

RHINOPLASTY PREOPERATIVE INFORMATION

Congratulations on making it this far in your decision-making process to have rhinoplasty surgery!

To help you make a more informed decision, Dr. Hilinski has put together the detailed information here for your review. Please read through this in its entirety as these topics can and will greatly impact your surgical experience, recovery, and results.

If you have any specific questions or concerns, please contact our office staff to get these clarified well in advance of your surgery.

PREOPERATIVE APPOINTMENT

Once you have scheduled a surgical date for your rhinoplasty procedure, a preoperative appointment will be scheduled.

We prefer to have you come into the office to see Dr. Hilinski in person for this visit. However, we understand that many of our patients live out of state and out of the country, therefore, a virtual preoperative appointment may be more feasible.

During the preoperative appointment several important issues will be reviewed and finalized in preparation for your actual surgery. This includes an open discussion with Dr. Hilinski where you will have an opportunity to have your remaining questions answered.

PREOPERATIVE MEDICAL CLEARANCE

If you have any active medical issues that put you at higher risk of undergoing rhinoplasty surgery, Dr. Hilinski will require you to be seen by your primary medical doctor and/or a specialist to get 'medical clearance' to proceed with surgery. Medical clearance is, in essence, your other doctors confirming that your overall health is sufficiently stable to undergo rhinoplasty surgery under general anesthesia.

The onus for arranging and obtaining medical clearance is the responsibility of the patient – not our office. *As such, make sure you have satisfied this requirement prior to your preoperative appointment with Dr. Hilinski.*

In many cases, medical clearance will be predicated on you getting certain blood tests and/or other studies, such as an EKG or chest x-ray. Since these often need to be scheduled in advance, make sure you give yourself plenty of time to get them done.

Failure to get medical clearance in sufficient time may force us to cancel your surgery. So, plan accordingly.

ESTABLISHING REALISTIC EXPECTATIONS

Before you make the final decision to have rhinoplasty, it is imperative that you establish realistic expectations regarding the surgical outcome.

Rhinoplasty is considered one of, if not, the most challenging plastic surgery procedures to perform when it comes to achieving consistent cosmetic results. The realistic goal of cosmetic rhinoplasty is aesthetic improvement in the appearance of the nose. Toward this end, Dr. Hilinski will always strive to attain the best possible cosmetic outcome for you.

But it is vital for you to know and accept the fact that perfect results will never be achieved. There is no such thing as a flawless result. You will always have imperfections, asymmetries (differences between the right to left), unevenness and irregularities with your nose even after meticulous, well-performed rhinoplasty surgery.

Realistically, you should focus more on terms like straighter, lower, higher, smoother, narrower, wider, and better when it comes to assessing your results. And even then, there is no assurance these types of cosmetic changes will be realized.

The bottom line is there is no warranty when it comes to rhinoplasty results. In other words, there is no money back guarantee if you are not happy or satisfied with the aesthetic appearance of your nose.

If additional surgery is requested to achieve a desired change and/or result, there may be additional surgeon fees, operating room charges and/or anesthesia fees that apply.

OTHER RISKS

General

As with nearly all other surgical procedures, there are risks of infection, bleeding, bruising, tissue discoloration, over correction, under correction, functional problems, nerve issues, damage to adjacent structures, and the possibility that future and revision procedures may be needed to achieve improved results.

Functional Alterations

Many of our patients will undergo functional alterations to their nose as part of their rhinoplasty surgery. This is commonly done because of difficulty breathing through the nose and includes additional procedures, such as septoplasty, nasal valve repair, and turbinate reduction.

In many other cases patients will have a septoplasty done even though they do not have functional nose problems. This is often performed as part of rhinoplasty surgery where Dr. Hilinski needs to repurpose septal cartilage to properly reshape the cosmetic appearance of the nose.

If these additional alterations are performed as part of your rhinoplasty surgery, Dr. Hilinski will make every effort to maintain or enhance your nasal breathing. But there is always the potential risk that your breathing may not improve and/or may worsen after surgery. Regarding septoplasty surgery, there is always a risk that a hole can be left in the septum – called a septal perforation. If this does occur and the perforation is small, it can be repaired with additional surgery. If the perforation is excessively large, it may be too difficult to close it even with additional surgery.

Fortunately, it is quite rare to see patients who have more trouble breathing through their nose after surgery. In a vast majority of cases, nasal function is greatly enhanced following surgery.

Unforeseen Conditions

On rare occasion, unforeseen conditions are encountered during a procedure. If this occurs, Dr. Hilinski may need to perform other procedures, which he may deem necessary or desirable to correct any unforeseen condition encountered during surgery.

