



Patient Information Guide

Rhinoplasty

(Nose Job)

Rhinoplasty

Topics to be discussed with your Surgeon - Things you need to know

1. SURGICAL CONSULTATION

Anatomy

The anatomy of the nose is very complex and delicate and different components of the nose may need to be adjusted depending on the patients need including the skin, bone, cartilage, nostril and septum. Your surgeon will explain these areas to you during the consultation.

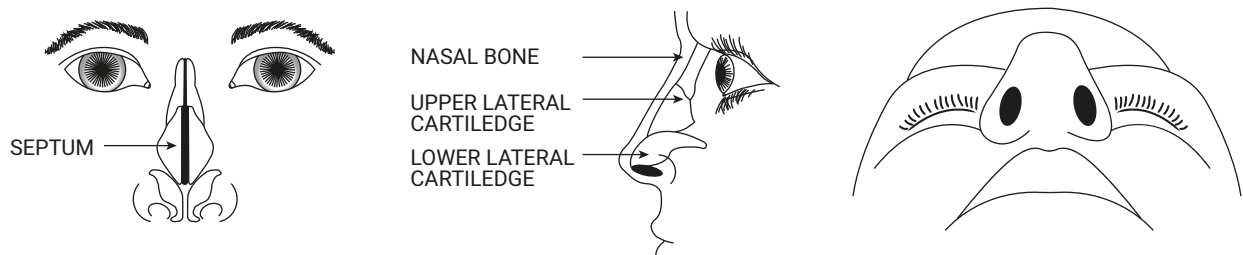


Figure 1. A simple diagram of the nose.

After a history and examination your surgeon will discuss your areas of concern and how to address them.

We are all born with some minor asymmetry of the face. This is entirely normal. Your surgeon will try to adjust this as best he/she can during the procedure, but if minor differences still remain after the operation we accept that it is within normal limits.

How the operation is performed:

The operation is usually performed under a general anaesthetic, as a day case procedure or with a planned overnight stay.

Types of Rhinoplasty.

- 1) **Closed surgery** – this is when an incision is made inside both nostrils i.e. no visible external scars
- 2) **Open Rhinoplasty** – this is where the internal incisions extend across the skin surface of the Columella (the skin bridge of tissue between the nostrils)

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The types of Stitches/sutures:

All sutures placed inside the nostrils will be dissolvable. Those placed in the skin during an open Rhinoplasty need removal after 1 week.

Surgical drains:

No drains are needed

Post-operative support:

If the nasal bones need to be fractured, a splint will be placed on the nose for 7-10days.

Nasal Packs:

Depending on the surgery you may have nasal packs in the nose overnight.

Potential risks of the operation:

- 1) **Swelling and bruising** – this is not uncommon to have swelling/bruising, which may take a few weeks to settle. This may include peri-orbital swelling i.e. a “black eye”. The swelling externally and internally may take up to 6-9months to settle completely.
- 2) **Infection** –We make every effort to limit the risk of infection, however if after the operation the wounds become red, hot, swollen or there is a discharge from the wound we need to see you straight away. Minor wound edge problems can be treated with appropriate antibiotics and specialized dressings.
- 3) **Scarring** – The scars inside the nostril will not be visible. The external scars across the columella will be red for a few weeks then fade nicely. This scar is placed in an area not often seen and is not easily visible when standing upright.
- 4) **Sore throat** – due to the surgery you may feel like you have an upper respiratory infection (URTI) this may be due to the anaesthetic or the way you breathe after the surgery. This is temporary and will settle in time.
- 5) **Alteration in sensation** - it is not uncommon to have altered sensation around the operation area including the tip of the nose in particular. This will improve over time.
- 6) **Bleeding** – Very rare, if it occurs there is a need to take you back to theatre to stop the bleed.

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- 7) **Sense of smell and taste** – surgery to the nose creates swelling and internally a change in the pattern of airflow through the nose. This alters the sense of smell and taste temporarily are stretched or traumatized by the surgery slowly recover. This will improve over time.
- 6) **Stitches** – very occasionally a deep suture (stitch) takes longer than expected to be absorbed by the body and then works its way to the surface and looks just like a small pimple within the scar. This may cause anxiety, but in fact is a minor problem that the plastic surgery nurses can manage easily in the dressing clinic all it takes is a clean of the area and a quick pull with some tweezers.
- 7) **Necrosis** – This is a medical term for poor blood supply to the tissues resulting in that tissue dying and although very rare this can occur to the skin edges, breast tissue and fat or the nipple. This may require further surgery. This will be explained in more detail by your surgeon.
- 8) **Watery eyes (epiphora)** – this is temporary and is caused by swelling post op, it will settle in time.
- 9) **Minor irregularities** – To be able to feel little irregularities of the nose, is normal post op. Major irregularities are not expected and may need revision surgery.
- 10) **Pigmentation changes** – pigmentation changes along the scar or where the skin has been lifted off the deep tissues are rare, and possibly more common in darker skin.
- 11) **PATIENT SATISFACTION AND REVISION SURGERY** – The nose is a central part of facial identity, and even if everything that was discussed preoperatively with your surgeon has been corrected/addressed, patients may still be unhappy with the outcome.

