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AFTER HOURS: PHYSICIAN - (415) 703-7922

PATIENT INSTRUCTIONS

PRE & POST CARE - RHINOPLASTY

INTRODUCTION:

Please familiarize yourself with these instructions both BEFORE and AFTER surgery. By following them carefully, you will assist in obtaining the best possible result from your surgery. If questions arise, do not hesitate to communicate with Dr. Kim or staff. Take this list to the surgery center with you and begin observing these directions immediately after your surgery. Out of town patients are asked to stay in the San Francisco area for 5 days after surgery for postoperative care.

INSTRUCTIONS TO FOLLOW PRIOR TO SURGERY:

1. Starting 4 weeks prior to surgery do not take any Aspirin, Aspirin-containing compounds, Non-Steroidal Anti-Inflammatory medications (Motrin, Ibuprofen, Advil, etc.), or Herbal Supplements. You may resume these medications 1 week after surgery. These medications can increase the risk of bleeding during and after surgery.
2. Avoid other medications as described on the complete “**Medications to Avoid**” list provided for you.
3. Do not eat or drink anything after 12:00am (midnight), the night before surgery. This includes water unless you have been instructed to take medication with a small sip of water.
4. AVOID caffeine at least 48 hours before surgery – may cause de-hydration.
5. At least TWO weeks prior to surgery, avoid alcoholic beverages and salty foods because these will prolong the swelling of your nose.
6. If any lab work or medical tests were ordered for surgery, please complete between 2 and 4 weeks prior to surgery.
7. You will need to come into the office for a pre-operative appointment within 2 weeks prior to surgery. This appointment will be made for you by Dr. Kim’s staff.

8. You will have the opportunity to talk with the anesthesiologist the day of surgery.

OVERVIEW OF SURGERY (BASICS OF SURGERY, WHAT TO EXPECT AFTER):

1. A small incision is made across the columella (the bridge of skin between the nostrils). Tiny black stitches will be visible on this suture line. These sutures will be removed 5-7 days after surgery. This incision should be cleaned with a Q-tip dipped in peroxide and then coated with a thin film of Bacitracin at least twice a day after surgery until the sutures are removed.
2. Other incisions are made on the inner rim of the nostrils. These are absorbable sutures, which do not need to be removed and will re-absorb by themselves over time. For the first week after surgery, the inside of the nostrils should be cleaned with a Q-tip dipped in peroxide and then coated with a thin film of Bacitracin at least twice a day (as a rule of thumb, you can place the Q-tip inside the nose no further than the white cotton head of the Q-tip).
3. A white plastic splint / cast will be attached to the external skin of the nose. This will be affixed by adhesive. This splint / cast should remain dry until removed at your first visit 5-7 days after surgery. If it falls off, you need not be concerned, as there is some protective tape underneath the splint cast. If the splint / cast falls off, try to replace it by taping (first aid tape is fine) it to the surrounding cheek skin.
4. Thin clear plastic stents will be present inside the nose on either side of the septum, sutured in place with a small black suture. Do not disturb these stents.
5. During surgery, the skin is elevated from the infra-structure of the nose (bone and cartilage). The internal structure is then improved through cartilage grafting, re-arrangement, and other techniques. The skin is then re-set onto the modified infra-structure. This process leads to a significant degree of swelling and a feeling of hardness in the nose, which can last for weeks to months after surgery. The nose may not settle into its final shape for up to a year after surgery.
6. Bruising around the eyes and swelling around the cheeks can occur and may last for up to 2 weeks after surgery in some cases.
7. It is normal to have some dripping of blood in the first few days after surgery. You should try not to swallow blood that may drip down the back of your throat (as this may cause nausea) and instead lean forward if experiencing bleeding. You may have a small dressing taped under your nose after surgery to prevent blood from dripping onto your clothes. You may replace the dressing as needed if it gets saturated with blood. If you have to change the dressing more than once an hour, you should apply some pressure gently under the nostrils for 15-30 minutes with a clean gauze or washcloth. Afrin nasal decongestant spray can also be sprayed inside of the nostrils every couple

hours to help constrict blood vessels and to help slow down bleeding after surgery. A cotton ball lubricated heavily with Bacitracin can be placed inside the nostril(s) and then additional pressure placed under the nose for more vigorous bleeding. If these measures do not stop the bleeding or bleeding is brisk (soaking through dressings in less than 20 minutes) contact Dr. Kim's office immediately.

Icing AROUND the nasal area is recommended for 7 days after surgery. Frozen peas, corn, or gel packs are recommended for 10 - 20 minutes every hour. Do not place anything (INCLUDING ICE) on top of your cast.

