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AESTHETIC SURGERY

CERTIFIED BY THE AMERICAN BOARD OF PLASTIC SURGERY

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AFTER CARE INSTRUCTIONS for RHINOPLASTY

MEDICATIONS

- You will be prescribed narcotic pain medication which you should take as needed and directed. While most of these medications are prescribed to be taken 1 to 2 pills every 4 to 6 hours, you may find it better to take 1 pill every 2 to 3 hours if the effects start wearing off too soon. However, do not exceed the prescribed amount per day.
- As your pain decreases, you may switch to over the counter Tylenol (acetaminophen). Keep in mind that you should not take more than 4000 mg of acetaminophen per a day. Your narcotic medication may also contain acetaminophen so you need to be aware of your total dose from all the medications you are using.
- Ibuprofen (ie-Advil, Motrin) or naproxen (Aleve) may be started the same day as your surgery and may be used together with your narcotic pain medications and/or with acetaminophen. However, do not use ibuprofen or naproxen if you have had problems with stomach ulcers, kidney problems or if you have been told by a doctor not to use nonsteroidal anti-inflammatory drugs (NSAIDs).
- Purchase an over the counter stool softener (Metamucil, Colace) while taking narcotic pain medication. This helps avoid constipation.
- You may resume taking your routine medications, unless your physician instructs you differently.

DIET

- You should start resuming your normal diet gradually.
- Do NOT drink alcohol for 2 days after surgery or while taking narcotics.

NOSE SPLINT

- You will have a plastic splint on your nose for 5 to 7 days
- After the splint is removed, tape will be applied for an additional week.

ACTIVITY

- **SHOWER or BATH:** You may shower or bathe the day after surgery but keep your nose dry. The shower should be brief and not too hot so the splint does not fall off.
- If you have paper tape or Steri-Strips over the incisions, do **NOT** remove them. You may still shower with them and they will be removed in the office.
- **SLEEPING:** For the first 2 to 3 days after surgery, you may sleep with your head and shoulders elevated as much as possible to help reduce swelling and discomfort. A recliner is a good place to sleep and rest. Use multiple pillows in bed to keep your head and chest up.
- Do **NOT** blow your nose for the next 2 weeks.
- You will **NOT** be able to wear glasses for 2 weeks.
- Protect your nose – do not participate in any possible contact activity for 6 weeks.
- Avoid sneezing – if you must sneeze, do so through your mouth
- Use a cold compress (cool gel pack or hand towel soaked in ice water, **NOT** a bag of ice) to reduce swelling for the next 2 days.
- You are encouraged to **begin walking**. While sitting, alternate flexing and pointing toes several times each hour to help with circulation.

- To maintain circulation and prevent blood clots in your legs, it is important to get out of your chair or bed every hour and walk around for a few minutes. You do not need to do this during your normal sleeping hours.
- **DRIVING:** You may begin driving 5 to 7 days after surgery; longer if you do not feel comfortable with your reflexes behind the wheel. Do not drive while taking narcotic medications.
- Do **NOT** push, pull, or lift anything heavier than 10 pounds (about the weight of a gallon of milk) for 1 week.
- Do **NOT** do any strenuous activity or exercise/ activities (running, weight lifting, aerobics, vacuuming) for 2 weeks. After you start exercising, go slowly over 1 to 2 weeks until you are comfortable with the exercises.
- Do **NOT** engage in any sexual activity for 2 weeks; resume when completely comfortable.
- Do **NOT** drive or handle heavy machinery while taking narcotic pain medication or muscle relaxant medications.
- Do **NOT** cross your legs or sit for more than 1 hour in the same position while awake.
- Do **NOT** fly for 10 days, if possible.

WHAT ELSE TO EXPECT

- Some pain and discomfort for 3 to 4 weeks, although it should gradually get better from the first two to three 2 to 3 days.
- You may notice a small amount of drainage from the incision sites on the first one 1 to 2 days. This is normal. You may cover with gauze and secure with paper tape.
- If there are any sutures, they will be removed 5 to 7 days after your surgery.
- Do not be overly concerned if you notice a decreased sensation in your nose. It is return to normal.

SCAR MANAGEMENT

Silicone gel ointment may be used on the incision sites

ADDITIONAL INSTRUCTIONS

- Look at your incisions once a day to note any signs of infection:
- **SIGNS of INFECTION** include:
 - Incision area becoming red and warm to the touch.
 - Drainage leaking from incision site that is cloudy or pus-like.
 - Excessive swelling. Or more swelling on one side or the other.

WHEN TO CALL DR. GUTOWSKI

- Fever over 101.5 for 2 readings taken 4 hours apart.
- Marked increase in redness, swelling, or pain around incision or nose.
- Any excessive bleeding or drainage from your incisions or nose.
- Pain is not relieved by prescription medication.
- Persistent problems with nausea or vomiting
- **CHEST PAIN** or **TROUBLE BREATHING:** CALL 911 or go to an Emergency Room