

Septorhinoplasty (Nasal Surgery)

Enhanced Recovery After Surgery (ERAS)

Your Guide to Healing

Facial Plastic Surgery



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Patient Name

Surgery Date/Time to Arrive

Surgeon

We want to thank you for choosing the University of Virginia Health System for your surgery. Your care and well-being are important to us. We are committed to providing you with the best possible care using the latest technology.

This handbook should be used as a guide to help you through your recovery and answer questions that you may have. Please give us any feedback that you think would make your experience even better.

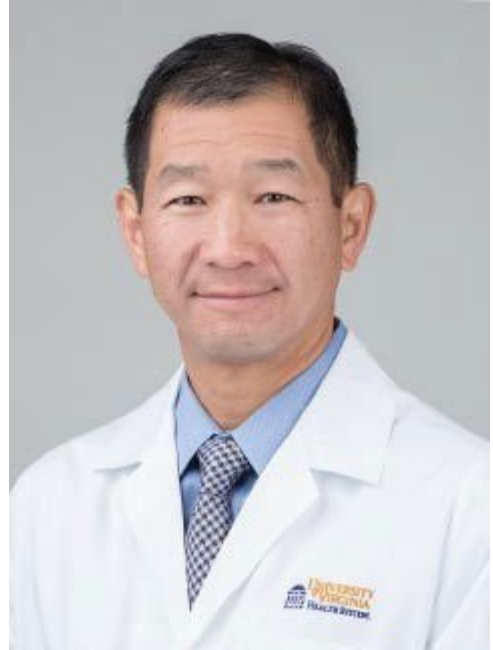
Please bring this book with you to:

- ☒ Every preoperative office visit
- ☒ Follow up office visits

Your Care Team



Samuel L. Oyer, MD, FACS



Stephen S. Park, MD

Contact Information

The UVA Outpatient Surgery Center (OPSC) address:

1204 W. Main Street

Charlottesville, VA 22903

The UVA main hospital address:

1215 Lee Street

Charlottesville, VA 22908

Contact	Phone Number
Facial and Plastic Surgery	434.924.5700
Fax (Attention Dr.Oyer or Dr. Park)	434.243.4718
Surgery Scheduling/Rescheduling	434.924.5700 Option #2 when prompted
If no call for surgery time after 4:30pm the day before surgery	434.924.5035
Preoperative Anesthesia Clinic	434.924.5035
UVA Main Hospital	434.924.0000
Lodging Arrangements	434.924.1299
Parking Assistance	434.924.1122
Interpreter Services	434.982.1794

Please use My Chart to message for general questions, non-urgent medical concerns, or paperwork related to surgery.

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Enhanced Recovery After Surgery (ERAS)

What is Enhanced Recovery?

Enhanced recovery is a way of improving the experience of patients who need major surgery. It helps patients recover sooner so life can return to normal as quickly as possible. The ERAS program focuses on making sure that patients are actively involved in their recovery.



There are four main stages:

1. Planning and preparing before surgery– giving you plenty of information so you feel ready.
2. Reducing the physical stress of the operation – allowing you to drink up to 2 hours before your surgery or arrival time.
3. A pain relief plan that focuses on giving you the right medicine you need to keep you comfortable during and after surgery.
4. Early feeding and moving around after surgery – allowing you to eat, drink and walk around as soon as you can.

It is important that you know what to expect before, during and after your surgery. Your care team will work closely with you to plan your care and treatment. You are the most important part of the care team.

It is important for you to participate in your recovery and to follow our advice. By working together, we hope to keep your hospital stay as short as possible.

