



THE PRE-OPERATIVE SESSION™

PRE-OPERATIVE INSTRUCTIONS FOR NASAL SURGERY

THREE WEEKS BEFORE SURGERY:

- Laboratory and EKG (if they are required) must be done. If you are having your preoperative testing at a lab other than the one we suggested, please have the written results of this testing arrive at our office one full week before surgery (our fax number is 585-271-4786).
- ***SURGERY WILL NEED TO BE RESCHEDULED IF THERE IS ANY CHANCE YOU ARE PREGNANT.***
- All fees are due, including surgical, facility and anesthesia.

TWO WEEKS BEFORE SURGERY:

- Do not take any products containing aspirin, ibuprofen (eg. Advil, Motrin), or Vitamin E. Check with your pharmacist when taking any over-the-counter medications. Many pain relievers; cold and sinus medications contain aspirin or ibuprofen. Tylenol is OK.
- Refrain from all nicotine products, including cigarettes, pipe tobacco, chew or “the patch.” Nicotine interferes with healthy circulation and may affect the result of your surgery. It also places you at higher risk of complication when receiving anesthesia.
- Start taking 1000 mg of Vitamin C three times per day. Vitamin C helps with healing.
- If your destination after surgery is more than 30 minutes from the office, you must make arrangements to stay in a hotel on the night following surgery. A list of hotels can be obtained from any staff member.

ONE WEEK BEFORE SURGERY:

- Do not drink alcohol for 1 week before and after surgery.

DAY BEFORE SURGERY:

- The Surgery Center will call you after noon to inform you of your arrival time for surgery.
- ***DO NOT EAT OR DRINK ANYTHING AFTER MIDNIGHT (including water and gum chewing). SURGERY MAY BE CANCELLED IF THIS IS NOT FOLLOWED.*** A fasting state is required in order to receive sedation for surgery. The only exception is medication, which we will instruct you to take the day of surgery with a sip of water.

DAY OF SURGERY:

- Go to designated surgical location: Suite 101, 973 East Avenue
- You may shower and shampoo the morning of surgery. Do not wear makeup, hair sprays or gels, or nail polish. You may leave acrylic nails on.
- Avoid clothing that must be pulled over the head. Please wear loose fitting clothing.
- Do not wear jewelry of any sort or bring valuables to surgery. Do not wear jewelry of any sort or bring valuables to surgery. Do not wear jewelry of any sort or bring valuables to surgery. If you are unable to remove your rings, please see your jeweler to have them removed prior to surgery.
- Dentures, if worn, should be left in place.

POST-OPERATIVE INSTRUCTIONS FOR NASAL SURGERY

These instructions should be carefully read and followed. They are designed to answer the most commonly asked questions regarding post-operative care.

ACTIVITY:

- Limit your activity sharply over the first week following surgery.
- You are encouraged to walk around the house on the day of surgery and thereafter. This helps to prevent blood clots from develop in the legs. Move/pump your legs frequently while lying down. This also helps in preventing blood clots from developing.
- When you rest or sleep, keep your head elevated 2-3 pillows and avoid turning of your side. If you overexert yourself, bleeding or prolonged swelling may result.
- Take deep breaths often when you get home for the first 24 hours after surgery. This helps to expand the base of your lungs.
- Keep your emotions under control. It is not unusual to feel a bit depressed for a few days after surgery. This quickly passes as you begin to look and feel better. Anger, crying or other emotional outbursts will only add to the swelling or increase the likelihood of bleeding.
- Avoid bending, lifting, pulling, pushing, straining and aerobic activities for 3 weeks.
- You may begin to return to regular exercise 3 weeks after surgery. Ease into this, gradually increasing your exercise level back to normal by 5-6 weeks from surgery.
- It takes 6 weeks for the nasal bones to fully heal. Slowly resume your activity.
- Contact and semi-contact activities are to be avoided for 4-6 months. Full swimming is allowed after 6 weeks.
- You will be instructed on specific nasal exercises at your postoperative appointments. Please make sure you follow through of these instructions, as it will help to decrease scar tissue formation.

ORAL INTAKE:

- Alcohol consumption should also be limited as this may raise the blood pressure and initiate bleeding. Do not drink alcohol during the first week.
- Drink plenty of fluids following surgery, as dehydration can contribute to nausea.
- Small amounts of food 20 minutes before taking postoperative medications (especially pain medications and/or antibiotics) can prevent nausea.
- If you vomit or feel nauseated, you should delay food and pain medications until the nausea passes.

- Take only 2-3 ounces of clear liquids at hourly intervals until the nausea subsides. If this symptom persists, call for anti-nausea medications, as subsequent vomiting may be harmful and lead to complications.

BATHING:

- You may bathe but not shower while the cast is in place. The cast must remain dry.
- You may carefully wash your face with mild soap and clean washcloth or cotton balls, but make sure the cast remains dry.