8. Nausea is an occasional side-effect of surgery. If you are prone to nausea, you should discuss this with the anesthesiologist prior to surgery. Anti-nausea medications can be prescribed to you on request before or after surgery.
9. A sore throat is another occasional side effect. It usually happens as a result of the anesthesia intubation and will typically resolve within a week. Sucking on ice chips will help to alleviate the swelling and improve any discomfort.
10. You will need to come back for your first appointment 5 - 7 days after surgery for removal of sutures, splint, and stents. The second appointment is 2 - 4 weeks after surgery. 2- 4 additional appointments are then needed throughout the subsequent one year.

OTHER INSTRUCTIONS TO FOLLOW AFTER SURGERY

1. **YOU MUST COMPLETE the ENTIRE COURSE of ANTIBIOTICS** that are prescribed. Failure to do so may result in infection, and could possibly compromise the final outcome of your surgery. Begin your antibiotics the day of surgery. Follow instructions for all of your prescribed medications.
2. **Do not blow nose until instructed.** Wipe or dab nose very gently around the nostrils with a gauze pad or Kleenex, if necessary.
2. **Do not disturb the splint on the nose or allow it to get wet.** You may take a sponge bath or wash your face and hair as long as you keep the cast dry.
3. Change dressing under nose (if present) as needed. Using Q-tips and peroxide, gently clean your sutures and the area just inside your nostrils (do not go further than the white part of the Q-tip). Next, apply a thin layer of Bacitracin. You will need to clean your sutures at least two times a day for one week.
4. After the doctor removes your external nasal splint, the skin of the nose may be cleansed gently with a mild soap or cleansing cream. Rubbing alcohol on a gauze pad can be gently applied to the skin of the nose to help clean up any residual adhesive that may be left on the skin. To cover any discoloration, you may use foundation or camouflage make-up.

5. For 3 weeks after surgery avoid alcoholic beverages, hard foods that require prolonged chewing, and salty foods because these will prolong the swelling of your nose.
6. Avoid rigorous physical activity for 3-4 weeks after surgery, including athletic activities which will raise your heart-rate or core body temperature. Avoid bending over, heavy lifting or straining.
7. Keep your head elevated on at least 2-3 pillows in an upright position at night for 7 days.
8. Wear clothing that fastens in the front or back for 1 week. Avoid slipover sweaters, t-shirts or turtlenecks.
9. Apply SPF – 30 or higher and avoid strong sun exposure to the face for 1 month after surgery.
10. Don't be alarmed if it is difficult to breathe through your nose during the initial postoperative period. The swelling on the inside of your nose will subside over the first few weeks after surgery.
11. Do not wear regular glasses or sunglasses, which rest on the bridge of the nose for at least 4 – 6 weeks. We will instruct you in the method of taping the glasses to your forehead to avoid pressure on the nose. Contact lenses may be worn 2-3 days after surgery.

HELPFUL ITEMS TO OBTAIN PRIOR TO SURGERY

The majority of the items below can be obtained from a standard drug store (please refer to the SURGERY SHOPPING LIST for additional items)

1. Prescription for pain medications and antibiotics (will be provided for you by Dr. Kim's office)
2. Tube of Bacitracin ointment
3. Package of gauze
4. Package of Q-tips
5. Afrin nasal spray
6. Cotton balls
7. Medical paper tape

8. Hydrogen Peroxide

SUPPLEMENTARY INSTRUCTIONS

1. Care for Ear Graft

- a. Keep dressing dry until removed by Dr. Kim.
- b. Apply a thin coat of antibiotic ointment to incision behind the ear twice a day.
- c. The dressing is sutured in place—do not attempt to cut or remove the suture. Dr. Kim will remove at your first post-operative visit at 5-7 days after surgery.
- d. It is normal to have some soreness in the ear after surgery.
- e. If the ear becomes increasingly swollen, red, and hot, contact the office.
- f. Be careful not to pull or rub the ear for 2 weeks following surgery.

2. Care for Rib Graft

- a. Keep dressing on until removed by Dr. Kim.
- b. The DAY AFTER surgery, begin cleaning the nose TWO – THREE times daily as instructed using Hydrogen Peroxide AND Mupirocin Ointment. IN ADDITION, initiate the Cipro SOAK protocol FOUR times daily. Follow the diagram provided.
- c. If the dressing falls off, no intervention is necessary, but start to apply a thin coat of antibiotic ointment to the incision twice a day, and re-cover with gauze and KEEP DRY.
- d. Dr. Kim will remove the sutures and dressing 5-7 days after surgery during your scheduled post-operative visit.
- e. It is normal to have some soreness in the chest after surgery which will resolve over 2-3 weeks.

If you should have any problems after you leave the hospital, please call the office at **(415) 773-0800**

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