



Care Instructions: Rhinoplasty

Rhinoplasty, Septoplasty, Nasal Valves, Turbinates, possible Fat grafting, Cartilage grafting:

These procedures are undertaken to improve aspects of nasal breathing and appearance. There may be structural deviation or collapse affecting breathing and/or problem to the appearance of your nose, which may noticeable and a detriment to function and satisfaction. One or more of the above list are necessary to improve the look, balance, and nasal airway. You may have been born with a nasal deformity or issue, or it developed as you have grown, some have had prior nasal surgery or trauma. Every case is different and unique and we will discuss with you the specifics of your findings, goals, and what we can realistically achieve.

Imaging and 3D:

We will examine your nose clinically, and sometimes with an endoscope to look better inside. In some cases we will need to review or obtain a CT or cone beam scan of your nose and sinuses to review this anatomy further. We will take several regular photographs at several different angles. As you enter your first visit we have you sign a consent for these photos and their uses. We have a 3D camera machine (photographic, NOT X-ray), that we will use to capture an image of your existing nose. Evaluating this from many angles enables a clear picture of areas of balance and imbalance, and the proportions relative to your face. In some situations we can perform a “simulation” to mock-up what your outside nasal appearance could look like with surgery. Remember, this is still a pixelated system, and is intended to give you a rough idea only of possible result. We will be cautious, and not create/simulate a nose that is realistically impossible, or not biologically achievable. We will show you many before and after rhinoplasty examples and point you to our sources where you can review these images at your leisure as well.

Factors that influence healing and time to see the ultimate result:

There are several factors that influence the final rhinoplasty result. First, in all cases there is swelling which makes your nose look bigger initially, and it remains swollen for many months after surgery. While the majority of the swelling is resolved by 2 months, the remaining 30% of swelling comes down over the year (ask to see our paper on this topic). So, with time your nose will usually become more refined and take shape for many months postoperatively. Swelling is worse during summer and hot months. Conversely, in some cases as the swelling comes down subtle irregularities may develop. Taping and our postop instruction regimen helps minimize any issues, and these may lessen with time. There are several options for these if needed. In terms of breathing, usually the first post-surgical visit, once your splints are removed the breathing will be much better during the following 24 hours. Do not be alarmed if the breathing is not as good afterwards for up to 2 months. Swelling inside the nose contributes to this and as this settles down the breathing will again be improved. Adhere to the nasal spray recommendations.



Skin thickness of the nose, especially thick deep pores and tip skin can prevent the refinement of the nasal tip to be fully achieved. In these cases, dermabrasion, antibiotic treatment, and/or resurfacing may be necessary/recommended at some point before and/or after rhinoplasty. Having past trauma and scars to the nasal skin can healing jeopardize healing and appearance. Some people develop thicker scarring (or fibrosis) underneath the skin that may lessen the shapeliness. We utilize several techniques to try and avoid this, but healing potential is intrinsic to one's own genetics and cannot always be altered. Revision rhinoplasties and secondary procedures are more challenging; and not as predictable, given the scarring, altered perfusion to tissues, limited cartilage and need for other sources of cartilage. Smoking, diabetes, history of infections (nasal, skin, sinuses), and other conditions can potentially alter your healing. If you are excessively preoccupied with your nasal form and appearance, we may have you take a brief survey and have discussions with some of our collaborators prior to deciding on surgery as well.

General Pre-operative information

Medical history: Please inform us of any major medical problems. We will perform a history and physical but in some cases a clearance from your other specialists, and our anesthesia department may be required. Please inform us of any auto-immune problems, diabetes, healing problems, bleeding problems, bone disorders (e.g., osteoporosis or osteopenia), or respiratory problems, sleep apnea/snoring.

Medications: **NO blood thinners – no aspirin, NSAIDS, ibuprofen, or similar medications BEFORE SURGERY.** Do NOT take these prior to surgery. These can increase bleeding. Please do NOT take these for at least 2 weeks prior to surgery. If your primary doctor has you on these for a specific reason we will coordinate with you and them. We will screen your medication list. We WILL give you NSAIDS, specifically ibuprofen after surgery, but please do not take prior to surgery.

Pre-Anesthesia Testing. (PAT). In certain circumstances you will need to meet a member of the anesthesia department prior to surgery. Also, certain tests, such as an EKG, and labs may be obtained prior to surgery. A clearance from your primary doctor and modification of your existing medication schedule may be required. All/any medications need to be considered in a liquid form or crushed. If you are young, healthy, with no medical problems and few medications this might not apply to you.