PAIN, SWELLING, BRUISING, INFECTION:

- Most patients complain more of discomfort from nasal and sinus congestion than from pain. Any pain should be controlled via the prescribed medication. After the first day the pain may subside enough so that Tylenol may be sufficient.
- Swelling and bruising about the eyes and cheeks is variable. Swelling and bruising maximizes at about two days then subsides over the next 5-7 days. You will be instructed on the use of Arnica, an herb with no known side effects, to minimize bruising.
- Do not worry if you have excess swelling around the eyes and cheeks. This will clear and not affect the final result. Bruising may persist a few days longer.
- Infection is also unusual. Fever, localized swelling with redness and tenderness may signify a developing infection and should be reported. Appropriate treatment will be initiated.
- Your final results will occur between 6-12 months.

OTHER COMMON INSTRUCTIONS AFTER SURGERY

- Do not blow your nose or sniff excessively as this will only irritate the healing tissues. If you must sneeze, open your mouth.
- **DO NOT PLACE Q-TIP OR KLEENEX IN YOUR NOSE IN AN ATTEMPT TO CLEAN YOUR NOSE.**
- Expect your nasal passages to be obstructed by swelling for at least two weeks. A humidifier may help you sleep by allowing you to breathe through your mouth more comfortably.
- It is normal to have some nasal bleeding over the first twelve hours after surgery. It may be necessary to change the gauze drip-pad a dozen or so times over that period.
- It is normal to have a pinkish-reddish discharge from your nose and your throat for the first three to four days. This will gradually subside.
- If you have any profuse nasal bleeding after this time, immediately lie down with your head elevated on 3-4 pillows. Iced wash cloths on the back of the neck and over the eyes may help. Please call if these measures do not suffice.
- You will need to arrange transportation for your appointment at our office on the day following surgery. Do not drive for 24 hours after surgery or anytime that you are taking pain medications.
- Avoid making major decisions or participating in activities requiring judgment for 24 hours after surgery.
- Smoking should be strictly avoided as it interferes with the blood supply to the healing tissues and slows subsequent healing.
- Take all medications as instructed postoperatively.

- Avoid excess sunlight to the nose for at least a year. Do not let your nose become sunburned. Even mild sunburn may cause prolonged swelling or redness. Use sunscreen with zinc oxide and SPF 20 or greater if you will be in the sun.
- Do not compare your progress with that of other patients. Remember that everyone's healing process is unique. Also, if you have any questions or concerns, call on us. Your family and friends may mean well, but you can receive wrong information.

NASAL CARE:

- Keep your cast dry. It will be removed on postoperative day 7.
- Change drip pad under nose as needed. Up to a dozen times in the first 24 hours is normal.
- After packing is removed use nasal saline mist every 1-2 hours while awake for approximately 2-3 weeks. You may purchase this over the counter. This prevents dryness and crusting on the inside of the nose.
- Clean your incision with peroxide, and then apply Polysporin ointment to the sutures twice a day.
- Sutures are removed on postoperative day 3.
- When the cast is removed, the nose will be quite swollen and the nasal tip will be turned up slightly. This will settle down over the next 3-4 days, then more gradually thereafter
- Nasal exercises will be given to you at the appropriate time. These are to keep the sides of the nose narrow and in proper alignment, along with decreasing scar tissue formation.

CALL THE OFFICE IF YOU DEVELOP ANY OF THE FOLLOWING:

- Fever of 101 degrees F or greater.
- Pain not relieved with pain medication.
- Swelling, redness, bleeding, and/or foul drainage from incision area.
- Persistent nausea and/or vomiting.
- Any other concerns.

Office Telephone: 585-244-1000

Physician pager number: 585-258-4851

Patient Name (print): _____

Patient Signature: _____

Date: _____

Witness Signature: _____

Date: _____

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 vary in skin textures, tissue, circulation, and the healing process, as well as anesthetic reactions, there can be no guarantee made as to the results or potential complications.

The following complications have been reported in medical literature. They are listed here for your information not to frighten you, but to make you aware and more knowledgeable concerning this surgical procedure. They will be discussed again at your preoperative appointment.

SEPTOPLASTY/RHINOPLASTY
(nasal surgery)

<u>Hemorrhage:</u>	(bleeding). A flow of blood, especially if it is profuse.
<u>Hematoma:</u>	A collection of blood caused by a break in a blood vessel.
<u>Edema & ecchymosis:</u>	Swelling and black & blue spot(s) that can cause persistent dark areas under the eyes.
<u>Infection:</u>	Rare. .8% – 1.6% reported incidence.
<u>Pereostitis:</u>	Inflammation along sites of bone breakage is unusual.
<u>Skin Problems:</u>	Excessive dryness, dimpling, redness, skin pustules, telangiectasis (small spider-like blood vessels visible through the skin). Actual skin loss is possible, but very rare.
<u>Injury to lacrimal duct:</u>	(Tearing) apparatus- due to proximity of surgical site. Usually these problems are due to surgical swelling and improve spontaneously.
<u>Septal Perforation:</u>	One or more holes of the septum (cartilaginous separation

between right and left sides of nose) can be permanent or repairable.

Nasal Obstruction:

A blockage, clogging, or narrowing can be permanent or Reversible - 10%.

Altered sense of smell:

Almost always reversible - 10%

Any touch-up surgery that may be necessary is not done for at least 6 months. This is usually a small office procedure and no physician's fee is charged. There is however, a nominal charge for the facility, supplies, and anesthesia if sedation is required.

I have read the complication list and am aware that any of the above may occur.

Signature

Date

Witness

Date