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Head & Neck Surgery

Pediatric & Adult Otolaryngology

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**Head
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AN INCORPORATED
MEDICAL GROUP

RHINOPLASTY AND/OR REPAIR OF NASAL FRACTURES SURGICAL INSTRUCTIONS

INTRODUCTION

Your doctor has recommended rhinoplasty and/or repair of nasal fractures for you. The following information is provided to help you prepare for your surgery, and to help you understand more clearly the associated benefits, risks, and complications. You are encouraged to ask your doctor any questions that you feel necessary to help you better understand the above procedure.

Rhinoplasty is a facial cosmetic procedure which is done to enhance the appearance of the nose. The nasal cartilage's and bones are modified, or tissue is added, to improve the structure and visual appeal of the nose. If the nose has been damaged because of trauma, a rhinoplasty is frequently called a repair of nasal fractures. The difference between the two procedures are that a rhinoplasty is an elective cosmetic procedure, whereas a nasal fracture repair is done to only restore pre-injury nasal appearance. If nasal obstruction is also a problem, a procedure called a septorhinoplasty is recommended, and includes not only the improvement of the appearance of the nose, but it also involves removing any internal obstructions which may be blocking nasal breathing.

You should discuss freely with your doctor your cosmetic concerns and expectations. In turn, your surgeon will discuss his recommendations and any particular limitations set forth by the preoperative structure of your nose, face, and skin. Preoperative and postoperative photographs will usually be taken to help with preoperative planning and to document postoperative results.

The following instructions are designed to help you recover from rhinoplasty and/or repair of nasal fractures as easily as possible. If you are also undergoing nasal airway surgery (septoplasty and/or resection of the turbinates) and/or sinus surgery at the same time, you are asked to also refer to the appropriate additional instructions. Taking care of yourself can prevent complications. It is very important that you read these instructions and follow them carefully. We will be happy to answer any questions.

Your surgery will be performed safely and with care in order to obtain the best possible results. You have the right to be informed that the surgery may involve risks of unsuccessful results, complications, or injury from both known and unforeseen causes. Because individuals differ in their response to surgery, their anesthetic reactions, and their healing outcomes, ultimately there can be no guarantee made as to the results or potential complications.

RISKS AND COMPLICATIONS

The following complications have been reported in the medical literature. This list is not meant to be inclusive of every possible complication. They are listed here for your information only, not to frighten you, but to make you aware and more knowledgeable concerning this surgical procedure. Although many of these complications are rare, all have occurred at one time or another in the hands of experienced surgeons practicing the standard of community care. Anyone who is contemplating surgery must weigh the potential risks and complications against the potential benefits of the surgery, or any alternative to surgery.

1. Nasal obstruction due to failure to straighten the septum or later re-deviation of the septum, collapse of the nasal cartilage's, or the re-growth or swelling of the turbinates.
2. Failure to resolve coexisting sinus infections, or recurrence of coexisting sinus problems and/or polyps, or the need for further or more aggressive surgery.
3. Bleeding. In rare situations, a need for blood products or a blood transfusion. You have the right, should you choose, to have autologous or designated donor directed blood prepared in advance in case an emergency transfusion was necessary. You are encouraged to consult with your doctor if you are interested in this option.
4. Chronic nasal drainage or excessive dryness or crusting of the nose or sinuses.
5. Need for allergy evaluation, treatments, or environmental controls. Surgery is not a cure for nor a substitute for good allergy control or treatment.
6. A cosmetic result that does not meet your expectations; possible need for revision surgery.
7. Failure to resolve associated "sinus or nasal" headaches. The exact cause of headaches can be difficult to determine or be multifactorial. You may require consultation with another specialist such as a neurologist.
8. Damage to the eye and its associated structures (rare).
9. Permanent numbness of the upper teeth, palate, or face.
10. Prolonged pain, impaired healing, and the need for hospitalization.
11. Septal perforation, which is a permanent hole inside the nose between the two sides.
12. Failure to restore or worsening of the sense of smell or taste, or failure to relieve nosebleeds.

BEFORE SURGERY

In most situations, the surgery is performed as an outpatient at either the hospital or the surgicenter. In both facilities, quality care is provided without the expense and inconvenience of an overnight stay. An anesthesiologist will monitor you throughout the procedure. Usually, the anesthesiologist will call the night before surgery to review the medical history. If he or she is unable to reach you the night before surgery, they will talk with you that morning. If your doctor has ordered preoperative laboratory studies, you should arrange to have these done several days in advance. Arrange for someone to pick you up from the surgical facility and to spend the first night after surgery with you.