Foods / Supplements to Avoid Prior to surgery: Avoid onion, garlic, tomatoes, and ginseng, or other herbal supplements prior to surgery. Avoid fish oil. Avoid herbal teas (green tea is good/fine).

Smoking: **Do NOT smoke for 4 months before and 4 months after surgery.** Smoking will decrease your ability to heal and will increase your risk for infection. Also, the sucking in of hot smoke can impede healing of the incisions inside your mouth, pull the incisions apart, and irritate the mucous membranes.



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General care and washing prior to surgery: Please remove nail polish or nail gel before surgery. Male patients should shave their face prior to the procedure (morning of or night before). To help reduce infection risk we will give you a prescription for and ask that you use: **Antibiotic nasal cream** – starting at the preoperative appointment

PREPARING FOR THE DAY OF SURGERY

You will receive a phone call from our office letting you know you what time you should arrive for surgery. Our nursing staff will be in touch to review questions and medications as well. If you ever have additional questions please email or call 203-453-6635

The day of surgery, plan to arrive 1-2 hours prior to the scheduled start time. A member of the surgical team will reach out to confirm the time of arrival with you the day or two before. Please contact Remember: **NO FOOD OR DRINK AFTER 12 MID-NIGHT THE NIGHT BEFORE SURGERY.** You and your family will meet with the nursing, anesthesia, and surgical team members. We will answer any final questions. **Tell us / anesthesia if you have a history of motion sickness** or nausea with anesthesia; please tell the anesthesia team – we take several measures to reduce nausea and vomiting, and they may wish to add a motion sickness (Scopolamine) patch behind your ear.

LENGTH AND STAY

The operation usually takes 2-3 hours. It is a same-day surgery and you may stay in our recovery room on average for 45 minutes to 1.5 hours. If you are from out of town, we will help arrange local accommodations. In some cases a private duty visiting nurse may be arranged – if desired.

General

- You will have an external splint taped on your nose. **Please do not remove it.**
- You may also have rubber tubes inside your nose with channels to allow airflow, but it may still be difficult to breathe through your nose. It is normal to have a small to moderate amount of “leakage” from your nostrils the first 1-2 days. **Do not squeeze your nasal tip & do not forcibly blow your nose.**
- Sneeze through your mouth.
- You may shower after 1-2 days but please avoid a direct stream of water to the face/splint.
- Please keep fat grafting site (abdomen or inner thigh) clean, dry and intact. Do remove the tape on this area, allow it to fall off on its own.

Diet

Generally, only a “clear liquid,” or bland diet should be taken for the first 24 hours after surgery, as anesthesia can cause an upset stomach. This includes items such as clear juices, broths, Jell-O, and dry crackers. Pineapple juice has also been shown to reduce swelling/bruising. After 24-48 hours, a regular diet can be resumed as tolerated.



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Medication

- Antibiotics are typically given during surgery and continued for 1 week at home. We will give you a prescription when you are discharged.
- We will give you a prescription for oral pain medication at discharge. For safety, the medication dose is weight based.
- We will also give you two nasal sprays. The Afrin (oxymetazoline) spray should only be used for 48 hours; the saline spray should be used every day as directed.
- All medications should be taken exactly and only as directed.

WOUND CARE

You can clean gently around the nostrils with a Q-tip, mild soap and water. You may pat dry. Following this, you should apply bacitracin, Neosporin, or triple antibiotic ointment to the incision on your nose (blue stitches). The stitches inside your nose are all dissolvable.

POST OPERATIVE SWELLING

- The amount of swelling varies from patient to patient and cannot be predicted.
- Swelling increases first 2-3 days and starts going down by the end of the second week.
- We do several things to help lessen the edema [Ask to see our papers on fat grafting and orthognathic edema].
- Facial ice packs are crucial the first 2-3 days after surgery.
- Arnica and vitamin K cream (topical), pineapple juice (drinking it) can help
- Traumeel ointment apply to the face 3x / day.
- Arnica pills or tabs 3x/day; also Bromelain tabs 2-3x /day
- Anti-inflammatory medication (steroid type) (Medrol dosepack, usually only after first week)
- Keeping head elevated.
- Stay upright and walk around. (not with exertion and sit up slowly)
- Lymphatic facial massage before surgery (possibly after).