DO NOT HESITATE TO CONTACT US IF YOU HAVE ANY CONCERNS.

Pre-assessment:

You will require an assessment with the nursing team a few weeks before surgery. Ideally this is done face to face, but may on occasion be done telephonically. During this period you will have an opportunity to discuss any aspect of your surgery at that time.

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2. PREPARATION BEFORE SURGERY

It is advised that you undertake all of the household duties prior to your admission to hospital, as you will not be able to perform these for a while afterwards. This includes vacuuming, dusting, and clothes washing, ironing and shopping i.e. no pushing, pulling, lifting

DO NOT take any Aspirin or medication containing Aspirin for at least 7 days prior to surgery. (Aspirin may be re commenced after 48hrs post op.) If you take Aspirin or any other form of blood thinning medication for a medical condition, please discuss with your surgeon.

I prefer if you do not take Arnica during the period prior to surgery. If you do want to take it please start it at least 24hours post surgery.

Food and drink

NO FOOD IS ALLOWED 6HOURS PRIOR TO ANY SURGERY, THIS INCLUDES ANY SWEET/CHEWING GUM. YOU MAY HAVE SMALL SIPS OF CLEAR FLUID (STILL WATER/BLACK TEA/BLACK COFFEE) UP TO 2 HOURS PRIOR TO ADMISSION TO HOSPITAL

3. WHAT HAPPENS ON THE DAY OF THE OPERATION

On arrival you will have routine observations performed and a check of all the relevant paperwork carried out by the nursing staff. Then you will be asked to change into a gown.

All your jewellery must be removed, including ALL metal body piercings. It is recommended that you do not bring anything of value into hospital. All makeup must be removed as it can damage your eyes if left on while you are asleep. You must also remove all nail varnish and acrylic nails.

What will happen when I wake up?

You will wake up in recovery sitting upright with a bolster across the nose to catch any oozing and hold the nasal packs in. It is important that you remain in this position to help reduce the swelling unless indicated otherwise.

You will be allowed out of bed to pass urine (water) with the assistance of the nursing staff the first time, in case you feel lightheaded. Because you are lying / sitting more upright than normal for the first few day after the operation, it is quite common for the small of your back to be uncomfortable. It helps if you move slightly from one buttock to the other to relieve the pressure.

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What about pain relief and antibiotics:

You will not be allowed home until you are comfortable and pain free. We send you home with a range of different painkillers (mild, moderate and strong) and a course of oral antibiotics as part of our standard package of care.

4. AFTER YOUR OPERATION

Travelling – home and afterwards

It is recommended that you do not drive for 14 days following surgery. Please check your own car insurance company rules, as they are all different.

Follow up care

You will need to return to your hospital/ medical centre after one week. This appointment will be made at the time of your pre-assessment.

At Home

It is important that you have total rest. This means do nothing that will raise your blood pressure, including physical activities, sexual activities and housework during the first 2 weeks. This could induce a bleed, and add to the swelling. You can potter about and undertake activities that do not involve pulling, pushing and lifting.

5. AFTER THE FIRST TWO WEEKS

Start returning to your normal activities of living. Be sensitive to your body and try not to do too much too soon. Therefore, if you experience any pain, stop and try again another day.

You can drive and start lifting light objects from 2 weeks. You may start gentle lower leg exercise after 4 weeks. **Strenuous Gym activities, aerobics or sports should be avoided for six weeks..**

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6. GENERAL INFO /FAQ'S

What is the best position for me to sleep in?

Sleep on your back with one or two extra pillows during the first 2 weeks, as this will help to reduce swelling.

What about Work / Sport / Leisure?

It is recommended that you take 2 to 3 weeks off work. If you have an active hobby / leisure interest, please ask the surgeon or nurse for advice. It is also advisable to avoid bending forward too much at first.

Should I take special precautions when bathing?

Keep the area of the face dry for one week. After you first post-operative check with the nurse at 1 week, you will be advised if you can then shower.

How soon after my procedure can I sun bathe:

Do not sit out in strong sun for the first 2 weeks after surgery.

Should I adjust my diet?

Maintain a healthy nutritious diet with plenty of fruit and vegetables, as this is important for wound healing and bowels.

Will my procedure affect my bowel movements?

As you are inactive and due to use of painkillers, you may become constipated. For your own comfort and wellbeing, prevent this from happening. Purchase an aperient such as Senokot® or what ever has suited you in the past.

How soon after my procedure can I fly?

If possible avoid flying for the first six weeks, wear flight socks and take low dose aspirin before flying.