Grafts

If grafting is performed, there are always risks the grafts may not work as intended. This can be due to issues such as graft resorption and warpage.

If you are undergoing grafting with tissue-banked rib cartilage, also known as cadaveric cartilage, there is an added risk of possible transmissible disease. Fortunately, these grafts have been pre-treated with processes to help keep these risks to an absolute minimum. In all his years of performing rhinoplasty surgery, Dr. Hilinski has yet to have a single patient with an issue related to tissue-banked cartilage disease.

If you are undergoing autologous rib grafting where your own rib is being used, there is an added risk of possible damage to the lung, called a pneumothorax. If this occurs, you may require additional medical treatment to correct the problem. Fortunately, this is incredibly rare. In all his years of performing rhinoplasty surgery, Dr. Hilinski has yet to have a single patient with a pneumothorax.

If you are undergoing ear grafting as part of your surgery, there is a chance the shape and/or position of the ear may change. Fortunately, in a great majority of cases, the ear essentially looks the same once fully healed.

CSF Leak

During some rhinoplasty procedures, some of the internal nasal bone may be manipulated to reshape the bridge. In very rare circumstances, manipulation of this bone can lead to what is termed a CSF (cerebrospinal fluid) leak. This means the junction of that bone and the base of the skull has been inadvertently damaged, which causes the CSF to leak out through the nose. If this occurs, corrective surgery may be necessary to repair the damage. Fortunately, in all his years of performing rhinoplasty surgery, Dr. Hilinski has yet to have a single patient with a CSF leak.

Allergy Reactions

Occasionally, allergic or sensitivity reactions may occur from soaps, ointments, tape and/or sutures used during or after surgery. Such problems are unusual and are mild and easily treated in most instances. In extremely rare circumstances, allergic reactions can be severe and require aggressive treatment or even hospitalization.

If you cannot accept all the aforementioned, please do not proceed with having rhinoplasty surgery.

AMBULATORY SURGERY CENTER LOCATION

Dr. Hilinski performs surgeries at his own fully accredited ambulatory surgery center, which is located at the same address as his office. The facility, The Hilinski Ambulatory Surgery Center, is owned and operated by Dr. Hilinski.

The Hilinski Ambulatory Surgery Center is currently accredited by the American Association for

Accreditation of Ambulatory Surgery Facilities (AAAASF). More specifically, the center has earned Medicare-deemed status through AAAASF, which means it has the highest accreditation you can have as an outpatient surgical facility.

Record keeping and billing for the Hilinski Ambulatory Surgery Center are separate from those related to Dr. Hilinski's surgical practice. As a result, be prepared to fill out additional forms and sign different documents on the day of your surgery. These are records required by the surgery center. Billing for the ambulatory surgery center is also distinct. This would apply to anyone using health insurance to provide coverage for surgical services being rendered.

CASES INVOLVING INSURANCE BILLING

In select cases, Dr. Hilinski will take a patient's PPO health plan for coverage of reconstructive nose surgery. When this is done in combination with cosmetic nose reshaping, it is important that you understand the distinction between insurance-based reconstructive nose work and elective cosmetic nose work.

Any financial responsibility for insurance-based work is unrelated to any payments made for cosmetic rhinoplasty. In other words, any payments you make for aesthetic reshaping of the nose do not apply to your insurance billing. This includes, but is not limited to, office copays, deductibles and out of pocket maximums. All of these are separate and unrelated to cosmetic fees.

This distinction in billing and financial responsibility applies to professional fees billed out by Dr. Hilinski, professional fees billed out by the anesthesiology provider and facility fees billed out by the surgery center. This also includes insurance billing related to postoperative appointments. Dr. Hilinski will continue to bill your insurance after surgery for routine office visits where any time is dedicated to continued evaluation of a medical condition.

Ultimately, it is the patient's responsibility to fully understand their own health insurance coverage.

FINANCING YOUR SURGERY

If you are financing your surgery, please do not request to reserve a surgery date unless you are certain you want to have surgery.

In the case of financing, when you ask us to reserve a surgery date, the entire surgical fee will be processed through your financing company.

If you later decide to cancel your surgery (even with more than a 2-week notice), we will attempt to refund/reverse the transaction; however, there may be transaction fees, which cannot be refunded to you.

If you cancel within 2 weeks (14 days) of your surgery date, our cancellation policy and penalties will apply.

CANCELLATION POLICY

When you ask our office to schedule surgery for you, we must do several things (long before the day of your surgery), including, but not limited to:

- Reserve the operating room.