COLD PACKS FOR POST-OPERATIVE SWELLING

Cold packs are very important in the first 48 hours after surgery to reduce post-operative swelling. Use them 20 minutes on, 20 minutes off, to prevent damage to the skin. After 48 hours, you may still apply cold packs for comfort, but the therapeutic value will be diminished.

Below are suggestions and comments regarding various types of cold packs:

Retail Cold Packs There are often several types of cold packs for sale in the first aid section of the drugstore. Unfortunately, they are usually somewhat stiff and not designed for small, delicate areas like the nose and eyes. They may be uncomfortable to use and challenging for you to position in such a way that the cold pack makes enough contact to be effective.

FROZEN GREEN TEA BAGS – this is our preference for you to use. Please steep the tea bags for 30 seconds in hot water, then place several in the freezer. When you come home from surgery these should be ready and you can place on your upper and lower eyeleids.



Frozen Vegetables Another commonly used cold pack is a bag of frozen vegetables. Small vegetables like peas work best, because they can conform to the shape of the nose or other body part. However, the vegetables will start to degrade from repeated defrosting and refreezing. You should not eat the vegetables after using them for cold packs.

Bruising

Bruising may occur within 3-5 days after surgery and usually disappears by 2-3 weeks.

- Arnica and Vitamin K (topical) and Pineapple juice (drinking it) can help it resolve
- Traumeel ointment to face 3x/day.

Nose/Nasal Considerations

Small nosebleeds are normal after surgery.

Bleeding from the nose can continue as a secondary bleed during the first week or two (as blood from your sinuses makes its way out the nose).

- Nasal sprays help, take as directed. These are more effective if sprayed while lying down – you should taste the medicine / spray at the back of your throat.
- **DO NOT BLOW YOUR NOSE FOR AT LEAST 4 WEEKS AFTER SURGERY.** Noseblowing can push air into your facial skin, and increase chance for infections
- If the nasal congestion still persists after your first postop visit we may give you **Flonase nasal spray** 1-3x/day for 2 weeks.
- Nasal congestion will gradually improve.

It is normal to have bruising and swelling around your eyes, as well as numbness of the nasal tip following surgery.

Activity

- Keep your head elevated with 2-3 pillows.
- Stay upright and walk around – helps the swelling drain. Sit up slowly, and don't overdo it. If you feel dizzy sit again. Ensure you are drinking enough and sit up and walk slowly without much exertion.
- You can SHOWER / BATHE at 1-2 days after surgery – but make sure a family member can assist you. The hot water will help open your nasal cavities, but we do not want you to pass out during the recovery phase. Please have someone help you and consider sitting if possible.
- DO NOT allow any pressure on the outside of the nose.
- DO NOT Squat or stoop. And minimize or have someone help if climbing stairs after surgery.
- NO Strenuous aerobic activity, NO lifting over 5 pounds should be avoided for 4 weeks.
- NO contact sports for 6 weeks. Failure to observe this can jeopardize the healing of segments, lead to mobility or incomplete healing, and cause the swelling to stick around longer, possibly with infection risks as well.
- Patients may feel up to returning to school/work after 7-10 days; but it depends on your specific job and the activities you perform at work. Discuss this with us at your visit.
- Do not wear glasses for at least **6 weeks** following surgery.
- Patients usually return to school or work at 5-10 days post-surgery.



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Follow-up

The first follow-up appointment is usually scheduled 7-10 days post-operative. We will remove all splints and external sutures at this visit. Following your first post-operative appointment, please anticipate recommended follow visits at approximately 6 weeks, 3 months, 6 months and 1 year from your date of surgery.

For more examples of Dr. Steinbacher Rhinoplasty work please see:

<https://www.dereksteinbacher.com/rhinoplasty/>

or

<https://www.instagram.com/dereksteinbacher/?hl=en>

For a video on Dr. Steinbacher rhinoplasty instructions:

<https://www.youtube.com/watch?v=Deb4VF8NMS0>

or

<https://youtu.be/Deb4VF8NMS0>

Office Phone: 203-453-6635

Office Fax: 203-458-7580

In the event, you have urgent concerns please contact or message us.

Concerns and Contacts

Please call 203-453-6635 for assistance/concerns, such as persistent fever (greater than 101 degrees), excessive drainage or bleeding, difficulty breathing or new onset swelling.

In case of an emergency, call 911.