You should not take aspirin, or any product containing aspirin, within 10 days of the date of your surgery. Non-steroidal anti-inflammatory medications (such as Advil) should not be taken

within 7 days of the date of surgery. Many over-the-counter products contain aspirin or Advil type drugs so it is important to check all medications carefully. If there is any question please call the office or consult your Pharmacist. Tylenol is an acceptable pain reliever. Usually your doctor will give you your prescriptions at the preoperative visit. It is best to have these filled prior to the date of your surgery. You must not eat or drink anything 6 hours prior to the time of surgery. This includes even water, candy, or chewing gum. Anything in the stomach increases the chances of an anesthetic complication. Smokers should make every effort to stop smoking, or at least reduce the number of cigarettes. This will help to reduce postoperative coughing and bleeding.

If you are sick or have a fever the day before surgery, call the office. If you wake up sick the day of surgery, still proceed to the surgical facility as planned. Your doctor will decide if it's safe to proceed with surgery.

THE DAY OF SURGERY

It is important that you know precisely what time you are to check in with the surgical facility, and that you allow sufficient preparation time. Bring all papers and forms with you including any preoperative orders and history sheets. You should wear comfortable loose fitting clothes which do not have to be pulled over your head. Leave all jewelry and valuables at home. Remove all make-up with a cleansing cream. Thoroughly wash your face with soap and water. Do not apply make-up or cream to your face.

Do not take any medication unless instructed by your doctor or the anesthesiologist. Usually in the pre-operative holding room, a nurse will start an intravenous infusion line (IV) and you may be given a medication to help you relax.

DURING SURGERY

In the operating room, the anesthesiologist will usually use a mixture of a gas and an intravenous medication to put you to sleep and to maintain your anesthetic at a safe and comfortable level. During the procedure, you will be continuously monitored including pulse oximeter (oxygen saturation) and cardiac rhythm (EKG). The surgical team is prepared for any emergency. In addition to the surgeon and the anesthesiologist, there will be a nurse and a surgical technician in the room. Depending on what is required and whether or not you are also undergoing additional procedures, the surgery may take one to several hours. Your doctor will come to the waiting room to talk with any family or friends once you are safely to the recovery room.

AFTER SURGERY

After surgery, you will be taken to the recovery room where a nurse will monitor you. You will be able to go home the same day as the surgery once you have fully recovered from the anesthetic. This usually takes several hours. You will need a friend or family member to pick you up from the surgical facility and to take you home. He or she should spend the first night after surgery with you.

When you arrive home from the surgical facility, you should go to bed and rest with your head elevated on 2-3 pillows. By keeping your head elevated above your heart, you can minimize edema and swelling. You may get out of bed with assistance to use the bathroom. Avoid straining, if you are constipated, take a stool softener or a gentle laxative.

You may have some swelling and bruising of your nose, upper lip, cheeks, or around your eyes for several days after surgery. This swelling is normal, and will gradually go away over the next 7 to 10 days. You can help reduce it by keeping ice on your face, bridge of the nose, and eyes as much as tolerated. This will also help with postoperative edema and pain. Some patients have found frozen vegetable in packages (for example bags of frozen peas) to be a convenient ice pack which is more likely to conform to the face. A nasal splint or cast will cover the outside of the nose, and will usually be removed one week following surgery. As swelling subsides, you may notice that it fits less tightly. If you get your cast wet, it may come off prematurely. If it does fall off early, don't worry, this should not change the results of your surgery.

Moderate bleeding from the nose is normal, and will gradually decrease. The gauze dressing ("mustache dressing") will collect blood and should be changed only when saturated. It is not unusual to change these dressing every hour during the first 24 hours after surgery. After a few days you will probably not need to use the dressing any longer. Do not take aspirin, aspirin-containing medications, or non-steroidal anti-inflammatory medications (Advil) for 3 weeks following surgery.

It is best to eat a light, soft, and cool diet as tolerated once you have recovered fully from the anesthetic. Avoid hot liquids for several days. Even though you may be hungry immediately after surgery, it is best to go slowly to prevent postoperative nausea and vomiting. Occasionally, you may vomit one or two times immediately after surgery; if it persists, your doctor may prescribe medication to settle the stomach. It is important to remember that a good overall diet with ample rest promotes healing.

You will be prescribed antibiotics after surgery, and should finish all the pills that have been ordered. Some form of a narcotic will also be prescribed (usually vicodin), and is to be taken as needed. If you require narcotics you are cautioned not to drive. In some situations your doctor may give you steroids to be taken either preoperatively and/or postoperatively. It is very important that you take this medication as prescribed, and not discontinue it prematurely. If you have nausea or vomiting postoperatively, you may be prescribed anti-emesis medications such as phenergan. If you have any questions or you feel that you are developing a reaction to any of these medications, you should consult your doctor. You should not take any other medication, either prescribed or over-the-counter, unless you have discussed it with your doctor.

GENERAL INSTRUCTIONS AND FOLLOW-UP CARE

In most situations, packs will have been placed in your nose to control postoperative bleeding. Your doctor will tell you when you are expected to return to the office to have these removed. You need to call the office to schedule this postoperative appointment. Please arrange for someone to drive you to and from the office for this first visit. You should eat a light meal before coming, and avoid taking excessive pain medications. You will also

have several subsequent office visits to assess healing, remove crusts, and insure a speedy recovery. Your nose will probably be tender after surgery, so we will spray your nose with a special numbing medication before removing crusts. Immediately after the nasal packs are removed you should use a saline nasal spray such as "Ocean Spray" several times per day to prevent crusts from forming in your nose.

