

RHINOPLASTY PRE-OPERATIVE PATIENT INFORMATION

- Rhinoplasty is surgery on the nose that will impact on its external appearance. This may be a **cosmetic** rhinoplasty with the goal of improving one or several elements of the nose's appearance such as straightening the bridge (dorsum), improving the profile, correcting tip asymmetry and projection or correcting irregularities of the nostrils (alar). **Functional** rhinoplasty has the primary goal of improving the ability to breathe through the nose (improve nasal airway). In many individuals the nasal airway can be improved without a rhinoplasty, but in some, the structural components contributing to the blockage require a rhinoplasty such as: The side walls of the nose being sucked in with inspiration (nasal valving), crookedness of the nasal septum high in the nose, loss of tip or alar support or just severe external deformity (a very crooked nose) sometimes secondary to trauma. Like cosmetic rhinoplasty, functional rhinoplasty looks to improve the appearance of the nose but it is performed in individuals whose primary concern is nasal blockage. Some people who have a functional rhinoplasty are happy with the appearance of their nose but require this surgery as the cause of their blockage requires this surgical approach. I perform both cosmetic and functional rhinoplasty.
- Rhinoplasty is often combined with septoplasty and turbinoplasty. Septoplasty is straightening of the internal nasal septum (the midline wall between the two nostrils). This helps with the nasal airway as well as can improve nasal support and in some instances external straightness. Turbinates are vascular pads on the internal sidewalls of the nose that fluctuate in size over the day to regulate airflow. Turbinoplasty is surgery to reduce the size of these pads to aid the nasal airway. It is commonly combined with septoplasty. I perform turbinoplasty endoscopically (with the use of a small fiberoptic telescope and camera).
- FESS (Functional Endoscopic Sinus Surgery) is surgery to aid in drainage of the sinuses in people who suffer with various sinus symptoms such as facial pressure or infected nasal discharge. If limited this can often be combined with the above surgeries. However, if sinus work is more involved it may need to be performed at a separate time to your rhinoplasty (usually before) as the packing in the nose for a few days after rhinoplasty can otherwise lead to a sinus infection that may impact on your surgical recovery and result.
- **EXPECTATIONS:**
Depending on the complexity of the rhinoplasty, I will usually see most patients twice before their eventual surgery. We will discuss what our goals of surgery are. I will ask you what you are hoping to achieve (the look you are after), discuss the achievability of this and how we would go about it as well as possibly recommend other minor elements to refine to balance out this look. Occasionally patient's cosmetic desires are in conflict with what I think is achievable or what would look aesthetically pleasing. In these instances I would not proceed to surgery. Not every nose will suit every face and not all nasal aesthetics are achievable. I am quite clear on these issues during the consultations and document clearly

our agreed goals of surgery. If you change your mind or have some new ideas DO NOT bring these up when I pop in to say hello immediately prior to your surgery. Let my staff know and I will arrange another pre-op consult.

- Photos will be taken pre-operative in my office and at certain stages post-operative.

The surgery itself is done under general anaesthetic (fully asleep) and can take between two and six hours depending on surgical complexity. You will see your anaesthetist immediately before your surgery who will discuss the anaesthetic process and at this stage you can raise any minor concerns you have. If you have significant health or other concerns in regard to the anaesthetic please raise these with me during your consults so I can notify the anaesthetist, if needed, well in advance. I like to keep rhinoplasty patients in hospital overnight to minimise activity, monitor blood pressure to reduce bleeding, manage pain as needed and keep cool packs on the cheeks and eyes to reduce potential swelling. I will see you the next morning at which stage most patients go home with discharge pain medication and antibiotics.

- Rhinoplasty may be performed as an Open (single small external incision [cut] on the narrow bridge of skin between the nostrils under the nose) or Closed procedure (no external incisions). Both types of rhinoplasty involve internal nasal incisions. All internal incisions have dissolving stitches while for an open rhinoplasty the small external incision under the nose is closed with 5-7 tiny stitches that will be removed 6-8 days post op. Most rhinoplasties I perform are done in the open manner as this allows much better exposure/ access to the nasal framework to not only, much more accurately, achieve the desired cosmetic result but better access the nasal septum from above to improve the airway, source cartilage for grafts if necessary and allow better visualisation for stitches to shape and support the nose. Apart from the small incision externally under the nose (that should be expected to heal very inconspicuously) the open approach is well recognised as offering greater advantages in accurately shaping and supporting the nose.
- In some cases, grafts (of usually cartilage) may be required to strengthen and shape your nose. I will usually know this in advance and discuss it during our pre-op consults. This cartilage is usually taken from the nasal septum, but in some cases a graft may need to be taken from your ear or, where a larger reconstruction is necessary, your rib. Again, this would be outlined pre-op if needed.

AFTERCARE INSTRUCTIONS:

I will usually briefly discuss how your surgery went with you on the evening of surgery but leave more detailed discussion until the next day as many people do not remember the details (or often even seeing me at all) on the day of surgery after their anaesthetic.