- Secure the necessary professional staff (nurses and surgical technicians) who will be needed.
- Arrange for anesthesia coverage for your procedure. The anesthesiologist is effectively giving up other work to be available for your surgery.
- Order and pay for any surgical supplies and/or implants needed for your surgery.
- Prepare the required equipment and sterilize the necessary instruments.
- We must turn down every other patient who may also want surgery on the day and time we have personally reserved for you.
- We also pay the office staff to ensure all the above is done for you, which can take a significant effort in many cases. At times, the office staff goes to great measures to accommodate patients and their desired surgical dates, under the expectation that patients will uphold their requests.

Because of these financial and time commitments we must take, we ask that you be definite about your desire for surgery and be certain that you have the funds available before asking us to get on our schedule.

The closer to your surgical date that you cancel, the higher the fee will be. Keep in mind these times below are NOT working days – they are calendar days.

- Cancellation within 2 weeks: you will lose your 20% deposit.
- Cancellation within 1 week: you will lose your 20% deposit plus \$2000.
- Cancellation within 48 hours: you will lose 50% of the total charges of the procedure.

If you are rescheduling, you will be required to pay a *new* 20% deposit. Your initial deposit does not apply to rescheduled surgery dates.

If you fail to follow our instructions in preparation for surgery and this is discovered on or near the scheduled date, Dr. Hilinski reserves the right to cancel your procedure and the above cancellation penalties will apply, including the additional rebooking deposit for a future date. Examples of this are patients who are told to stop smoking yet continue to do so and arrive at the center with obvious scents of smoke.

If you take any blood thinning medications and/or supplements within 2 weeks of surgery – which will contribute to significant surgical and postoperative complications, this will prevent Dr. Hilinski from performing your procedure in a safe manner. In this situation, your surgery will be cancelled, and the above penalties will apply.

RESCHEDULING YOUR SURGERY

If you request us to change your surgery date, it creates an immense amount of work and challenge for our staff.

We understand there are circumstances that do arise that are out of your control. However, such issues still leave our office with a logistical predicament that needs to be addressed.

Please be respectful of the fact that we cannot guarantee a certain time frame in terms of rescheduling your surgery. Dr. Hilinski tends to have a long surgical wait time and you may find

yourself waiting a significant period before getting back on our schedule. We will do our best to accommodate your new requested time, but, again, there is no guarantee this will be in a timely manner.

RESTRICTED MEDICATIONS

Any surgery carries a risk of bleeding during or after the procedure. The risk of bleeding can be reduced by avoiding medication that can affect your blood clotting capability. **Please refrain from using any medication on the restricted list for at least fourteen (14) days prior to and seven (7) days after your surgery.** Although this is not a guarantee, avoidance of the medications can significantly reduce chances of unwanted complications. **Tylenol is permissible within this time frame.**

| | | |
|------------------------|-----------------------|---------------------|
| Advil | Damason P | Nilain |
| Aleve | Darvon N with ASA | Norgesic |
| Alka Seltzer | Darvon compound | Novhistine with APC |
| Alka Seltzer Plus | Darvon compound 65 | Pabirin |
| Anacin | Dolcin | PAC |
| Anacin Maximum | Dolene compound 65 | Panodynes analgesic |
| Anexsia with codeine | Dolor | Percodan |
| Anodynos DHC | Duradyne | Percodan demi |
| APC | Duragesic | Persistin |
| Arthritis Pain formula | Ecotrin | Quiet world tablets |
| Arthritis Bufferin | Empirin with codeine | Relafen |
| Aspirin with codeine | Empirin compound | Robaxial |
| Aspirin | Equagesic | Stanback tablets |
| Aspirin enseals | Equagesic M | Stanco |
| Ascriptin | Excedrin | St. Joseph Aspirin |
| Ascriptin A/D | Excedrin PM | Super Anahist |
| Aspergum | Fizri powder | Synalogos DC |
| Asphal G | Fiorinal | Synalogos |
| B-A | Fiorinal with codeine | Talwin compound |
| Bayer | Fish oil | Traminicin |
| Bayer decongestant | 4-way cold tablets | Trigesic |
| Bayer timed release | Gemnisyn | Vanquish |
| BC tablets | Ibuprofen | Viromed |
| Bufferin | Indocin | Zactirin |
| Buff-A compound #3 | Leech Extract | Zactirin compound |
| CAMA | Measurin | |
| Capron capsules | Meprogesic | |
| COPE | Midol | |
| Cogespirin | Momentum | |
| Coricidin D | Motrin | |

Homeopathic Medications and Supplements

Refrain from ALL homeopathic medications and supplements, which includes dietary and/or workout supplements. This includes, but is not limited to the following:

| | | |
|----------------|-----------|-----------------|
| Aloe Vera caps | 5 PC-SPEC | Licorice root |
| Bilberry | Garlic | St. John's Wart |
| Cayenne | Ginger | Yohimbe |

LEADING UP TO SURGERY***Smoking***

You must refrain from smoking for at least four (4) weeks prior to surgery and two (2) weeks after surgery. You should also avoid being in the same room with people who smoke for the same period. Failure to do so will contribute to a significant risk of surgical complications, including very poor wound healing.