After the packing has been removed, you may breathe through your nose, but do not blow or sneeze through it for 7-10 days. If you must sneeze, open your mouth. Expect some light blood-tinged drainage from the nose for several days. If bleeding becomes excessive, apply ice and rest quietly with head elevated while holding your nose. If bleeding continues, call the office.

You may go back to work or school only when your doctor says you can. Rest for the first week following surgery. Avoid excessive talking, smiling, hard chewing, strenuous activities, lifting heavy objects, bumping your nose, and bending over. Try not to rest your glasses on the bridge of your nose until soreness and swelling subsides. You may wear your contact lenses once eye swelling and any irritation has resolved. Alcohol and tobacco should be avoided because they may prolong swelling and healing. Smoke, dust, and fumes may irritate your nose and cause an infection. We discourage facial tanning for 6 months after surgery. If you must be in the sun you should use a number 15 or greater sun block. You may use your usual make-up anytime after surgery.

Lubricate your nostrils, as instructed, with a Q-tip and Vaseline to soften harden crusts. Peroxide helps to loosen crusts. After several days you may notice a few of the absorbable sutures. Be gentle while brushing your upper teeth. They will often be tender for several weeks, and you may have some numbness of the teeth and palate for several months. You may use make-up at any time to camouflage any bruising.

After 3 weeks, if you are not having problems with bleeding, you may resume exercise and swimming, but no diving for two months. You should plan to stay in town for 3 weeks to allow for postoperative care and in case you have bleeding.

NOTIFY YOUR DOCTOR IF YOU HAVE

1. A sudden increase in the amount of bleeding from the nose unrelieved by pressure, ice, and head elevation.
2. A fever greater than 101.5 degrees F which persistent despite increasing the amount of fluid you drink and tylenol. A person with a fever should try to drink approximately one cup of fluid each waking hour.
3. Persistent sharp pain or headache which is not relieved by the pain medication you were prescribed.
4. Increased swelling or redness of the nose or eyes.

IMPORTANT PHONE NUMBERS

If you have any questions, do not hesitate to call the office at **(949) 364-4361**. At night or on the weekends, if your need is urgent and cannot wait until regular business hours, you may call our emergency number at (949) 580-2098. Our answering service will contact the doctor on call. If for some reason you cannot reach the doctor on call and your need is life threatening, go to the emergency room.

FINANCIAL POLICY REGARDING "COSMETIC" SURGERY

Cosmetic surgery is usually not covered by your medical insurance. Any portion of your surgery which is considered cosmetic will be billed directly to you. You will be quoted a surgical fee. This fee is charged by your surgeon and includes postoperative care for up to six months. There will also be a separate fee for the surgical facility and the anesthesiologist which is not included in the quoted surgical fee. You are encouraged to discuss this separate fee with the surgical facility. In the rare situation that you require further or revision surgery, there is usually not an additional surgical fee if it is done during the postoperative period (6 months), however there will probably be an additional facility charge.

If your surgery is considered to be reconstructive, such as following trauma, or is to include an improvement in your nasal airway and/or relieve sinus disease, then it is likely that at least a portion of the financial charges will be considered medically indicated and covered by your medical insurance. Your doctor will indicate to you if this situation applies to you. In those circumstances where your surgery is considered reconstructive, your surgeon's obligation is to attempt to restore your nose to its pre-trauma appearance. Of course, your surgeon will be limited by the amount of damage to your nose, skin texture, and any associated injuries. If you wish to have additional cosmetic modifications done at the same time as your reconstructive procedure, you should discuss this with your surgeon. There may be an additional cosmetic fee.

It is our financial policy regarding cosmetic surgery that payment is expected in full prior to your day of surgery. We require a 50% deposit two weeks in advance which should be consider non-refundable if you cancel your surgery within 48 hours (excluding holidays and weekends) of the date of surgery.

ATTESTATION

I have received, read, and understood the information provided to me regarding my upcoming surgery (six pages). I have been given the opportunity to discuss freely with my doctor any concerns and alternative therapies, and have had my questions answered to my satisfaction. I understand my rights as a patient which includes the right to a second opinion, and have discussed and made clear my preferences with my doctor. I understand that unless time permits for designated donor blood to be prepared, and my doctors feel that blood must be given emergently, I will accept banked community blood products.

I acknowledge receipt of the above discussion of potential risks and complications, as well as patient information and financial policies, regarding my surgery and pre & post operative

care. I am comfortable with all aspects of the upcoming surgery including the uncertainty of outcomes and the acceptance of risks, and ask that we proceed with surgery.

(Signature of patient or guardian)

(date)

Witnessed by _____

(date)

Revised April 1998: JKB.