- When sleeping, keep your head elevated on 2 pillows for the first 7 days after surgery.
- During the day for the first 72 hours, apply crushed ice in an ice bag to your cheeks and eyes to minimise swelling and bruising. Do not put pressure on the splint on your nose.
- It is normal to continue to swell after the first 48 hours. It usually reaches its peak 48-72 hours after surgery.
- PAIN MEDICATION: For moderate to severe pain you will usually be supplied with Panadeine forte (1-2 tablets 4 hourly as needed) OR paracetamol (2 tablets 4 hourly as needed) to take with Oxycodone (Endone) (5-10mg 4 hourly as needed – may make you drowsy). If you have no pain - do not take anything. For mild pain take paracetamol only. Do not exceed more than 8 paracetamol (Panadol) OR Panadeine Forte per day. Panadeine Forte and Endone are both strongly constipating, if consumed regularly you should also start a regular laxative (e.g. Coloxyl and Senna, Metamucil or lactulose).
- If you have pain despite the above regular medications or have a reaction to any of the above let me know.
- DO NOT take non-steroidal anti-inflammatory medicines such as ibuprofen (Neurofen) within 2 weeks of surgery as this can promote post-operative bleeding.
- DO NOT drink alcohol while taking strong pain medication.
- After surgery, begin on that day with a light diet of fluids only. The next day you can begin a soft, regular diet but for 2 weeks avoid foods that require excessive lip movements such as apples or corn on the cob, etc.
- I will usually see you between 6 and 8 days post-op to remove your external nasal splint, stitches and any internal splints. You will feel much better after this visit. Removing the internal splints is not overly painful. My staff will contact you for this appointment. Prior to this you should expect some light bloody discharge from the nose. The packing placed up there slowly dissolves and will ooze from the nose.
- Antibiotics will be provided for the first 7-10 days after surgery.
- After your first appointment with me at day 6-8 you can commence nasal douches with your FLO rinse. These can start the evening of your appointment and you should perform 2-3 rinses per side of your nose (4-6 bottles per day) until your next appointment. Rinse one side, blow both nostrils at once (do not occlude one nostril or compress both nostrils to blow – just firmly blow both at once with your hands away from your nose), then rinse then other side and blow again. Do this process 2-3 times a day. Rinses will continue, to some extent, for several weeks. It will likely take a couple of days for the rinses to flow through nicely because of the nasal packing.
- If you need to sneeze in the 2 weeks post-op do so through your mouth.
- With your nasal splint on you may wash your face with a moist face-cloth. Do not splash water on your face and do not get your splint wet. You may wash your hair with assistance (hairdresser style) keeping your splint dry but best to wait until after your first consult.
- You will be supplied with some kenacomb (Otocomb) ointment from the hospital. Apply this on a cotton tip/ bud and place it just inside your

nostrils (just to the depth of a cotton bud head) and along the incision line under your nose twice per day to keep it from getting crusty. Start this the first day after your surgery. After your first post-op visit, I will usually suggest you then commence applying some **KELOCOTE** Ointment to your incision under your nose to help with healing. Normally this is continued for 2-3 months twice daily. Apply a very thin layer, don't cake it on. This ointment is available online as most pharmacists don't stock it.

General instructions:

- Avoid strenuous activity (anything that gets your heart rate more than 100 beats/ min) for the first 2 weeks after surgery. After this start slowly back into it for the following week. Normal activity after 3 weeks.
- Avoid bumping your nose for 4 weeks after surgery. If you get a bump on the nose and it becomes crooked or changes then contact me for review.
- After the splint is removed avoid wearing sunglasses for 4 weeks. For corrective eyewear these may be worn but for the first 2 weeks apply some tape between your glasses and your forehead to take the weight of the glasses off your nose. If your glasses are leaving prominent impressions on the sides of your nose, avoid using them. Wear contact lenses if possible.
- The skin on your nose is sensitive to sunlight after your surgery. Protect your nose from excessive sunlight for 6 months. Usual measures of a broad brimmed hat and quality sunscreen recommended. Don't apply make up, moisturiser or sunscreen to your nose for the first 2 weeks.
- After your splint is removed you may wash the nose gently with a mild bland soap. No special deep cleansing products for 2 weeks as your nose skin will be quite sensitive.
- The tip of your nose will feel numb after rhinoplasty and your upper lip and front teeth may feel a bit 'funny'. These sensations will slowly resolve. The tip numbness can sometimes take several months to totally disappear.
- Much of the swelling will be gone 2-3 weeks after surgery. It often takes approximately 1 year for the last 10% of the swelling to settle. Your nose may feel stiff when you smile and not as flexible as before surgery. This is not noticeable to others and things will gradually return to normal. Your nose may remain stiffer if increased support was one of the goals of surgery.

CONTACT:

- I am very particular about rhinoplasty surgery. An excellent result is not just about concise pre-operative assessment/ clear expectations/ discussion and skilled operative techniques but also close adherence to post operative recommendations.
- If you have any concerns contact my office. If this is out of hours and you feel the concern is urgent then contact the nurse manager/ surgical ward at the Cairns Private Hospital who will then contact me. This may be for

any significant or persistent bleeding, significant medication reaction (rash or swelling), nausea, vomiting, wound concerns, trauma to the nose, persistent fever above 38.5°C, redness, shortness of breath or increasing pain.

Cairns ENT Office: (07) 40510890 (9am to 4pm weekdays)

Cairns Private Hospital: Surgical Ward (07) 40525337 or nurse manager (07) 40525290 after hours or weekends.