Alcohol

You must refrain from drinking alcohol within two (2) weeks of surgery.

Sun Exposure

You must avoid sun exposure to your nose within two (2) weeks of surgery.

Mupirocin

Please start using topical Mupirocin, or Bactroban, ointment ten (10) days prior to surgery – including on the morning of your surgery. This is a topical prescription nasal ointment that is used to help reduce chances of postoperative infection. Apply a thin layer of the ointment using a Q-tip three (3) times per day. The ointment should be applied just inside of the nostril opening using a rolling or sweeping motion with the Q-tip. The ointment will be provided to you at your preoperative appointment. If you are not having an in-person preoperative appointment, a prescription can be sent to your local pharmacy for you to pick up.

Arnica

Start taking Arnica five (5) days prior to surgery. Arnica is a supplement that Dr. Hilinski recommends for his patients to help reduce the incidence of postoperative bruising. Arnica will be provided to you at your preoperative appointment. If you are not having an in-person preoperative appointment, you can purchase a supply of Arnica at your local pharmacy.

THE NIGHT BEFORE AND DAY OF SURGERY***Topical Skin Products***

Please remove all make-up, face creams, and moisturizers the night before your surgery and do not apply any of these on the day of surgery.

Nail Polish

Nail polish must be removed to allow for proper monitoring of your oxygen levels. Acrylic nails must be removed from at least 2 fingers (1 on each hand) to allow for proper oxygen monitoring.

Piercings

You should remove all piercings from your body – including those outside of the head and neck region. If you fail to do so and we need to remove a piercing on your behalf, we will not take responsibility for damaging the hardware in the process of doing so.

Stop Eating and Drinking

You must avoid eating and drinking (including water) after midnight the night before your scheduled surgery date. Failure to do so can put you at risk of significant complications when being

put under anesthesia.

Clothing

In preparation for the morning of your surgery, please have some comfortable, loose-fitting clothing. We prefer you come dressed in a button-down shirt as this minimizes concerns of you pulling a shirt over the face and neck region once bandages have been placed.

Valuables

Please do not bring any unnecessary valuables with you on the day of surgery as we cannot be held responsible for their loss and/or damage.

Transportation

You must arrange for proper and timely transportation to and from the surgery center.

Typically, you will need to arrive one (1) hour prior to your scheduled surgery time but confirm this time with our staff the day before your planned surgical date.

Your ride home must be with a responsible adult. You CANNOT take a cab, Uber, Lyft, or equivalent after having intravenous or general anesthesia.

Be prepared to have a responsible adult remain with you for at least the first 24 hours after surgery to assist with your needs. Our staff will ask you for their name and contact information upon arrival to the facility. If you don't have a trusted individual to stay with you, we can assist with hiring a professional caretaker – but this must be arranged in advance, and this will be at your own expense.

POSTOPERATIVE MEDICATIONS

Pain Medications

Dr. Hilinski will typically provide you with a prescription pain medication to be taken after surgery. Make sure you provide our office with accurate pharmacy information so that we can send this prescription in advance of your surgical date. You should have the pain medication in hand by the day of surgery so that you do not have to worry about getting the medication right after surgery.

Common narcotic prescriptions include Norco (Vicodin), Percocet and Tramadol. If you have any allergies or adverse reactions to any medications, please inform our office staff.

Begin taking the pain medication as directed once you get settled after the surgery. Of note, it may take several doses of the pain medication (over 4-8 hours) before your blood levels get up to the point where you feel the full effects. In a great majority of cases, patients will use the prescription narcotics for the first 2-3 days of recovery. Thereafter, you can try to switch to using just over-the-counter Tylenol for pain relief. *Please remember that you still cannot use any of restricted medications during the first week of recovery.*

Of note, the amount of narcotic medication prescribed to you should be ample in 99.9% of cases – meaning Dr. Hilinski will likely not provide you with a refill of the narcotic.

You must continue avoiding anything on the restricted medication list for at least seven (7) days after the surgery.

Benadryl

You may take some Benadryl during the first 1-2 days after surgery to help reduce your pain medication requirement since Benadryl can act as a sedative in this manner. Benadryl is over the counter and may be purchased at your local pharmacy. Take 1-2 tablets of these every eight (8) hours as needed.

Oral Antibiotics

Dr. Hilinski does not routinely prescribe oral antibiotics for rhinoplasty surgery. If he recommends an antibiotic in your particular case, a prescription will be sent to the same pharmacy where your pain medications are being sent.