Introduction to Septorhinoplasty

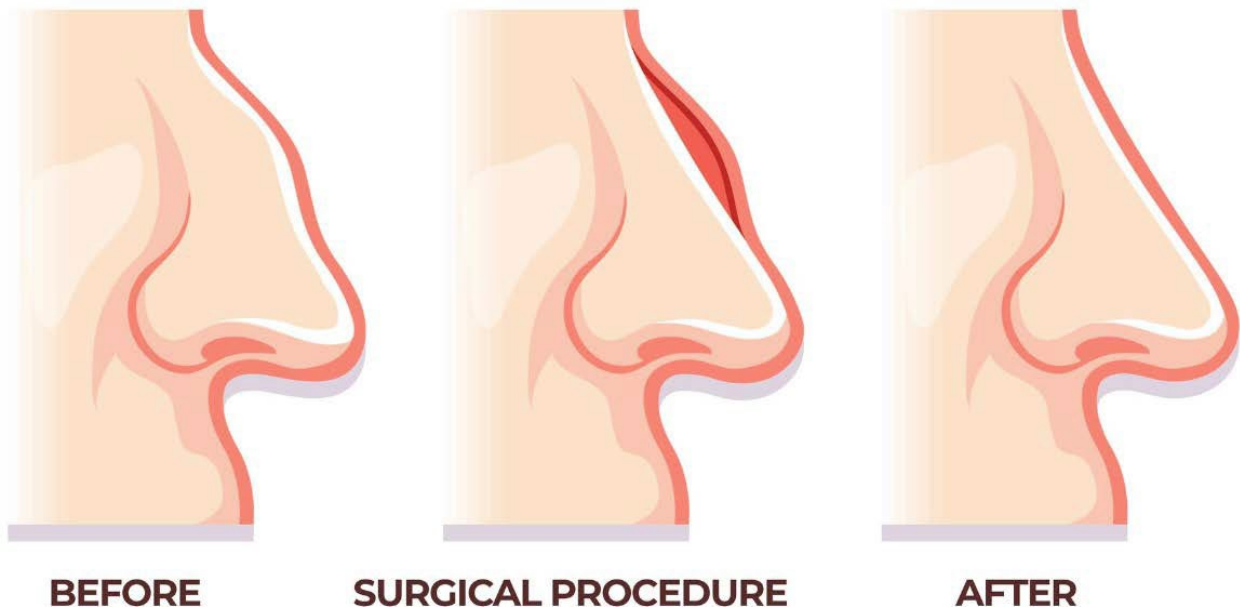
Septorhinoplasty is a surgery that helps fix problems with your nose, so you can breathe better and sometimes make it look nicer too. It's a combination of two things:

Septoplasty: This part of the surgery fixes the septum, which is the wall inside your nose that separates your two nostrils. Sometimes the septum gets crooked or bent, which can make it harder to breathe. The doctor straightens it during this part of the surgery.

Rhinoplasty: This is the part that changes the outside shape of your nose. If you don't like how your nose looks, or if it's injured, the doctor can change its shape, making it look more balanced with your face.

The surgery is done by a special doctor called an ENT (Ear, Nose, and Throat) doctor. They make small cuts, sometimes inside your nose so you don't see them, to do the work. After surgery, your nose might feel sore for a little while, but it can help you breathe easier and look the way you want!

Nasal surgery is done in the operating room under general anesthesia to optimize your comfort and surgical outcome.



Before Your Surgery

Clinic

During your clinic visit you might work with many of our team members who will help you prepare for surgery:

- The surgeons, who may have residents or medical students working with them
- Nurse Practitioner
- Physician Assistant



During your clinic visit, you may:

- ☒ Answer questions about your medical history
- ☒ Have a physical exam
- ☒ Review the operation
- ☒ Sign the surgical consent forms
- ☒ Go over pre-operative teaching
- ☒ Have blood work taken

Write any special instructions here:

Remember: If you are taking any blood thinning medications be sure to tell your care team as it may need to be stopped before surgery.

Quitting Smoking/Nicotine Products Before Surgery:

Quitting smoking and other tobacco products is always helpful. Do not use nicotine containing products for 1 month before and after surgery. Nicotine products impedes the healing process.



If you are not able to quit using nicotine products, your surgery may be postponed. Your surgery team will test for nicotine preoperatively. Please let your surgeon's nurse know if you smoke or use nicotine products.

Some Long-Term Benefits of Quitting May Include:



- Improved Survival
- Fewer and less serious side effects from surgery
- Faster recovery from treatment
- More energy
- Better quality of life
- Reduces risk of certain types of cancers

Some key things to think about before your surgery, as you begin to think about quitting:

- ☒ All UVA facilities are smoke free. You will not be allowed to smoke during your surgery stay.

Here are some tips to help you throughout your journey:

- ☒ Speak with your provider about medications that can help you with transitioning from a smoker to a nonsmoker.
- ☒ Identify your triggers and develop a plan to manage those triggers.
- ☒ Plan what you can do instead of using tobacco. Make a survival kit to help you along your quit journey.

