
RHINOPLASTY & NASAL AIRWAY SURGERY

Thank you for choosing the Johns Hopkins Facial Plastic and Reconstructive Surgery Center for your upcoming surgery. We want you to have the best and safest experience possible. If you have any questions or concerns, please do not hesitate to contact our office. We look forward to helping you achieve your goals!

Important Phone Numbers

- **Dr. Patrick Byrne:** (410) 955-4985
- **Dr. Kofi Boahene:** (410) 502-2145
- **Dr. Lisa Ishii:** (410) 955-4985
- **Dr. Shaun Desai:** (443) 997-6467
- **Lou Ellen Michel, R.N.:** (410) 583-7183
- **Evenings/Weekends Emergency:** (410) 955-5000 – *please ask for the ENT resident on-call*

General Information

- **Rhinoplasty** is surgery performed to change the appearance of the nose. Some of the most common goals patients seek with rhinoplasty is to reduce the hump of the nose, decrease or increase the width and/or size of the nose, refine the nasal tip, and improve symmetry.
- **Nasal Airway Surgery** seeks to improve nasal breathing. It is often performed at the time of rhinoplasty. The most common strategies for improving nasal breathing include:
 - **Nasal Septoplasty** to straighten a deviated nasal septum, the internal wall that separates the two nasal cavities
 - **Inferior Turbinate Reduction** to reduce the inferior turbinates, normal membrane-covered bony structures that can be enlarged due to allergies, sinus problems, etc.
 - **Nasal Valve Repair** to strengthen or enlarge significant narrowings within the nose
- **Cartilage Grafts** are frequently obtained to strengthen and support the nose during rhinoplasty as well as nasal airway surgery. Most often, these grafts are taken from the nasal septum (from within the nose). However, in complex or revision cases, cartilage grafts are sometimes obtained from behind the ear or from the chest wall (rib cartilage).

Indications for Surgery: include but are not limited to:

- Desire for aesthetic improvement
- Nasal obstruction and/or congestion
- Acquired deformity due to trauma, tumor, infection/inflammation causing unsatisfactory appearance and/or breathing

Benefits: The best candidates for rhinoplasty and nasal airway surgery are individuals who are looking for improvement, not perfection. With realistic expectations, good health and mindset, the overwhelming majority of patients find that they are able to breathe better, appreciate a more balanced nose with improved appearance, and enjoy an enhanced quality of life!

Risks: All surgeries involve a certain amount of risk and limitations. Although the risks of rhinoplasty and/or nasal airway surgery are quite low, potential complications from surgery include and are not limited to: complications of anesthesia, bleeding, infection, septal perforation, persistent or worsening in nasal breathing, unsatisfactory appearance, asymmetry, contour irregularities, numbness (typically temporary), scar, and need for revision surgery.

Alternatives: The alternative for rhinoplasty is not to undergo surgery. The alternative treatment for nasal airway surgery is to take medications such as intranasal steroid sprays, allergy medications such as anti-histamines, and breathe right strips.

Surgery and General Postoperative Expectations:

- Most incisions for surgery are concealed within the nose. Frequently with rhinoplasty and sometimes with nasal airway surgery, an additional external incision is made in the columella; this incision typically heals very well.
- Bruising of the nose and around the eyes is normal and resolves in 1-2 weeks after surgery.
- Most patients return to school or work in 1 week, after their first postoperative visit.

- Much of the swelling resolves over the first several weeks after surgery. Most patients are comfortable at school, work, and social events after about a week or so. It takes over a year for all of the swelling in the nose to resolve. This is a slow process and the final result reveals itself about 15 months after the operation.

What You Will Need:

- Prescriptions given day before or day of surgery
- Bacitracin antibiotic ointment
- Hydrogen peroxide
- Cotton-tipped applicators (Q-tips)
- Nasal saline spray

Before Surgery:

- **Preoperative Evaluation:** It is mandatory that you obtain a preoperative physical within 30 days of your surgery date. This may be arranged with your primary care physician or in the preoperative clinic at Johns Hopkins. Depending on your medical history, you may also need an Anesthesia evaluation prior to surgery.
- **Medications to Avoid:** Please avoid the following medications for a minimum of 1 week prior to surgery.
 - Aspirin or aspirin-containing products
 - Non-steroidal anti-inflammatory drugs (NSAIDs), i.e. Ibuprofen, Motrin, Advil, Alleve, Naproxen, etc.
 - Ginkgo biloba, ginseng, vitamin E supplements
- **Nothing to Eat/Drink After Midnight:**
 - You must not eat or drink anything after midnight on the night before your operation.
 - An exception can be made for some essential prescription medications; please consult with your primary care physician and Dr. Byrne.
- **Family/Friend Arrangements:**
 - You must have a friend or family member drive you to the surgery center and drive you home afterwards. This is mandatory. You are not allowed to travel alone or in a cab after your operation.
 - You must also make arrangements to have someone stay with you during the first 24 hours after the operation. After anesthesia, you will likely require assistance with simple activities and wound care. Furthermore, it is important to have someone available in the unlikely event that a complication develops.
 - If necessary, we can help you obtain private nursing care. Please let us know if this will be helpful for you.