Arnica

Continue taking Arnica for upwards of one (1) week after surgery.

POST-OPERATIVE APPOINTMENT

In most cases, you will be scheduled to visit with Dr. Hilinski 5-6 days out from surgery for your first post-operative appointment.

WOUND CARE AND CLEANING THE NOSE

At the conclusion of your rhinoplasty surgery, your nose will be bandaged. This includes carefully placed pieces of medical tape around the tip and bridge, typically. If Dr. Hilinski moves your bones around, you will also have a 'cast' on your nose, which helps to stabilize the bones in their new position. Leave all the bandages alone and do not let them get wet or soiled. It is incredibly unusual for the bandages to come off on their own.

Drip Pad

You will typically have a dressing under the tip of the nose across the upper lip. This is a 'drip pad' intended to help capture any drainage from the nose. A slight amount of bleeding and/or oozing is normal on the first day of recovery. You may change the drip pad as needed if it becomes too saturated. The drip pad can be removed the morning after surgery and does not need to be replaced unless you have more moderate drainage. Do not wear the drip pad for longer than 72 hours after surgery.

Nasal Packing and Plugs

Dr. Hilinski does not routinely use traditional nasal packing. This packing is the long, ribbon-like material that some other surgeons stuff into the nose at the end of the surgery to minimize bleeding. Unfortunately, this type of packing can be incredibly uncomfortable for patients – so Dr. Hilinski tries to avoid it.

However, he will routinely place white 'plugs' in the nostrils at the end of the surgery. These are made of a non-adherent material that helps to put pressure on the inside of the nostril rim. You can remove these at home the morning after surgery using a tweezer. Do so by simply grasping the end or edge of the white plug on each side and gently pull it out of the nose.

If you have undergone a composite ear graft to the nostril, Dr. Hilinski will likely have you leave the white 'plug' in the nose for upwards of 72 hours before removal.

Necessary Supplies

There are several over-the-counter supplies you should obtain prior to your surgical date. Some of these can be purchased at your local pharmacy while some of them will be supplied by the office.

This includes:

- Saline nasal spray (for example, Ocean Spray)
- Quality-tips – more commonly known as Q-tips
- A small bottle of 3% hydrogen peroxide
- Prescription Mupirocin (also called Bactroban) ointment (started preoperatively)
- A tube of Aquaphor ointment

Cleaning After Closed Rhinoplasty

Dr. Hilinski performs most of his rhinoplasty procedures with a ‘closed’ approach – meaning there are no external skin incisions made in between the nostrils. If you had a closed rhinoplasty, you should start the cleaning process right after the white plugs have been removed. If no plugs were placed, start cleaning on the evening of your surgery.

The cleaning should be performed in the sequence provided here three (3) times per day. In our experience, three times per day is ample for you to keep the incision free and clear of unwanted scabbing and crusting.

The goal of the cleaning is to avoid accumulation and buildup of dried mucous and blood around the nostril incisions. If you attempt to clean the nostril openings more frequently than this – and/or you don’t follow these steps carefully – you will increase the chance of developing an infection that will detract from the ultimate results desired.

In the morning:

1. First dilute the hydrogen peroxide by combining the 3% solution with clean water in a 1:1 by volume mixture. This means a 50-50 mixture by percentage. Do NOT use the 3% hydrogen peroxide straight out of the bottle.
2. Use a Q-tip dipped in the peroxide mixture to first gently clean the sutures (stitches) along the inside of the nostril opening. These are along the inner arch of the nostril and extend down along the side of the columella (the column in between the nostrils). You want to clean using a light ‘rolling’ of the Q-tip along the incision line to remove visible blood and debris. In all, this should only take 10-15 seconds on each side. Do NOT clean for longer than this with the peroxide mixture as this will increase chances of complications. You should avoid moving or manipulating the actual nose while cleaning it. In short, be thorough but be gentle.
3. Dry the nostril opening with a new Q-tip to remove the residual peroxide mixture. This is an important step that needs to be done so the peroxide solution does not remain on the incision line and cause complications.
4. Then apply a thin layer of Mupirocin ointment using a new Q-tip and the same rolling technique to cover the incision line. A thin layer of coverage is sufficient.

In the afternoon:

1. Skip the hydrogen peroxide step
2. Apply a thin layer of Mupirocin ointment using a new Q-tip.

In the evening:

3. Skip the hydrogen peroxide step
4. Apply a thin layer of Mupirocin ointment using a new Q-tip.

Repeat this cleaning process every day until your bandages have been removed by Dr. Hilinski at 5-6 days out from surgery. Thereafter, you will stop using the hydrogen peroxide and Mupirocin.