Keys to Quitting and Staying Nicotine Free:

- ☒ Continue your quit plan after your discharge.
- ☒ Identify friends and family to support your quitting

It is Never Too Late to Quit!

You will feel like you are doing something positive for yourself and your life and you will be able to focus all your energy on getting well.

You Don't Have to Quit Alone!

Please call your Primary Care Provider to discuss Tobacco Cessation



1.800.QUITNOW



<https://smokefree.gov/>

Medications to Stop Prior to Surgery

14 Days Prior

Stop birth control pills and ALL vitamin, herb, and joint supplements, such as (but not limited to):

CoQ10	Glucosamine	Juice Plus®	Ogen	Omega 3, 6, 9
Chondroitin	Flaxseed oil	St. John's Wort	Ginkgo	Ginseng
Echinacea	Fish oil	Saw palmetto	Garlic	Multivitamins
Emcy	Kava	Valerian	Ephedra	MSM

7 Days Prior

STOP all aspirin containing products, such as:

Alka-Seltzer®	Excedrin®	BC Powder®	Goody's Powder®	Percodan®
Aspirin (81mg to 325mg)	Fasprin® (81mg)	Bufferin®	Norgesic®	Ecotrin®
Disalsid® (Salsalate)	Pepto-Bismol®	Dolobid® (Diflunisal)		

Stop all non-steroidal anti-inflammatory medications (NSAIDs), such as:

Advil® (ibuprofen)	Aleve® (naproxen)	Arthrotec® (volatren/cytotec)
Ansaid® (flubiprofen)	Anaprox® (naproxen)	Cataflam® (diclofenac)
Celebrex® (celecoxib)	Clinoril® (sulindac)	Daypro® (oxaprozin)
Feldene® (piroxicam)	Indocin® (indomethacin)	Meclomen® (meclofenamate)
Mediprin® (ibuprofen)	Mobic® (meloxicam)	Motrin® (ibuprofen)
Naprelan® (naproxen)	Naprosyn® (naproxen)	Nuprin® (ibuprofen)
Orudis® (ketoprofen)	Oruvail® (ketoprofen)	Relafen® (nabumetone)
Tolectin® (tolmetin)	Voltaren® (diclofenac)	

Remember: If you are taking any blood thinning medications be sure to tell your doctor and nurse as it may need to be stopped before surgery. IF you have heart stents and take Aspirin, check with your cardiologist about stopping prior to surgery. It is very important to follow the instructions given to you to prevent your surgery from being postponed or cancelled!

If you have any questions on the instructions you received, call your surgeon's office right away.

If uncertain, please discuss your medications with your doctor and nurse.

Preparing for Surgery

When you leave the hospital after your surgery, you will need some help from family or friends. It will be important to have help with meals, taking medications, etc.

You can do a few simple things before you come into the hospital to make things easier for you when you get home:

- ☑ Clean and put away laundry.
- ☑ Put clean sheets on the bed.
- ☑ Put the things you use often between waist and shoulder height to avoid having to bend down or stretch too much to reach them.
- ☑ Bring the things you are going to use often during the day downstairs.
- ☑ Buy the foods you like and other things you will need since shopping may be hard when you first go home.
- ☑ Cut the grass, tend to the garden and do all house work.
- ☑ Arrange for someone to get your mail and take care of pets and loved-ones, if necessary.
- ☑ Stop taking any vitamins, supplements, and herbs 2 weeks before your surgery.
- ☑ Stop taking ibuprofen (Motrin® or Advil®) and naproxen (Aleve®) 1 week before surgery.



Other Helpful Tips:

- ☑ Eat healthy food before your surgery - this helps you to recover faster.
- ☑ Get enough exercise so you are in good shape for surgery.
- ☑ Follow the orders you were given regarding blood thinners.

Pre-Surgery Checklist

What you SHOULD bring to the hospital:

- ☒ A list of your current medications. Please leave your medications at home. They will be provided for you once you are in the hospital.
- ☒ Any paperwork given to you by your surgeon
- ☒ A copy of your Advance Directive form, if you completed one
- ☒ A book or something to do while you wait
- ☒ A change of comfortable clothes for discharge
- ☒ Any toiletries that you may need

What you SHOULD NOT bring to the hospital:

- ☒ Large sums of money
- ☒ Valuables such as jewelry or non-medical electronic equipment

*Please know that any belongings you bring will go with your care partner or be locked away in “safe keeping”

For your safety, you should plan to:

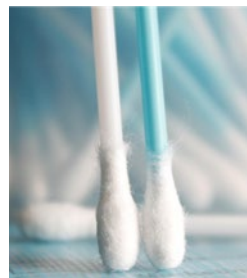
- ☒ Identify a Care Partner for your stay in the hospital.
- ☒ Have a responsible adult with you to hear your discharge instructions and drive you home. If you plan to take public transportation, a responsible adult should travel with you.