Day Of Surgery:

- **Attire:** Please wear loose and comfortable clothing that is easy to take off and put back on. A top with buttons or zipper is recommended. Please do not wear any makeup to surgery.
- **Team:** You will meet the anesthesiologist, nursing staff, as well as the surgeon and any of their additional team members (such as the fellow) on the day of your surgery. Please feel free to ask any remaining questions. Let your Anesthesia team know if you have a known history of nausea following surgery.

At Home After Surgery:

- **Head Elevation:** Keep your head elevated (the height of 2 pillows is appropriate) for 3 days to help with swelling.
- **Ice:** Apply cold compresses to the cheeks and forehead, up to 20 minutes of each hour while awake after surgery, for the first 48 hours. This will help reduce swelling and bruising.

- **Nasal Packing:** If you have nasal packing in place, you will remove it at home 24 or 48 hours after the operation (as directed by Dr. Byrne) by pulling on the strings beneath the nose. Please call the office if you are struggling to remove it. If you have splints inside the nose that are sutured into place, they will be removed at your follow-up appointment.
- **Nasal Care:** Use nasal saline spray, 4 sprays to each nostril every hour while awake. This will help keep the nasal passages moist and prevent scabbing in the nose. It is normal to feel congested for several weeks after surgery. Do not blow your nose for two weeks after surgery.
- **Incision/Cast Care:** If you have an incision on the nose, apply antibiotic ointment four times a day. The incision will heal most optimally if it is kept moist and clean. You can use hydrogen peroxide on Q-tips to gently clean any crusts. Do not rub but gently dab the incision to clean. If you have a cast or dressing on the outside of your nose, this will remain in place until follow-up. If the cast falls off, do not worry. Tape it to your nose at nighttime while you sleep and if/when you wear glasses.
- **Shower:** You may shower 24 hours after surgery. Do not let the shower spray hit your face/nose directly and do not soak your face in water. If you have a cast or dressing on the outside of the nose, try to keep it as dry as possible. Towel blot your nose/cast after your shower.
- **Bleeding:** Most patients have mild, active bleeding the first night. Some blood-tinged drainage is normal for 1-2 weeks after surgery. Afrin nasal spray may be helpful for bleeding after surgery but should not be used for more than 3 days. Excessive bleeding that does not stop is not expected; please call the office or seek medical attention if this occurs.
- **Medications:** Take the medications as prescribed. You can take Tylenol in addition to the narcotic pain medication prescribed. Resume all home medications the night of surgery unless otherwise directed. Avoid aspirin and NSAIDs for one week after surgery.
- **Activity:** Resume normal activities of daily living, as you feel able. However, avoid strenuous activity and heavy lifting (more than 10 lbs) for 3 weeks after surgery. Light activity such as walking may be resumed after 1 week after surgery. Sport activities may be resumed 1 month after surgery but try to protect your nose as it is still healing.
- **Seek Medical Attention:** Call the office or seek medical attention if you develop fever greater than 101 degrees, excessive bleeding, excessive pain that is not well-controlled, skin rash, visual disturbances, or other unusual symptoms.

Follow-Up Care:

- **First Appointment:** You will return one week after surgery for an appointment for suture and cast/dressing removal. There are additional sutures inside your nose that will dissolve on their own.
- **Postoperative Healing:** Your nose will be swollen and will remain so for several weeks. It is important to keep in mind that although much of the swelling resolves over the first several weeks after surgery, it takes 12 to 15 months for all of the swelling in the nose to resolve. However, most patients have a good appearance even 2-3 weeks after the operation.
- **Additional Appointments:** Ideally, we would like to see you about 1-2 months after surgery to examine the healing. After this, the follow-up is quite variable, and depends on how you are doing and feeling. Often, this means visits at about 6 months and 12 months after surgery to follow your healing process. Please call the office at any time if you have any questions or concerns and would like to be seen sooner than your next scheduled visit.