

Discharge Information: Post Rhinoplasty - Open



MEG
MELBOURNE ENT GROUP

Dear Patient/Carer:

Please read this document carefully as it contains important information that complements the instructions given by your MEG ENT Specialist .

You are about to have *Structured Open Septo – Rhinoplasty surgery.*

This operation is aimed at improving breathing via nose and improving the appearance without compromising the long-term strength of the nose.

Both the inside and the outside of the nose will be operated on and although there is only a small cut on the outside, the operation is certainly not a minor procedure.

Most of the recovery will occur in the first 2 weeks but complete recovery may take over a year.

During the first few weeks the healing parts of the nose will be more prone to bleeding and deformity after a much lighter impact than normally

You should take it easy during the first 2 weeks after the surgery.

Post-operative Course: Expected Changes

Immediate Post Op to 2 weeks after the operation:

- The nose will feel congested and swollen because of the inflammatory healing process after the surgery.
- Most people cannot breathe via the nose in the first 1-2 weeks.
 - This occurs mainly because of the swelling inside due to inflammatory healing process after the surgery.
 - Other contributing factors include blood clot, nasal packing and silastic splints placed inside. Packing is usually absorbable and the silastic splints will be removed 5-10 days after the surgery.
- There will be some bleeding and blood-stained discharge at the front of the nose as well as at the back of the throat. You will have a gauze under your nose (nasal bolster) to catch the discharge. Sometimes, ice and pressure are required to settle down the bleeding. Rarely, further action is needed. The blood-stained discharge should settle within 1-2 days. Occasionally bleeding can occur during the first 2 weeks and you might have to apply first aid.
- You will have a small cut on the under-surface of the nose with sutures. The sutures will be removed 5-7 days after the surgery.
- You will have thermoplastic splint on the outside which will help to stabilise the bones and reduce swelling. This will be removed 5-10 days after the surgery. Sometimes it may need to be applied intermittently for a longer period of time.

- Numbness – nose and central top teeth numbness can occur and does not signify a complication. This occurs due to irritation of a small nerve which travels at the front of the nose. This settles completely within 2-3 months or earlier.
- Other cuts possible:
 - i. Behind the ear- in this case you will have a bandage over your head. This will be removed the morning following the surgery. It needs to be firm. If it is too tight or very uncomfortable, you must inform nursing staff and it will need to be loosened up.
 - ii. Chest – this cut can be painful, especially several hours after the operation when the local anaesthetic ‘wears off’. You will have some strong pain relief available. It is important to have sufficient pain relief to be able to take a deep breath and cough.

First post-operative visit: ~ 1 week after the operation

- It is a good idea to take Paracetamol (Panadol®) before the appointment as removal of sutures and splints may be uncomfortable. You should not drive at this stage.
- **Wound review**
 - The external thermoplastic splint will be removed.
 - Sutures will be removed.
 - Internal silastic splints will be removed.
 - Chest and ear sutures are absorbable in most cases and do not need to be removed; the wounds will be checked.
 - The outside and the inside of your nose will be checked, sometimes the inside will need to be cleaned with suctioning.
- **Swelling** – after removal of splints, swelling will remain and will be a little bit worse for a week or so afterwards.
- **Pain** – should be getting better after the first week.
- **Bleeding** – there is still a risk of bleeding for 2 weeks after surgery but this risk is lower than that immediately after the operation.
- **Appearance & shape** – due to swelling for the first 2 weeks, this will be difficult to assess but general features should be obvious.
- **Breathing** – should be improving after the first week. The final result is unlikely to be obvious for the first 2 weeks or so.
- **Return to Normal Activities** - Most of the recovery takes at least 2 weeks; hence your activities should still be limited even if you feel better.

Months to Years after the operation

- **Swelling** – a very small degree of swelling can persist for months. Sometimes this can fluctuate depending on your general wellbeing. For instance, more swelling can occur with menstrual cycle and in pregnancy. The lymphatic system that drains excess fluid is disrupted during the surgery and thus the drainage is not as fast as in a nose that hasn’t

been operated on. This doesn't mean a terribly swollen nose and, in fact, the swelling would be so subtle that no one except you would notice it.

- **Pain & Numbness** – Pain should be minimal now. The nose and central top teeth can feel somewhat numb. This resolves in most cases within 3 months.
- **Appearance & shape** – about a couple of months after the surgery, the appearance should be the one we had aimed for. However, some tissue changes can occur occasionally leading to sub-optimal results. These will need to be discussed and sometimes, revision surgery may be required.
 - **Cartilage memory** - Occasionally cartilage memory can cause curling.
 - **Callus** - Bone can heal with a slight lump called a *callus*,
 - **Scar tissue** – can sometimes form unevenly.
- **Breathing** – should be clear now, and should be improved if you had issues before the operation.
- **Stiffness** – the tip of your nose will likely feel woody and stiff. Partly it will soften over the months to years, but it is unlikely to return to completely normal feeling as before the first nasal surgery. Initially, you may find it strange to kiss, but most patients adjust well long term. Stiffness occurs for a number of reasons:
 - Scarring.
 - extra suturing
 - grafts, especially rib grafts, contribute to stiffness.
 - Tip cartilages can weaken after surgery and weaken in everyone with age. Particular attention is paid during the surgery to ensure tip supports are reconstructed and the nasal cartilages remain strong despite aging. The techniques used to achieve that result in some stiffness.

Rarer complications will be discussed with you in person prior to the operation. Shall you have any questions, please write them down so you don't forget to ask them during the peri-operative consultations.

Medications:

Pain Management:

- You should receive analgaesics and instructions (**e.g. Paracetamol, Endone, Targin**) prior to your discharge from hospital.
- Ensure you take regular pain relief, as directed.
- Do not take strong pain relief medications, unless paracetamol is insufficient.
- Avoid Nurofen and Aspirin or other non-steroidal anti-inflammatory as they may increase the risk of bleeding.
- Mild Throat pain and discomfort is expected for up to 14 days. Some patients also experience earache.
- This pain usually lessens in the first 3 days, but may worsen on post operative days 3-7. This is normal. It will then gradually improve.

Antibiotics:

- You **MEG ENT Specialist** may prescribe Oral Antibiotics on discharge from hospital.
- Use as directed

Resumption of “Blood Thinning” Medications:

- Prescribed Blood Thinning Agents
 - e.g. **Aspirin, Warfarin, Clopidogrel, Rivaroxaban**
 - Your **MEG ENT Specialist**, in discussion with your **GP/Physician** will instruct you on when to recommence these medications.
- Over the counter blood thinning agents
 - e.g. **Krill Oil, Fish Oil, Ginseng, Gingko, Garlic, etc.**
 - You can restart these medications **2 weeks** after your surgery.

Bleeding:

- Bleeding can occur after the surgery.
- If you experience any bleeding, suck on ice and place an ice pack (frozen peas) on the back (nape) of the neck. Try to avoid swallowing any blood as this will make you feel sick.
- You can also apply pressure to the bottom soft half of the nose evenly on both sides. This usually doesn't affect the changes made by surgery. Do not apply pressure to the hard bony top part of the nose, which is usually covered with a thermoplastic splint.
- Most simple bleeds will settle with this management and it will reduce larger bleeds.
- If bleeding continues for **longer than 10 minutes**, or you are concerned you should:
 - Present to the nearest Emergency Department
 - Call 000 and ask for an ambulance

Diet:

- **Full, normal, diet** is actively encouraged
- Warm and cool rather than hot foods are preferred
- Adults should avoid alcohol intake in the first 2 weeks post-op

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