



John Hilinski M.D.
PLASTIC SURGERY

GUIDELINES

RHINOPLASTY

PROCEDURE OVERVIEW

Rhinoplasty is performed to improve the appearance and/or function of the nose. Depending on your specific anatomy and surgical goals, your procedure may involve reshaping of the nasal bridge, tip, nostrils, septum, nasal bones, or internal support structures. Healing after rhinoplasty requires patience, and many of the changes occur gradually over time.

PROCEDURE-SPECIFIC PREOPERATIVE CONSIDERATIONS

- Dr. Hilinski will prescribe a topical mupirocin ointment to be applied inside the nostrils twice per day starting 10 days before surgery. If you have an in-person preoperative appointment, this will usually be dispensed in the office. If you are from out of town, a prescription may be sent to your local pharmacy.
- In many cases, Dr. Hilinski will also provide a prescription for an oral steroid preparation, which you will begin taking the first morning after surgery. This is typically a tapered dose—starting with a higher number of pills and decreasing daily as directed. Take steroid pills with food. Some patients feel somewhat jittery during the first few days, which is not unusual.
- If you develop any skin irritation, infection, or cold sore in or around the nose prior to surgery, notify our office immediately.

SUPPLIES

Please obtain the following supplies prior to your surgical date:

- Q-tips
- A mild antibacterial soap such as Dial
- Vaseline or Aquaphor ointment

WHAT TO EXPECT AFTER SURGERY

- At the conclusion of surgery, the nose will be bandaged with carefully placed medical tape around the tip and bridge. If Dr. Hilinski reshapes your nasal bones, you will also have a cast on your nose to help stabilize the bones in their new position. Leave all bandages alone and do not let them get wet or soiled.
- You will typically have a drip pad under the tip of the nose. A slight amount of bleeding or oozing is normal on the first day. You may change the drip pad as needed if it becomes saturated. It can usually be removed the morning after surgery and does not need to be replaced unless drainage persists. Do not wear the drip pad for longer than 48 hours.
- Swelling and bruising around the eyes are expected during the first several days and may extend into the cheeks and lower face. Nasal congestion and a sensation of blockage are normal during early healing.



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NASAL PACKING AND PLUGS

- Dr. Hilinski does not routinely use traditional nasal packing. White plugs are routinely placed in the nostrils at the end of surgery. These are made of a non-adherent material that provides gentle pressure along the nostril rim. In most cases, these may be removed at home the morning after surgery using tweezers by gently grasping the edge and pulling outward.
- If you have undergone a composite ear graft to the nostril, you may be instructed to leave the plugs in place for up to 72 hours before removal.
- Absorbable material may also be placed inside the nose. This will dissolve gradually with saline use and does not need to be removed.

INCISION CARE

- If you had an open rhinoplasty, there will be an incision with sutures across the columella. Begin cleaning the evening of surgery even if plugs are still in place. It is normal for this incision to appear slightly raised early in healing; it will flatten over time.
- If you had a closed rhinoplasty, begin cleaning after the plugs are removed the following morning. If no plugs were placed, begin the evening of surgery.

THE CLEANING PROCESS

Cleaning should be performed three times per day in the sequence outlined below. The goal is to prevent buildup of dried blood and mucus and to maintain clean incision lines. Do not clean more than three times per day.

Morning

- Dilute hydrogen peroxide by mixing equal parts 3% peroxide with clean water. Do not use full-strength peroxide.
- Using a Q-tip dipped in the solution, gently clean along the incision lines using a light rolling motion. This should take approximately 10–15 seconds per side. Avoid prolonged cleaning and avoid manipulating the nose.
- Dry the area with a clean Q-tip to remove residual solution, then apply a thin layer of mupirocin using a new Q-tip.

Afternoon

- Use a mild antibacterial soap mixed with water to create a soapy solution. Clean the nostril openings using the same rolling technique.
- Dry with a clean Q-tip and apply a thin layer of mupirocin.

Evening

- Repeat the same steps as the afternoon cleaning.



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Continue this routine until your bandages are removed, typically 5–6 days after surgery. After bandage removal, discontinue mupirocin and begin using Vaseline or Aquaphor 2–3 times per day for an additional 7–10 days.

