

1020 N MASON RD STE #110 SAINT LOUIS MO 63141

Office of Dr. Terence Myckatyn & Dr. Marissa Tenenbaum

<b>Surgery Scheduling Assistant for Dr. Tenenbaum</b>	<b>Carol – 314-996-3040</b>
<b>Surgery Scheduling Assistant for Dr. Myckatyn</b>	<b>Michelle - 314-996-3028</b>
<b>Cosmetic Patient Concierge</b>	<b>Kristi – 314-996-8133</b>
<b>West County Plastic Surgeons Nursing Line</b>	<b>314-996-3201</b>
<b>General Questions and Office Appointments</b>	<b>Front Desk – 314-996-8800, Opt. 2</b>

Surgery DAY/TIME: \_\_\_\_\_ PLACE: \_\_\_\_\_ ARRIVAL TIME: \_\_\_\_\_

During office hours, questions can be answered by our office staff at **314-996-8800**.

After hours, please call Central Page for the Plastic Surgery Resident ON CALL at **314-362-1242**

Please note that our website ([www.westcountyplasticsurgeons.wustl.edu](http://www.westcountyplasticsurgeons.wustl.edu)) has detailed descriptions of most procedures.

## **RHINOPLASTY (NOSE RESHAPING)**

### **SIX WEEKS BEFORE SURGERY**

1. **Smoking affects healing.** Please **stop smoking or ANY nicotine products for at least 6 weeks before surgery and one month after.** If needed, we can prescribe Chantix to help you quit. **No nicotine patch, no Nicorette gum, no nicotine E-cig.**
2. **Good nutrition can help optimize wound healing and speed your recovery from plastic surgery.** To reduce the risk of problems, please be sure to consume a high protein diet and appropriately supplement any vitamin or dietary deficiencies that you may have.
3. **Bleeding can complicate a rhinoplasty.** If you have high blood pressure, or are on blood thinners, please make sure that this is communicated to your plastic surgeon well before the date of your surgery. We will have you see your primary care doctor to try and get this addressed as much as possible.

## TWO WEEKS BEFORE SURGERY

1. Some medications can interfere with anesthesia and cause undesirable side effects that could affect your surgery. Please read over the enclosed **“Medication and Supplement Alert List”** and let us know if you take any of them. For example, **garlic** and **ginseng** can **cause bleeding** even though they are homeopathic remedies and not true medicines. So please stop taking these, and any other non-prescription herbal medicines for two weeks before surgery. Also, **Aspirin** or **Plavix** should not be taken for 2 weeks before or for 2 days after surgery. **If you take these medicines for a pre-existing history of cardiac stents, stroke, clotting disorder, or other risk factors please let us know so we can work with your cardiologist or internist to ensure that rhinoplasty surgery can be conducted safely.** Tylenol is a good medicine to take for any aches or pains you may have prior to your surgery.
2. If you develop a cold, facial sore, or any other illness prior to surgery, please notify us.
3. If you are having surgery as an outpatient, please be sure arrangements have been made for a responsible adult to drive you to and pick you up after surgery and to stay with you for the first 24 hours.

## TWO EVENINGS BEFORE SURGERY

1. Take Colace and Arnica

## EVENING BEFORE SURGERY

1. Drink 24 oz of a clear carbohydrate beverage (Gatorade/power aid) or water
2. Eat a late dinner of your choosing
3. Have some jello and/or soup available for after surgery.
4. Get a good night’s rest.
5. Take Colace, Arnica, Zofran, Gabapentin and Celebrex.

## MORNING OF SURGERY

**Be at the Hospital at:** \_\_\_\_\_

1. Drink 12 oz of water 4 hours before scheduled surgery- *Do not drink milk, juice with pulp, cream, or sugar the morning of surgery*
2. Do not wear contact lenses, wigs, hairpins, hairpieces or jewelry. Dress in old, loose, comfortable clothes. Do not wear pullover tops or pantyhose. Remove all body piercing jewelry from all locations. Wear slip-on shoes.
3. Have someone drive you to your surgery and make certain someone will be available to take you home and stay with you for 24 hours. Put a pillow and blanket in the car for the trip home. A vehicle that allows you to recline is best.

4. When in the hospital, you will be given the following oral medicines (we will give these to you at the hospital – there is no need to obtain or take these beforehand). These are: Tylenol and Celecoxib, Celecoxib.
5. DO NOT SMOKE

## AFTER SURGERY

1. **Positioning-** After surgery, it is best to lie in a reclining chair. Alternatively, you may lie in bed with your shoulders elevated by pillows while keeping your neck straight. Avoid bending forward or turning side-to-side at the neck for the first week.
2. **Drip pad-** When you wake up from surgery please note that a pad may be placed underneath your nose to catch any drainage or oozing from the bottom of your nose. It is usually only in place for a few hours.
3. **Nasal splint on the outside of the nose-** Splints are usually placed on the outside of the nose to help protect and mold it and control swelling. Splints are either made from fiberglass, foam, or plaster and are placed from the bridge of the nose to just above the tip of the nose and extend onto the middle edges of your cheeks on both sides. Tapes called steri-strips are placed on the skin below the splint to protect the skin from getting irritated by the splint. The splint is placed whenever the bones or cartilages of the nose or septum are reshaped. You are *usually required to wear the splint for 1 to 2 weeks*.
4. **Nasal splints on the inside of the nose-** We will place splints inside the nose whenever the septum (middle support on the inside of the nose) is manipulated or repositioned or the outer bones of the nose are treated with an *osteotomy* (bones bent or fractured to reposition them). These splints may be rubber splints (*Doyle*) that are secured with a stitch at the front of the nose, or nasal packing (a thin strip of gauze that is fit snugly into the nose). The *Doyle splints or nasal packing usually remain in your nose for 2-10 days*, and may be changed. They serve to support the inner nose and can help to control bleeding from the inside of the nose.
5. **Cartilage graft harvest sites-** Often, we will need to utilize your *own cartilage* (firm tissue that is not bone) from either the *septum* (vertical support beam inside the nose), *ear*, or less frequently a *rib* to help support, pad, or build up areas of the nose. The areas from which cartilage is taken are called donor sites. If cartilage is taken from the *septum* we will place nasal splints inside the nose. If cartilage is taken from the *ear*, you will notice some bruising and stitches (which should come out in 5 days) usually on the inner bowl of the ear. If you have had a rhinoplasty in the past and septum or rib cartilage was already taken, or if your surgeon determines that more cartilage material is required for other reasons, then we will harvest *rib* cartilage. Usually, this will result in an incision with buried, absorbable stitches underneath the breast and a small drain placed in this area. We may also place a pain pump here. Once the drain is removed about 1 week later, and swelling resolves, you may feel a mild dent where the rib was taken. This area can be tender for a few weeks and we will provide you with adequate pain medicine if required.