Once you stop using the peroxide and Mupirocin, you will start using topical Aquaphor 2-3 times per day for an additional 7-10 days to keep the incision lines moisturized. The Aquaphor should be applied with a Q-tip in the same manner as was done for the Mupirocin.

Cleaning After Open Rhinoplasty

You will know if you had an open rhinoplasty because there will be an incision and sutures across the columella (the column in between the nostrils). Is so, you should use the sequence noted above to start cleaning the columella sutures on the day of your surgery. You should begin this cleaning process even if you have the white plugs in place as the sutures will still be visible. Once the white plugs are removed or if they were not placed, you should start cleaning the inside of the nostrils as described above. Of note, it is quite normal for this open rhinoplasty incision to be slight raised up during the early recovery period. As the healing process unfolds, this incision will typically begin to flatten out.

Cleaning Nasal Base Incisions

If you underwent nasal base reduction or alar base narrowing, there will be an incision and sutures where the base of the nose meets the upper lip. The following steps should be performed 2 times per day for the first 5-6 days of your recovery.

1. First dip a Q-tip into a solution of a mild anti-bacterial soapy water.
2. Use the saturated Q-tip to gently clean the incision line to remove any debris, including dried blood that may have accumulated around the sutures (stitches). The end goal is to see the sutures in the skin without surrounding debris. But do not rub or scrub the incision line in the process of cleaning it with the Q-tip. Use a gentle rolling motion as you clean.
3. Dry the area with a new, clean Q-tip. This is an important step that needs to be done thoroughly before the next step.
4. Apply a thin layer of Aquaphor ointment to the incision line using a Q-tip and the same rolling motion.
5. Repeat the steps above in 12 hours.

Saline Spray

Once the plugs have been removed (or if they were not placed), begin spraying the saline solution into each nostril five (5) times per day. This is done to help clean the inside of the nose and keep it from drying out and scabbing. You should continue this routine for at least several weeks after surgery. *Please note the saline spray routine is 5 times per day and different than the wound cleaning schedule noted above.*

Internal Septal Splint

In a minority of cases, Dr. Hilinski will place an internal septal splint to help stabilize the repair process inside of the nose. If this is done, they are sutured in place and will be removed in the

office setting during the early recovery period. Most patients do not even realize the splints are there during this period.

Ear Graft

If an ear graft was performed, you will likely have a cotton dressing stuffed into the outside of the ear – sometimes referred to as the ‘bowl’ of the ear. It is important for you to keep this cotton clean and dry until you see Dr. Hilinski at your first postoperative appointment. The incision and sutures are on the backside of the ear. You should apply Aquaphor ointment to this incision line three (3) times per day. Do so without pulling or bending the ear forward. You do not have to use the peroxide mixture behind the ear.

Your ear will be quite sensitive to the touch for upwards of several months after surgery. Be careful to avoid putting pressure on it during this period of sensitivity – which includes avoiding use of a helmet or equivalent. Eventually you should be able to sleep on the ear and wear a helmet etc. without any significant issue.

Composite Graft

If a composite graft was taken from the ear, you may have a small, cotton dressing stuffed into the outside of the ear. This is like but different from the traditional ear graft cotton dressing. It is important for you to keep this cotton dry and clean until you see Dr. Hilinski at your first postoperative appointment. There is no need to apply ointment until this dressing has been removed. Thereafter, you should apply a thin layer of Aquaphor 2-3 times per day until a new layer of skin heals over the site. This is usually around 10-14 days after surgery.

Rib Graft

If you underwent autologous rib grafting – where your own rib was used for grafting – there will be an incision along the lower chest region. The bandage covering this incision can be removed 48 hours after surgery. Thereafter, you should apply a thin layer of Aquaphor ointment 2-3 times per day for upwards of 7-10 days after surgery.

OTHER POSTOPERATIVE CONSIDERATIONS

Showering

You need to be very careful that you do not get any of your bandages wet while they are in place. This includes bandages on the nose, ears and chest, if applicable.

Showering from the shoulders down is fine starting the day after surgery as long as you are careful enough to keep your bandages dry. If a rib graft was harvested as part of your surgery, you should wait until 72 hours after surgery before showering from the shoulders down.

Once the bandages come off your nose and/or ear, you can get these areas wet. But you will likely see some residue from the tape and discoloration from surgical markings that are still present. The goal is not to remove these by scrubbing the residue off. Rather, you should allow the soap and lather to drizzle onto the surgical sites, so the skin gets passively cleaned over the first few days of showering. You can very lightly sweep over the surface of the skin with the pads of your finger and soapy water. But do not rub and do not put pressure on the surgical sites in the process.

