

# Tomorrow's Face

## DR. MORROW'S PRE- AND POST-OP NASAL SURGERY INSTRUCTIONS

- **NO aspirin, Motrin, Advil, or any medication that can thin the blood** (prescription, herbal, or otherwise) is to be taken for 10 days before/after surgery. **Take only the pain medicine and antibiotics prescribed by Dr. Morrow.** Other medications that you routinely take are fine as long as they do not impair the clotting process.
- Prior to surgery, **arrange for someone to take you home.** It is a good idea to make sure someone is available to care of you the first night after surgery.
- **Avoid foods that are hard to chew** or may upset your stomach.
- **Keep a stiff upper lip.** The upper lip is a key area in rhinoplasty, so try not to move it too much the first week after surgery.
- **Avoid bumping your nose.** Exercise caution around young children and pets. Don't lean on your nose when you sleep; it may be pushed crooked. Place pillows around your head to prevent this.
- Avoid sniffing.
- **Use sunscreens** (SPF 15 or more) if staying outside in the sun or snow for at least the first three months.
- **Don't blow your nose for 10 days after surgery.** If you have to sneeze, keep your mouth open. After this period, blow gently through both sides at once.
- Your throat may become dry due to mouth breathing. Drink plenty of water. A humidifier may help.
- **Closed approach.** If no incision was made between the nostrils, your first post-op appointment will be in six days (Wednesday). The exception would be if packing was required; this would be removed the day after surgery.
- **Open approach.** If an incision was made between the nostrils, the fine microsutures will be removed in four days (typically a Monday). The scabs that form at the suture line and in the nostrils can be softened with hydrogen peroxide on a cotton swab before applying an antibiotic ointment (polysporin, bacitracin). This should be done 2-3 times per day. The drip pad, which can be changed as often as necessary, will be soiled the first few days following surgery. Please call if there is a constant flow of bright red blood. This may require additional packing.
- A **silastic splint** is placed inside the nose, secured with a blue stitch, if the nasal septum was repaired. Occasionally the splint will have an air tube attached to it to provide extra support, especially if valve reconstruction was performed. The splint, **typically removed six days after surgery**, may be maintained in place for an additional week. This is often necessary if the portion of the septum that was repaired is critical for tip support or maintenance of the height of the nasal bridge.
- A **cast** is placed if the nose was re-shaped (rhinoplasty), and sometimes following a closed reduction of a nasal fracture (treatment for a broken nose). The cast helps keep the nasal bones

in proper alignment, as the swelling inside the nose has a tendency to push the bones apart. Once the cast is removed (six days after surgery), you will be instructed on how to perform **finger exercises**. Like a retainer after orthodontic treatment, these exercises help keep the nasal bones in proper alignment. They are performed 6-8 times a day, for one minute in duration, for 4-6 weeks.

- Typically no packing is placed. Rather a **biodegradable, resorbable dressing is used**. Whatever has not been resorbed by six days post-op (typically a Wednesday) will be suctioned out at the same time the silastic splints are removed (a painless office procedure). The use of saline nasal rinses, three times a day, will provide a moist environment to facilitate healing. Occasionally packing is required if bleeding is persistent throughout or at the end of the procedure. This packing can cause additional discomfort, and will be removed in the office the day after the surgery.
- Severe pain is not anticipated. Mild to moderate pressure is most easily controlled with Tylenol # 3 (codeine); 1-2 tabs taken every four hours with food/milk will suffice.
- **Avoid heavy lifting** or straining for 10 days in order to reduce the chances of post-operative bleeding. If this occurs, packing may be required.
- **Bruising**, which varies from patient to patient, is expected if the nasal bones were gently fractured and the nose was re-shaped (rhinoplasty). **Ice cool compresses** (such as frozen corn), gentle and dry, placed over the eyes (and not on the cast) is critical in minimizing bruising and swelling. It is not unusual for the bruising and swelling to look worse the second day after surgery. **Keep the head/head of bed elevated**.
- Although the **nasal bones**, if fractured, are stable two weeks after surgery, **it takes six weeks for them to completely heal**. Those patients actively involved in athletic activity are advised not to engage in contact sports for six weeks following surgery. Most patients may resume sports activity two weeks after a closed reduction with relatively little concern of re-injury so long as they use the proper protection. It is always best to proceed on the side of caution.
- If an open approach was performed, the incision will look “lumpy, bumpy and red” for the first month. It will gradually fade into an inconspicuous scar by three months, and completely mature after one year. The nasal tip will feel firm and numb for the first six weeks, gradually softening and reverting to its original state by 3-6 months after surgery.

## RESUMING ACTIVITIES

**Contact Lenses:** may be worn after surgery. You may notice some swelling in and around the eyes for a few days, especially if the nasal bones were mobilized.

**Eyeglasses:** may be worn as long as the cast remains on the nose. Afterwards, tape the bridge of the glasses to the forehead so they are not resting directly on the nose (two weeks).

**Bathing, showering, shampooing:** as soon as you feel strong enough. The cast must be kept dry.

**Return to work or school:** typically after 7-10 days.

**Jogging, tennis, weight-lifting, aerobics, cycling, sex:** two weeks

**Competitive sports, skiing, diving:** six weeks

**Driving:** have someone drive you to the first post-op appointment. You may resume driving (short distances at first) as soon as you do not require narcotic pain medication.

Please call if you have any questions or concerns: **973.243.0600**. We are here for you.