

of Kansas City, P.A.

OTOLARYNGOLOGY - HEAD & NECK SURGERY FACIAL PLASTIC & RECONSTRUCTIVE SURGERY

Board Certified, Otolaryngology Mark S. Walton, M.D., F.A.C.S. Board Certified, Otolaryngology Steven F. Ellis, M.D., F.A.C.S. Board Certified, Otolaryngology

Robert F. Thompson, M.D., F.A.C.S. Mitchell J. Challis, M.D., F.A.C.S. Board Certified, Otolaryngology Carson T. Williams, M.D. Board Certified, Otolaryngology Richard B. Price, M.D. Board Certified, Otolaryngology

CLINICAL AUDIOLOGISTS

Carissa R. Allen, Au.D., CCC-A Shirin Sattarin, Au.D., CCC-A

SPEECH PATHOLOGY

Peggy O'Reagan-Salva, M.A., CCC-SLP

RHINOPLASTY/SEPTOPLASTY POSTOPERATIVE INSTRUCTIONS CARSON WILLIAMS, MD

You have undergone the procedure RHINOPLASTY/SEPTOPLASTY in which your nose was operated on to change the way it functions or looks. This may have been done either through a closed (no visible incisions) or open (small incision between the nostrils) approach to access the structures of the nose that required correction. After your surgery has ended, you will be taken to the post-anesthesia care unit and given time to recover under the watchful eye of anesthesia doctors and nurses. Here, once you're awake, you'll be allowed to drink clear liquids and have something small to eat, if you choose. You will likely have some moderate nasal congestion and mild oozing from the nose; this is normal. You may have a tape or a splint over the bridge of your nose to help with post-operative swelling and support. This will need to stay in place for the first week after surgery, so please do not remove it. Also, you may need to wear a small pad under your nose for the first several days to catch some oozing and this may be changed by you as often as necessary.

THINGS TO EXPECT

PAIN: Postoperative pain is an unavoidable reality, however there are many ways your surgeon and you can minimize that discomfort. First, it is likely your pain will be fairly low or non-existent in the recovery room. This is because of numbing medication that has not yet worn off. An increase in pain within the first minutes to hours after surgery is expected. If indicated, your surgeon will provide you a prescription for a strong pain reliever. It is imperative to take this medication only as directed because it can cause serious complications if misused. These strong pain relievers typically are taken every 4-6 hours as needed for pain. PLEASE DO NOT TAKE THEM MORE OFTEN, OR IN HIGHER DOSES, THAN DIRECTED. After the first few days, typically nothing more than a few Extra Strength Tylenol is needed for pain. Please DO NOT take medications like Ibuprofen, Motrin, Aleve, Aspirin, or other NSAIDs as these all increase the risk of postoperative bleeding and bruising. Using ice packs on your cheeks, eyes and softly draped over the nose can decrease pain, swelling and bruising. Elevating your head when lying down decreases pain, swelling and the throbbing sensation typical of postoperative pain. If your pain is

not controllable after taking these measures outlined above, please call your doctor to receive further instruction.

<u>BLEEDING</u>: Some mild bleeding the first few days after surgery is expected and normal. Use the nose drip pads as necessary. If you saturate >8 pads/hour, please contact your surgeon. If bleeding is persistent, please apply 2 liberal sprays of Afrin nasal spray every 8 hours. If this does not stop the bleeding please contact your surgeon. DO NOT PINCH YOUR NOSE.

<u>FEVER</u>: A mild fever postoperatively is normal. This is your body's response to the surgery and is an important part of the healing process. This should be controlled with some Tylenol. However, if your temperature goes above 101.5° F, take an extra dose of Tylenol and retest the temperature after 4 hours. If it remains above 101.5° F (38.6°C) please contact your surgeon for instruction.

<u>NAUSEA/VOMITING</u>: Nausea with or without vomiting is common after general anesthesia. If this occurs ensure good hydration, eat bland foods and if it does not stop after 24 hours please contact your surgeon.

THINGS TO DO

<u>NASAL CARE</u>: Your nose is going to need some care daily. On the first day after surgery please begin squirts of saline spray in both sides of your nose at least 3 times per day (more is OK). Please DO NOT try to blow your nose. This can make you bleed and has the chance of displacing the structures of your nose that were just fixed. If you have tape and/or a splint over the bridge of your nose it's important to leave these in place. Please do not adjust or remove these. If you have stitches in an incision between your nostrils, apply hydrogen peroxide to loosen and remove scabs followed by liberal application of **VITAMIN A&D OINTMENT** three times per day.

<u>DIET</u>: Most importantly, you must stay very well hydrated after surgery. This helps with decreasing pain and supports your body as you heal. You may eat whatever is appealing to you, but limiting your salt to less than 2000mg/day will help to avoid additional swelling. Please do not drink alcoholic beverages while using the strong pain medication or high doses of Tylenol.

<u>BATHING:</u> Starting the day after surgery, it's advised to shower daily if you feel up to it. Please just keep your surgical dressing, tape and/or splint from getting wet. Showering is better, please no soaking in a

bathtub or hot tub. It is OK to wash your hair letting the water go over the back and not your face. Washing your face may be better accomplished in the sink.

<u>ACTIVITY</u>: While you have just had invasive surgery, you should not remain sedentary during your recovery. Please refrain from anything strenuous, no squatting down, no bending to 90 degrees at the waist and no lifting over 10 pounds. You should rest with your head elevated. Please get up and move around or take a slow walk each day for the first week. After being seen for the first postoperative visit, your surgeon will direct the level of activity after that.

<u>MEDICATIONS</u>: Take any prescribed medications as directed. If you take any blood thinning medication, please refrain until your first postoperative unless specifically instructed by your surgeon. Medications and supplements to avoid include, but are not limited to: Aspirin, Ibuprofen, Motrin, Aleve, Warfarin/Coumadin, Xarelto, Eliquis, Lovenox, Garlic, Ginkgo, and Ginger. The natural supplement Arnica Montana has shown some benefit for reducing bruising and may be taken if you wish. If you are curious whether a medication you take is OK to continue please ask your surgeon.

DANGER SIGNS THAT MUST PROMPT A CALL TO YOUR SURGEON

- 1. Any acute change in level of alertness or activity (extreme lethargy, slurring of speech, etc)
- 2. Temperature >101.5°F
- 3. Any active bleeding that does not respond to Afrin and elapsed time of 30 minutes
- 4. Continuous nausea lasting >24 hours or refusal to take fluids
- 5. Eye pain or acute change in vision (double vision, loss of vision), especially when accompanied by significant bleeding, bruising or swelling around the eyes

FOLLOW UP APPOINTMENTS

<u>1 WEEK:</u> At this appointment your surgeon will examine your nose and evaluate how it's healing from surgery. Sutures, if present, will be removed at this time. If there are stents inside your nose and/or tape and a splint on the bridge of your nose, these will be removed. There may be some suctioning and removal of old blood and mucus from your nose at this time.

<u>1 MONTH/3 MONTHS/6 MONTHS/1 YEAR (RHINOPLASTY ONLY)</u>: Additional follow up appointments are needed for rhinoplasty patients as the bone and cartilage support need to be evaluated in addition to observing the cosmetic improvement over time. Postoperative photographs will definitely occur at the 3 month and 1 year visits, but depending on your healing status additional photos may be taken along the way.

IMPORTANT CONTACT INFORMATION

OFFICE

5370 College Blvd, Suite 100 Overland Park, KS 66211 913-599-4800 www.hnskc.com

SURGEON

Carson Williams, MD 913-599-4800 cwilliams@hnskc.com