Days Before Surgery

Prior to surgery, we suggest you obtain the following items to help with your recovery:

- ☐ Nasal saline spray
- ☐ Q-tips
- ☐ Bacitracin ointment and Vaseline
- ☐ A stool softener, such as Colace. The medications used for surgery and pain management may cause constipation. You may want to start taking a stool softener (Colace) a couple of days before surgery as it can take a few days to take effect.
- ☐ 4x4 gauzes to replace gauze in nasal sling and for icing the eyes
- ☐ Sore throat lozenges, such as Cepacol, as your throat can be sore from the breathing tube used during surgery.
- ☐ If you are prone to stomach upset or diarrhea while taking antibiotics you may want to purchase a bottle of probiotics to take during the week you are on antibiotics. We recommend a probiotic that has multiple strains of bacteria in it and that is stored in a refrigerator. Many vitamin stores carry these.

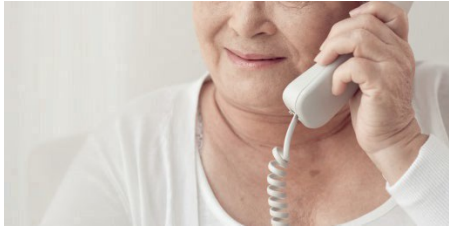


If you wear glasses, you may not be able to wear these for up to 1 month after surgery to avoid placing pressure on your nose.

You may wear contacts after surgery.

For those who require glasses, there is a commercial headband available that you may purchase online called NoseComfort® (<https://www.nosecomfort.com>). Other options may be available on amazon or other locations as well.

Scheduled Surgery Time



A nurse will call you the day before your surgery and tell you what time to arrive at the hospital for your surgery. If your surgery is on a Monday, you will be called the Friday before. Please write what time the phone call nurse tells you to arrive in the space provided at the beginning of this handbook.

If your surgery is in the Outpatient Surgery Center:

A nurse will call you approximately 2 days prior to surgery and tell you what time to arrive at the hospital for your surgery. If you do not receive a call by 4:30pm the day before your surgery, please call 434.924.5035.

If your surgery is in the Main Hospital:

A nurse will call you the day prior to surgery and tell you what time to arrive at the hospital for your surgery. If your surgery is on a Monday, you will be called the Friday before. If you do not receive a call by 4:30pm, please call 434.924.5035.

Food and Drink the night before surgery

- ☒ Do not eat anything after midnight before your surgery.
- ☒ After midnight, you may only have water and/or Gatorade (no red) until the time you are told by the phone call nurse.
- ☒ Be sure to have a 20-ounce Gatorade™ ready for the morning of surgery. Drink this on your way into the hospital in the morning of surgery and complete before the specific time instructed from the phone call nurse before surgery.



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Day of Surgery

Before you leave for the hospital

- ☑ Remove nail polish, makeup, jewelry and all piercings.
- ☑ Continue drinking water or 20 ounces of Gatorade™ on the morning of your surgery.
Do NOT drink any other liquids. If you do, we may have to cancel surgery.

Hospital arrival

- ☑ Arrive at the hospital on the morning of surgery at the time you wrote down in this handbook. This will be approximately 2 hours before surgery.
- ☑ Check in at your scheduled time.
- ☑ Your family will be given a tracking number so they can monitor your progress.

Surgery

When it is time for your surgery, you will be brought to the Surgical Admissions Suite (SAS).

In SAS, you will:

- ☑ Be identified for surgery and get an ID band for your wrist.
- ☑ Be checked in by a nurse and asked about your pain level.
- ☑ Be given an IV and be weighed by the nurse.
- ☑ Be given medicines that will help keep you comfortable during and after surgery.
- ☑ Meet the anesthesia and surgery team where your consent for surgery will be reviewed. Your family member can be with you during this time.
- ☑ Your surgeon will also see you before the surgery starts to review the plan and make sure all of your questions are answered. The surgeon may mark your nose before going in to surgery.