Sleeping

Starting on the day of surgery, you should sleep with the head elevated 20-30 degrees to help

reduce swelling. In essence, you should sleep with your head above your heart level. You do not have to sleep bolt upright. Most patients will simply use several pillows to keep their head, neck and chest propped up at an angle.

You must also take precautions to avoid rolling over on your nose while sleeping. This is critically important during the time you have your bandages in place, but you should continue this practice for upwards of 4-6 weeks after surgery. To help toward this end, many patients will use a travel pillow to help prevent them from rolling over on their face.

Diet

Start with a liquid or soft diet during the first 1-3 days after surgery. High protein content is advised to help optimize the healing process. After 3 days, you can transition to your normal diet, although you should continue to avoid salty foods for 4-6 weeks after surgery.

Fever

It is not unusual for patients to feel like they have a slight elevation in temperature (99-100°) during the first few days of recovery. In some cases, inadequate expansion of your lungs may be a contributing factor. Deep breathing 10 x per hour may also help.

Cold Compresses

During the first 3-4 days of recovery, you may develop bruising and swelling around the eyes. It is not uncommon to see this extending into the cheeks and even the lower face. You may apply cold compresses over the eyes and along the side of the face to help minimize this. A nice plastic surgery trade secret involves using corn syrup in a sealed sandwich bag. If you keep these in the freezer, they will become very cold and act like a gel pack (since they won't really freeze like an ice cube) that readily conforms to the shape of your face. If you do so, apply the cold compress for 20-30 minutes each hour - but make sure you are not getting your nasal bandages wet.

Avoid Blowing Your Nose

Do NOT blow your nose - especially after the saline rinsing routine noted above – until cleared to do so by Dr. Hilinski. It is usually 3-4 weeks before Dr. Hilinski will clear you to gently blow your nose. If you sneeze, open your mouth to divert the airflow away from the inside of the nose.

Upper Lip

It is normal for your upper lip to feel a bit swollen during the first week of recovery. This is normal and expected. You may also feel like your upper lip feels stiff with smiling and animation. Do not try and overcome this sensation by smiling or animating with more effort as it can put unwanted tension on the bottom portion of the nose. It may take several weeks before this sensation dissipates.

You should also avoid 'stretching' the upper lip for the first several weeks of your recovery. Meaning, do not contort the upper lip by pulling the lip back behind your teeth.

Brushing Your Teeth

Do not brush your front teeth for the first two (2) days of recovery. You can start to gently brush them thereafter but be careful to avoid moving your upper lip too much.

Masks

After the nasal bandages come off, you may start using a mask. However, you must only use the type that does not put pressure on the nose as this may cause unwanted damage. If you have had an ear graft as part of your surgery, it is also advisable to only use the type of mask that has a tie mechanism over the head as the looped mask will cause unwanted friction behind the ear.

Eyeglasses or Sunglasses

You should be prepared to avoid wearing eyeglasses and sunglasses for upwards of 6 weeks after surgery. If you absolutely need glasses, you can use a piece of tape to 'hang' them off the lower, midline forehead. Alternatively, you can purchase a device that provides postoperative glass support (NoseComfort.com) while minimizing pressure on the nose. You may also switch to contact lenses for this period.

Nasal Bandage Removal

When your nasal bandages are removed you should not make any judgments about the outcome at such a point so early in the healing process. This includes issues with visible asymmetry (differences from right to left), width, tip position, bridge contour, etc.

Skin Care

It is not unusual for your skin to have more of a tendency to breakout after surgery. This can be the case for weeks to months in some patients. Do not attempt to mechanically exfoliate your skin for 6-9 months after rhinoplasty, which includes avoidance of things such as pore strips. Instead, you should try using chemical exfoliation to help your skin rebound during the healing process. For example, many of our patients choose to use an alpha hydroxy acid (AHA) beta hydroxy acid (BHA) skin care product. Our office carries [SkinMedica branded AHA BHA](#) if you would like to purchase it directly from us. Alternatively, you can find one online or at your local pharmacy to start using 7-10 days out from surgery.

Makeup After Surgery

You may resume use of makeup starting seven (7) days after surgery if you are very careful with application and removal. In doing so you must refrain from mechanically traumatizing the nose in any fashion as this can lead to unwanted complications.

Sun Precautions

You should avoid sun exposure to the nose for upwards of twelve (12) weeks after surgery. Doing so will help keep swelling to a minimum. It is best to use a sun block that contains aluminum oxide or zinc oxide crystals to help reflect sun. A wide brimmed hat is also helpful in shading the nose when outdoors.

