

Upper Cape Ear, Nose & Throat, PC

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RHINOPLASTY

Purpose

A Rhinoplasty is an operation performed to improve the appearance or the function of the nose by modifying the bone and cartilage of the nose that give it shape.

Sometimes it is necessary to do a septoplasty as part of the procedure to improve the breathing or to provide cartilage for the reconstruction.

Procedure

Rhinoplasty is done as a scheduled procedure in a hospital or surgicenter. Local anesthesia with intravenous sedation or general anesthesia can be used, depending on patient preference. The procedure is performed through incisions inside the nose. In especially complex cases, a W-shaped incision across the base of the nose is used. To narrow wide nostrils, incisions are hidden along the nostril-face groove. The necessary modifications are made, and incisions are closed. Nasal packing is sometimes used to control bleeding and hold things in place for a day or two.

Recovery

After the surgery the patient goes to the recovery room. The patient stays long enough to make sure there will not be problems with bleeding and to manage any nausea. Patients are usually discharged within several hours after their surgery.

After discharge patients are instructed to rest at home with their head elevated and a light ice pack over the nose and eyes. Some bleeding is to be expected. You will have swelling and bruising developing over the nose and eyes that will peak at 2 days post op. A very light diet should be maintained to prevent nausea. Prescriptions will be given for pain medications, and antibiotics.

If there is packing, you will need to make an appointment for the next day to have it removed. After the packing is removed it is still necessary to limit activity to prevent bleeding. Specifically patients should not bend over or lift anything heavy. It is okay to sniff but you should not blow your nose during the first week after the surgery. A salt water spray (Ocean Spray, Nosebetter, etc.) should be used 2 puffs each side of the nose 6 to 8 times per day. Antibiotic ointment (Neosporin, Polysporin, Bactroban, etc.) should be used on a Q-tip to coat the inside of the nose twice a day. Any external incisions should be cleaned gently twice daily with peroxide, then moistened with the antibiotic ointment. Most patients will miss about one week of work or school after the surgery.

Risks and Complications

Bleeding can occur with any nasal surgery. Nasal packing helps to control bleeding, but in rare cases it may be necessary to place additional packing to control bleeding.

Whenever the lining of the septum is raised, there is always a chance of developing a hole in the septum, referred to as a septal perforation. Septal perforations can cause problems with crusting or can create a whistling noise. They are an uncommon complication and can usually be repaired if they develop.

The front part of the nasal septum is made of cartilage. Attempts are made to straighten the cartilage but still allow it to support the nasal tip. Cartilage is said to have "memory" and can sometimes return to its twisted shape despite the surgery. This can lead to recurrent nasal obstruction and to crookedness of the nose. Every effort will be made to try to prevent this from occurring.

The nerves that supply the upper middle teeth and the nasal tip with sensation are routinely bruised in this operation. It is normal to have some numbness in this area. This typically returns to normal over several months. In rare cases this numbness may be permanent.

Loss of smell is a very uncommon complication of nasal surgery, but it has been reported.

In some cases, the nasal appearance may not be exactly what you had hoped. We will do the best we can to give you what you are looking for within the constraints of the support tissues present, the thickness and quantity of your nasal skin, and the vagaries of healing and scar tissue.

Follow-up

After the first week a final follow-up check is scheduled for about one month and again at 6 months, when the final result is appreciated. If you or your family have questions or problems there is always someone available from our practice to address issues that arise.

I have read, understand, and accept the risks and possible complications of this operation. Alternative treatments have been discussed with me and I want to go ahead with the surgery.

Patient's Signature

Date

Witness