

C R A I G

FACIAL PLASTIC & RECONSTRUCTIVE SURGERY OTOLOGY

RHINOPLASTY

RHINOPLASTY is the name given the surgery to reshape the nose. It is one of the most common of all plastic surgery procedures. The goal of rhinoplasty can be to reduce or increase the size of the nose, change the shape of the tip or the bridge, narrow the span of the nostrils, or to change the angle between your nose and your upper lip. It may be done to correct an injury, birth defect or in conjunction with Septoplasty (Nasal Septum Reconstruction) to help relieve breathing problems.

The best candidates for rhinoplasty are people who are looking for improvement, not perfection, in the way they look. It is important to have a clear idea of what you don't like about your nose and how you think it should look. It is also important to understand that there are limitations to the overall outcomes due to your skin type and the individual anatomy of your nose. The decision to have this surgery performed should not be a sudden one. Realistic expectations and the support of close family members and/or friends can also make a large difference in the outcome of your surgery.

Nasal Reconstruction (Rhinoplasty) consists of freeing the skin from the internal structure of the nose; the bone and cartilage, then trimming or repositioning the cartilage and/or nasal bones. Finally, the skin is redraped over the new framework. Most of this work is done inside the nose leaving no scars on the outside. There are two exceptions to this. If it is necessary to make the nostrils smaller, an incision is made in the crease where the side of the nostrils join the upper lip and cheeks. (Because this is located in a natural body fold, the scars are practically invisible within a few weeks.)

In more complicated cases, it may be necessary to perform an "open" procedure; a small incision is made across the columella (the vertical strip of tissue separating the nostrils), thus increasing the visibility of the internal structures.

Depending on patient preference, the surgery can be performed under local anesthesia with IV sedation or under general anesthesia. When performed in the office surgical setting, a local anesthetic in combination with IV sedation is used to keep the patient comfortable and pain-free during surgery.

When the surgery is completed, nasal dressings and a splint are applied to help the nose maintain its new shape. These dressings and the application of ice compresses during the first 48 hours play a tremendous part in the reduction of swelling and discoloration. You will notice bruising and swelling mainly around your eyes. Your face may feel puffy, your nose may ache or you may have a dull headache after the procedure. These discomforts are by no means overwhelming. They can easily be controlled with pain medication prescribed by the doctor or even by taking over-the-counter extra strength acetaminophen.

Dressings are removed approximately one week after surgery. Most of the swelling and discoloration will disappear within two weeks or so. Some subtle swelling, especially in the area of the tip, may remain for several months. Total healing is a slow and gradual process. The final results of rhinoplasty may not be apparent for a year or more, as the last one to two percent of the swelling subsides and adds "definition" to the appearance of the nose.

The goal of rhinoplasty is to remodel the nose so you look and feel your best. Having realistic expectations and knowing what to expect during and after surgery is important. Below is a listing of pre-and post-operative instructions that will help you to prepare for surgery.

PRE-OPERATIVE INSTRUCTIONS

- If you have not already had a history and physical or pre-operative photos taken during your consultation visit, please call the office to set up an appointment to complete these necessary requirements.
- Current pre-anesthesia testing may need to be completed prior to your surgery date. Please check with our nursing staff for indications for testing.
- Do not take Vitamin E, aspirin, aspirin-containing medications (anti-inflammatory drugs), or ibuprofen two weeks prior to your surgery and two weeks after your surgery. These medications can cause excess bleeding during and after the procedure.
- Please notify us of any sunburn or cold symptoms that you may have prior to surgery.
- Because you may not be alert after surgery, please arrange to have someone drive you home and remain with you during the first 24 hours after the procedure.
- Do not wear make-up, nail polish or contact lenses to surgery.
- Do not eat or drink after midnight the evening before surgery.
- Your post-operative medications (an oral antibiotic, antibiotic ointment and pain medication) will be called into your pharmacy two days before the procedure. Please pick up these medications on the day before your procedure along with the following over-the-counter products: Ocean nasal spray (a saline product to be sprayed into your nose used along with your antibiotic ointment 4 to 5 times daily to provide moisture during the healing process), oval eye pads and 1/2 inch paper tape (used under your nose to absorb drainage after surgery).

POST-OPERATIVE INSTRUCTIONS

- Cut oval eye pads in half lengthwise and tape under nose to catch drainage. These are helpful for the first 3 days after surgery due to the fact that you cannot blow your nose for two weeks following surgery.
- Apply ice compresses (can be made of face cloths dipped in ice water, sealed in a plastic bag) to the areas of the eyes and nose for the first 48 hours after surgery. It is best to use them continuously (day & night) for this period of time.
- Sneeze or cough with your mouth open to alleviate a build up of pressure within your nose.
- For the first week following your procedure, keep your head elevated during the day and sleep with at least two pillows at night maintaining a 30-degree elevation of the head of the bed.
- Avoid bending over, heavy lifting or any strenuous activities for two weeks after surgery.
- Keep nasal dressings dry when showering or bathing. You may clean the outside of the nose with a cotton-tipped applicator moistened with a mixture of 1/2 water to 1/2 hydrogen peroxide - use very gently.
- Avoid eating food that is hard or requires a lot of chewing for one week after surgery.
- Glasses may need to be modified to ease pressure on the bridge of the nose. Do not wear glasses without the use of your nasal splint for 6 weeks after surgery.
- Please notify us if you experience any of the following: any persistent temperature above 100 °; any excessive bleeding that persists after applying pressure and lying down for 15 minutes; or any acute discomfort not alleviated by taking your prescribed pain medication.
- After your dressings and splint have been removed, compression exercises may be started to maintain the narrow appearance of the nose and to help reduce swelling. By placing the sides of your index fingers along either sides of your nose, compress the nasal bones together. Hold your fingers in this position for one minute. Do this exercise three times a day until the nasal bones are solid (6 to 8 weeks).

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