Exercise

You should avoid vigorous exercise and strenuous activity for the first 4-6 weeks of recovery. This includes avoidance of body positions where your head is left hanging down. Very light exercise in the form of a casual walk is permissible once the nasal bandages are removed. But make sure your heart rate and blood pressure are not elevated until 4-6 weeks postoperatively.

Taping the Nose

For some patients, Dr. Hilinski will recommend taping of the nose. This is done to help further reduce postoperative swelling while encouraging the skin to 'shrink wrap' in some patients. If this is recommended, Dr. Hilinski will demonstrate in detail to you how he would like this done in your

individual case.

Digital Pressure Exercises

Depending on what is done to your nose and how you are healing, Dr. Hilinski may have you perform what he calls digital pressure exercises. In essence, this means he may have you push on your nose in a very strategic manner for days to weeks at a time. But do NOT attempt to do this on your own as you can create significant problems with the shape of your nose. It will be very clear if Dr. Hilinski wants you to push on the nose.

Avoiding Mechanical Trauma

During the first several months of the healing process, it is vital that you avoid any mechanical trauma to the nose aside from digital pressure exercises that may be recommended. This includes avoiding external and internal manipulation of your nose, such as sticking your finger in the nostrils, tugging, or pulling on sutures inside of the nose, and exploration of the inside with a flashlight or equivalent.

Dental Visits

We recommend you delay any visits to the dentist (other than for a dental emergency) for at least four (4) months after rhinoplasty surgery. Unfortunately, some patients' noses have been inadvertently damaged at the dentist due to pulling of the cheek and/or unwanted pressure from the dentist's or dental assistant's hand.

Swimming and Diving

Avoid swimming for one (1) month after surgery and diving for two (2) months after surgery. Even once you resume these activities you should avoid use of goggles and masks for upwards of six (6) months after surgery.

Nasal Steroid and 5-FU Injections

In certain patients, Dr. Hilinski may recommend an injection of a steroid solution and/or 5-Fluorouracil (5-FU) directly into the nose. These are both used to help control and reduce specific types of nasal swelling and scar formation. Dr. Hilinski will usually not recommend these injections until you are 3-4 months out from surgery, although on occasion he will perform them sooner. The injections are done as part of routine follow-up visits and typically do not result in any downtime. Patients may see swelling in the area of injection for a few hours after their visit, but this is quite mild. Please note that many patients will require a series of these injections rather than a single treatment session. If so, we like to space them apart by 8-12 weeks each time.

Numbness and Tingling

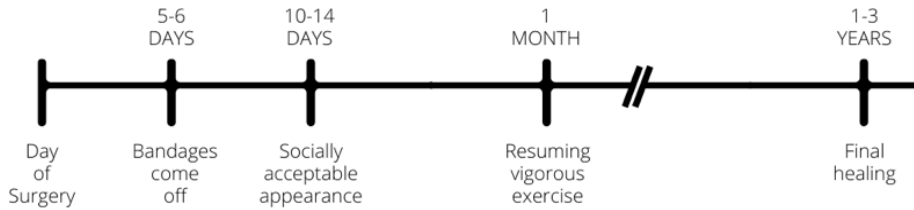
Numbness is quite common after rhinoplasty surgery and may be more pronounced in the nasal tip region than the bridge. This lack of sensation may be appreciated for upwards of 3-6 months after surgery on average. As the nerves start to awaken, you may notice intermittent tingling sensation in different areas of the nose, which may continue to occur for upwards of one (1) year after surgery.

TIMELINE FOR RECOVERY

Healing from rhinoplasty surgery requires quite a bit of patience as it can take upwards of 1-2 years after primary rhinoplasty and 2-3 years after revision rhinoplasty before final results are realized. It is important that you take this into consideration as you go through all the phases of surgical

healing.

In general, the timeline shown here is applicable to routine healing from rhinoplasty surgery.



Your first postoperative visit will typically be 5-6 days out from surgery. During this visit, the nasal bandages are removed as well as internal splints that may have been placed.

In most cases, patients will appear 'supermarket' presentable in 10-14 days out from surgery. This means that you can likely be standing in line at the supermarket and strangers won't think twice about your appearance. You still have swelling and there are signs of healing, but you can feel generally comfortable in most social settings.

At 1 month out from surgery, you can resume vigorous exercise and activity. Keep in mind that your nose will usually appear more swollen the day after working out. This is normal. At 2-3 months out from surgery approximately 60-70% of the swelling will be gone. But that still leaves 30-40% of swelling that needs to subside over the balance of the healing process.

Final healing will take upwards of 1-3 years before the nose has reached its plateau in terms of its appearance.

QUESTIONS AND CONCERNS

If you have any questions or concerns regarding the information contained here, please do not hesitate in contacting our office.