I encourage you to sleep on your back with pillows under your arms to keep you there and a little head up (2 pillows). A neck support like you wear on long haul plane flights is good. Most people are not back sleepers and it can take a week to get used to it but sleeping on your side can push your cheek into your nose and distort it. Absolutely no stomach sleeping. Many people find this hard but it is important. Persist and you'll get used to it.

Week two

It is expected that you will examine the underneath (Base) view of your nose a lot in these first 2 weeks after surgery as that is the only part of your nose anyone can see. Remember it will be swollen, have stitches and glue in the tissues and an external cast and internal splints distorting the tissues. It will never look exactly the way we want it long term in these first 2 weeks. Be patient. If you have any concerns, it looks very dark/ dusky or infected please contact me.

At your second post-op visit (10-14 days) I will remove your cast and the hard glue from the incision between your nostrils.

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If you have had a rib or dermis graft the dressing for this will come off then too. Nearly all your stitches are dissolving but I often trim some up at this visit. Your nasal breathing should be quite good by now. Very commonly I recommend and fit patients with NOSE CONES during their recovery. These are small silicone stents you place up to support the nose and aid breathing while healing. I often start them at the 2nd visit and you wear them for 1-2 weeks all the time and then nightly for 2-3 months. I will discuss this with you as needed.

Week three & four

For the first 3-4 weeks following rhinoplasty your nasal framework will be soft and mouldable. Be gentle.

Your entire nose will feel a bit numb and "Altered" for 2-3 weeks and then the numbness will settle to a small zone over and in front of your tip. In primary rhinoplasty this almost invariably completely settles over 4-5 months but in some instances of revision some degree of numbness can persist although it is rarely bothersome. Similarly, your nose will become quite firm over the first month and stay that way for 4-6 months. This is a function of scar tissue/ healing and the internal stitches (that take about 6 months to dissolve – I never use permanent stitches). By 6 months the nose has achieved over 90% of its long term appearance (this figure depends a lot on skin thickness and extent of surgery/ revision etc) but it is after 6 months that the nose starts to soften, become more flexible, the skin feels more supple and the upper lip stiffness fully passes. It may not change much in appearance over this period but it feels much more like YOUR nose again. After a structural rhinoplasty, there may be some persistent stiffness of the tip (especially if rib cartilage was used) but this is desirable in most instances.

When to contact me

- If you notice any increasing redness, have increasing pain, a bad smell in the nose or concerns of an infection developing.
- If there is persistent ooze beyond 3 days or significant bleeding.
- If you feel your cast is digging in.

- If you are getting very anxious or stressed. Some people find having a blocked nose or the worry or the surgery or their results very upsetting. This can be worse when on medication or getting less sleep (from me forcing you to sleep on your back). Contact me. It may be just some reassurance or in some cases some medication to help sleep or anxiety.

I often say to patients that I am your GP for the first 2 weeks following rhinoplasty. This is not literal but is meant to emphasize that I want to know if you have any concerns or health issues in that time to make sure they do not impact on our result. An excellent result is very important to me and the 2-3 weeks following surgery is a critical time in the healing process. Just contact me if concerns. I am very particular and specific in my post-op recipe for rhinoplasty as are most specialist rhinoplasty surgeons. Rhinoplasty is both art and science and it needs to be me that guides your recovery, not generic health advice, YouTube, another health professional or even another doctor.

Glasses

While you have your external plastic cast over your nose, I do not mind if you wear glasses until it is removed in the second week.

For the following 2-4 weeks, do not wear glasses as they will leave impressions/depressions on your nose that in some cases can become pigmented and take a very long time to fade.

If possible, wear contact lenses. If you must wear corrective eyewear, then tape the glasses up to your forehead to take the weight off your nose or place some tape (1/2 inch steristrip or micropore). Try and minimise the time you need to wear them as much as possible.

Don't wear sunglasses for 6 weeks post op.

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How to contact me

During business hours

Contact Raelene, my secretary. She will know where I am and how soon I'm available.

Phone: 03 9347 0680

Email: admin@philipjumeau.com.au

Email only if non-urgent.

After hours/weekends

Please contact the hospital where you had your surgery, tell them you have recently had surgery with me and ask to speak to the nurse manager. They will notify me and I will call you back. If you have not heard from me within an hour or two call again as I endeavour to call everyone back where possible.

THE AVENUE: (03) 9529 7377

THE EPWORTH: Freemasons or Hawthorn,
call (03) 9483 3833

Emergency

If you are bleeding profusely, have badly damaged your nose or an emergency unrelated to your nose (Car accident, chest pain, etc) attend your nearest emergency department or call an ambulance and notify me as soon as you can. I prefer to have you or a family member call me as soon as possible in these circumstances for me to help guide what you do and what gets done at Emergency to not damage your nose. Make sure somebody lets me know. Emergency staff will not always call. Have a phone on you so I can stay in contact as needed.