

Septorhinoplasty Post-Care Instructions

Department of Head and Neck Surgery

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Instructions

1. Do not blow, snort or pick at your nose.
2. Do not try to remove any packing, splints, or sutures.
3. Do not take aspirin, ibuprofen products (i.e., Motrin, Advil, Aleve) or any other non-steroidal, anti-inflammatory drugs as well as vitamin E capsules orally in quantities greater than 400 units for ten days post-operatively.
4. Please try to avoid sexual activities and heavy exercise for two weeks or more following the operation. These activities will increase your heart rate and blood pressure and may result in nasal bleeding and/or infection.
5. Do not get water or any other chemicals on the nasal splint. Baths should be taken instead of showers. Hair should be washed without getting the external nasal split wet.
6. Diet should be soft and/or liquid in order to avoid any dental pain associated with chewing, swelling of the healing nasal tissues and headaches secondary to vascular congestion.
7. Elevation of the head at bedtime helps reduce swelling and pain. Ice packs may be beneficial during the first 72 hours postoperatively. These should be applied to the forehead and/or cheeks. Please avoid moisture which would lead to loosening of the external splint.
8. Dressing pads should be replaced as needed in the first five to seven days the same way as applied in the hospital.
9. Any drainage on the upper lip and face may be cleansed with 3% hydrogen peroxide available at any drugstore.

10. Any antibiotic ointment provided is meant to be used for coating the inside of the nostrils for three to six weeks following the operation once the packing has been removed. This should be applied three to four times a day on a cotton applicator, approximately one-half to one inch inside the nostril in a circular fashion.
11. Your nose may suffer congestion and stuffiness for three weeks to six months following the operation. Nasal decongestion sprays may be used three to four times a day following the first week postoperatively for approximately seven days. Systemic decongestants (i.e. Sudafed, Decansall II, and Entex-LA) may be used seven days after the operation. Do not use the nasal decongestion sprays after one week.
12. Please avoid any nasal airway contamination due to smoke exposure, smoking, dust sawdust, soil contamination or chemicals for four weeks. Please use paper masks if exposure is anticipated. If you work in an environment of unusually heavy exposure, this precaution may need to be continued a bit longer.
13. Please avoid wearing glasses, sunglasses, or other pressure devices on the bridge of your nose for at least six weeks postoperatively. Avoid scuba masks, snorkel masks, and goggles for at least three months.
14. Pool water exposure should be avoided for six weeks. Lake and ocean water exposure should be avoided for three months.
15. Crusts which form in the nostrils may be removed with 3% peroxide on cotton applicators followed by the application of polysporin ointment, bacitracin ointment, or triple antibiotic ointment as needed. These products are available at any drugstore.
16. Dryness of the nose may be alleviated with the use of Ocean Spray (salt water nasal spray) which is available at any drugstore.
17. All athletic activity requiring contact should be avoided for six to twelve months postoperatively.

18. Most of the swelling and bruising will resolve in the first three to four weeks. The initial wound healing will occur during this time period. Sub-acute healing will occur in the first three months. Final healing and resolution will occur after twelve to twenty-four months.
19. Alcohol and tobacco smoking will lead to tissue swelling, slower healing, increased nasal tissue congestion and possible infection and bleeding during the first six to twelve weeks.
20. Intranasal steroid use may be resumed four weeks after the procedure if indicated for allergy management.

If you have any questions or problems, please call your doctor.