POST-OPERATIVE SEPTORHINOPLASTY CARE INSTRUCTIONS

Wound care:

Resume normal skin care. Avoid manipulation of pimples or blackheads. Clean skin with gentle soap and water or your typical face cleanser. Stop using the nasal antibiotic ointment, if you have not already done so. Continue using saline two to four times daily for the next three months. It is common to experience increased crusting in the nose after surgery. The flow of mucous is disrupted with surgery and the saline will help reduce crusting and encourage normal mucous flow towards the back of your throat. Try to avoid digital disimpaction of the crusts (nose picking), instead use the saline to moisten the nose frequently. Tobacco use slows this healing process and therefore smoking should be avoided.

Nose Blowing:

You may gently blow your nose now and in one week resume normal nose blowing. You may notice absorbable sutures in the nasal secretions, this is normal.

Exercise: You may resume light exercise now, more vigorous exercise in one week with goal to resume normal exercise in 4 weeks. No contact sports x 6 weeks. You will notice increased nasal congestion and swelling with exercise that typically normalizes by 3-6 months post-operatively.

Exercise after rib cartilage harvest: You may resume light exercise 2 weeks after surgery with goal to resume normal activity in 4-6 weeks. You may require up to three months before you are reconditioned and able to perform your Military physical fitness testing. If you require a profile, please request this from your surgeon.

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Sun Avoidance: Avoid sun exposure for one year following surgery. Sun exposure can impede healing and can cause poor scarring. After two weeks of healing you may use sunscreen on the nose/face to avoid sunburns. In the interim you can wear wide brimmed hats or avoid sun exposure. SPF of 40 or greater is recommended.

Swelling/Edema: Cyclical swelling will occur after lying flat in bed. It is common after sleeping flat overnight that your nose will appear more congested and more swollen in the mornings. The tendency is that throughout the day while standing or sitting (upright) the swelling will be less and the nose will be less congested. This cycle repeats itself daily until about 3-6 months when you are fully healed.

Air flight: You may fly now. You may want to use your afrin before flight ascent/decent to assist in your ability to clear your ears during flight. The Eustachian tube in the back of the nose can be swollen after surgery and may make it difficult to clear your ears with flight. Afrin may help with this process.

CPAP: If you use CPAP for obstructive sleep apnea, you may resume CPAP after two weeks of recovery if you use the nasal prong mask. If you use the nasal mask or full face mask and the mask puts pressure over the nasal bones and you had your nasal bones broken to reset the bones, you will need to refrain from using this type of mask for 6 weeks. Alternatively, you can get fit for a nasal prong mask so that you can resume CPAP use sooner. Pressure of the mask over surgically fractured nasal bones (osteotomies) can result in deviation of the bones and a poor cosmetic or functional outcome.

Compression exercises: Some patients after surgery have slight persistent deviation of the nose to one side or the other. Those patients may benefit from compression exercises. If you are a candidate for these exercises, your surgeon will demonstrate the compression techniques. You should perform these exercises at least 2 minutes ten times daily for 3 months or until the nose comes to the midline position. Some patients benefit from taping the nose at night for correction of persistent deviation. If you have been instructed on taping, you should consistently do this every night.

Follow-up: Please follow-up with Dr. Jackson at your designated next follow-up appointment. She will continue to see you for follow-up until you are fully healed and then annually thereafter. We will plan to get post-operative photographs at your 6 month follow-up appointment.