6. **Early activity-** For the first week, please avoid any type of straining. You should get out of bed with assistance if you need to strain. Easy walking after surgery is a good thing, and while you are in bed, flex your feet and legs a couple of times every hour while you are awake. Avoid turning your head to either side, as this will pull on the stitch lines. To turn, move your head and shoulders as a unit.
7. Strenuous activities should be avoided for 2 weeks. After that, gradually increase your activities so you are back to normal by the end of the third week.
8. **Sun exposure and sunscreen-** The skin of your face is sensitive to sunlight after surgery. Protect your facial skin from excessive exposure to the sun for 8 weeks. Wear wide brim hats and sunscreen (SPF 30 or greater) if you have to be in the sun for prolonged periods. Excellent sunscreen options are offered through our various skin care lines.
9. **Pain control-** If you have pain or discomfort take the pain medication every 4 hours. It is best to take pain medication with crackers, jello, etc. If you have no pain, do not take the medication. Alcohol and pain medication should not be taken together.
10. **Diet-** A light diet is best for the day of surgery. Begin by taking liquids slowly and progress to soups or jello. You can start a regular diet the next day.
11. **Incision care-** Two days after surgery, you may start cleaning along the short stitch line on the lower tip of the nose, and any cartilage harvest donor sites (if present). You can use half strength hydrogen peroxide (dilute with water) twice a day. Apply a thin layer of polysporin ointment to these areas after cleaning. Avoid using polysporin ointment over a rib cartilage harvest incision where dermabond wound glue was used. Starting 4 days after surgery, please just use soap and water to gently clean your face. You may get your incisions soapy and wet but just pat clean and dry. *Dove* is a good choice for soap.
12. **Monitoring bruising and swelling-** You can expect some swelling of the nose, lower eyelids, and cheeks after surgery. If swelling on one side is definitely more pronounced than on the other side, or if you are having pain which is not relieved by the pain medication, please call the office. If you have new bruising that starts several days after surgery, please call the office.
13. **Nose bleeds-** If you have a nose bleed, lean forward. If you have packing in your nose, be sure that it is not falling out. If it is, gently replace it if you can. If possible, apply gentle pressure to the nose. If after fifteen minutes it does not stop, please call the office or come to the emergency room at Barnes Hospital for further evaluation.
14. **Corrective eye lenses-** Contact lenses can be worn when the eyes start feeling normal and the majority of the swelling to the eyelids has subsided. This is usually within a few days of surgery. Glasses wear until then is not recommended if you have a splint on your nose. This may make it difficult to see for a few days so be prepared for this possibility beforehand.

15. **Washing your hair-** You may wash your hair normally starting two days after surgery. Please keep your nose and splint dry. It is okay to get any donor sites (except for the septum which is on the inside of your nose) wet but be gentle.
16. Remember, **DO NOT SMOKE** until your doctor tells you it is okay. This is very important. Smoking, or any nicotine product (such as a *nicotine patch* or *Nicorette gum*) should also be avoided for one month after surgery. Smoking and other nicotine products will dramatically increase the risk of wound healing problems.

## RETURNING TO WORK

1. Working from home: Less than 1 week
2. Desk job: 10 days to 3 weeks
3. Up on your feet a lot: 2 to 3 weeks
4. Manual labor: 3 to 4 weeks

## GENERAL INFORMATION:

1. Strenuous activity/heavy lifting of objects greater than 10 lbs. should be avoided for 6 weeks.
2. All incisions will be extremely sensitive to sunlight for one year. Direct sun contact is to be avoided and use a sunscreen with SPF 30 or greater for the first 6 months and at least SPF 15 for the next 6 months. Excellent sunscreen options are offered through our various skin care lines.
3. Please take all medication carefully and as directed.
4. If you have nausea, vomiting, rash, shortness of breath, or diarrhea after taking your medications, please call the office.
5. If you develop a fever (oral temperature greater than 101), redness or increased pain at the surgical incisions, please call us immediately.

## FOLLOW-UP:

Follow-up after surgery varies based on the extent of the procedure, any pre-existing health conditions you may have, how far away you live, and in the unusual event where there is a complication. For many patients follow-up includes:

- a) Follow-up within 1 week with our Nurses to remove splints or packing inside the nose (if present), remove sutures, check wounds, and to address any minor questions or concerns). Sometimes, external nasal splints and dressings will be removed at this point. On other occasions, the splint will stay on longer and an additional visit will be scheduled to remove it.
- b) Physician follow-up at 3 weeks, 3 months and 1 year and to address any concerns is typical.