NASAL BASE INCISIONS

If nasal base reduction was performed, clean these incisions in the same manner and on the same schedule.

SALINE SPRAY

Once plugs are removed, begin saline spray into each nostril five times per day. This is separate from the cleaning routine and should continue for several weeks.

INTERNAL SPLINTS

In some cases, internal septal splints are placed and will be removed in the office. Most patients are not aware of them.

EAR GRAFT

- If an ear graft was performed, a cotton dressing may be present in the outer ear. Keep this dry until your first visit.
- Apply Vaseline or Aquaphor to the incision behind the ear three times daily without pulling the ear forward.
- The ear may remain sensitive for several months. Avoid pressure during this time.

COMPOSITE GRAFT

If a composite graft was taken, keep the ear dressing dry until removed. After removal, apply ointment 2–3 times daily until healed, typically 10–14 days.

RIB GRAFT

If a rib graft was used, remove the chest bandage after 48 hours and apply ointment 2–3 times daily for 7–10 days.

SHOWERING

- Do not get bandages wet. Shower from the shoulders down starting the day after surgery. If a rib graft was performed, wait 72 hours.
- Once bandages are removed, allow soap and water to run over the nose without scrubbing. Do not apply pressure.

SLEEPING



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- Sleep with your head elevated 15–20 degrees for the first 4–5 days to help reduce swelling.
- Avoid rolling onto your face. A travel pillow may help maintain position.
- Continue to avoid pressure on the nose for approximately 4–6 weeks.

DIET

- Start with a soft or liquid diet for 1–3 days and advance as tolerated.
- Avoid salty foods for 4–6 weeks, as sodium intake can contribute to prolonged swelling.

FEVER

A mild temperature elevation (99–100°F) may occur early in recovery. Deep breathing exercises may help.

COLD COMPRESSES

Apply cold compresses to the cheeks and eyes for 20–30 minutes per hour during the first several days. Do not apply directly to the nose or get bandages wet.

AVOID BLOWING YOUR NOSE

Do not blow your nose for approximately 3–4 weeks or until cleared by Dr. Hilinski. If you need to sneeze, do so with your mouth open.

UPPER LIP

Upper lip stiffness and swelling are normal. Avoid stretching or pulling the lip.

BRUSHING TEETH

Brush gently starting the day after surgery, avoiding excessive lip movement.

MASKS

Use masks that do not place pressure on the nose. If an ear graft was performed, avoid ear loop-style masks.

EYEGASSES

Avoid wearing glasses for 6 weeks. If necessary, support them off the forehead or use a glasses support device.

SKIN CARE

- Breakouts may occur during healing and are temporary.



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- Avoid mechanical exfoliation for 6–9 months. Chemical exfoliation may begin around 7–10 days after surgery.

MAKEUP

Makeup may be resumed at 7 days with gentle application, avoiding the incision sites.

SUN PRECAUTIONS

- Avoid sun exposure for 12 weeks.
- Use zinc or titanium-based sunscreen and a hat when outdoors.

EXERCISE

- Avoid strenuous activity for 4 weeks. Light walking may begin after bandage removal, provided your heart rate remains low.
- Full activity may resume at approximately 4 weeks. Temporary swelling after exercise is normal.

TAPING

If taping is recommended for your recovery, it will be demonstrated at your postoperative visit.

AVOIDING TRAUMA

Avoid any manipulation of the nose during healing. This includes pressing, pulling, inserting objects into the nostrils, or exploring the inside of the nose.

DENTAL VISITS

Delay routine dental care for 4 months following rhinoplasty.

SWIMMING

- Avoid swimming for 1 month.
- Avoid goggles for several months, as they place pressure on the nasal bridge.

NUMBNESS

Numbness and tingling of the nose and tip are common and may last several months.

HEALING TIMELINE

- First postoperative visit is typically 5–6 days after surgery for bandage removal.
- Most patients are socially presentable by 10–14 days.



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- Approximately 60–70% of swelling resolves by 2–3 months.
- Final results may take 1–3 years to fully develop.

WHEN TO CONTACT OUR OFFICE

Contact our office if you experience significant bleeding, worsening asymmetry, fever over 101°F, severe pain, or any concerns about healing.