In the Operating Room

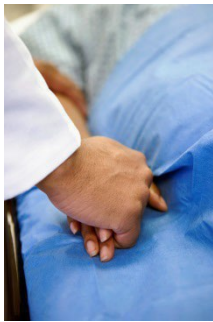
From SAS, you will then be taken to the operating room (OR) or surgery and your family will return to the waiting room.

The surgery itself will last several hours, but to you will feel like only a few minutes have passed when you wake up in the recovery room. Some patients do not recall being in the OR because of the medication we give you to relax and manage your pain.



Once you arrive in the OR:

- ☑ We will do a “check-in” to confirm your identity and the location of your surgery.
- ☑ You will lie down on the operating room bed.
- ☑ You will be hooked up to monitors.
- ☑ Boots will be placed on your legs to circulate your blood during surgery.
- ☑ We will give you antibiotics, if needed, to prevent infection.
- ☑ Then the anesthesiologist will put you to sleep with a medicine that works in 30 seconds.
- ☑ Just before starting your surgery, we will do an additional “time out” to confirm the location of your surgery.



The day of surgery you will be given prescriptions for post-operative pain medication as well as nausea medication or antibiotics as needed. These prescriptions should be picked up by your care partner from the UVA pharmacy while you are in surgery.



After Surgery

Recovery Room (PACU)

After surgery, you will be taken to the recovery room. In the recovery room you will be closely monitored to ensure your pain is well controlled, all of your vitals are stable and you are able to drink clear fluids. At this point you will be cleared for discharge home. You will be given a copy of your discharge instructions. You will need an adult friend or relative to drive you home after surgery and stay with you for the first 1-2 days after surgery.

The skin of the nose will be covered with surgical tape and often a plastic cast. Dissolvable sutures will be present inside the nose and if needed there may be some sutures on the skin between your nostrils. Sometimes flexible splints are secured inside your nose. You may have some occasional oozing of blood from the nostrils as well as some swelling and discomfort of the nose. There may also be some bruising under the eyes.

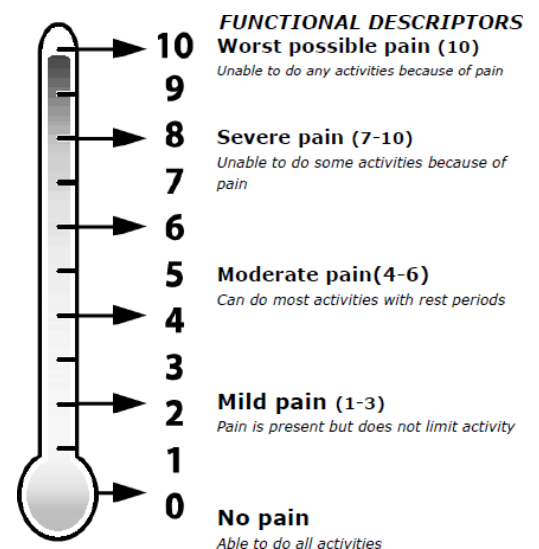
Pain control following surgery

Managing your pain is an important part of your recovery. We will ask you regularly about your level of comfort. It is important that you are able to take deep breaths, cough, and move.

Preventing and treating your pain early is easier than trying to treat pain after it starts, so we have created a specific plan to stay ahead of your pain.

- ☐ You will get medications in the preoperative area to help keep you comfortable.
- ☐ You will be discharged with medication to help with pain you may have once you are home.

This plan will decrease the amount of narcotics we give you after surgery. Narcotics can significantly slow your recovery and cause constipation.



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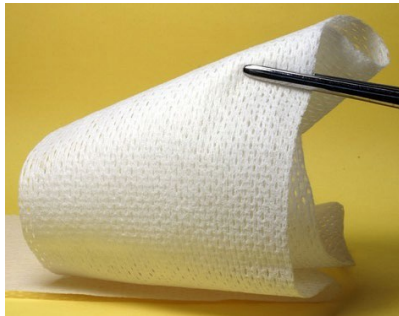
After Discharge

What to expect:

For the first few days, your nose will be stuffy, tender & painful, and with some bloody drainage. This is normal. Take your pain medicines as needed.

There are likely nasal septal splints that will be removed at your post-op visit. Do not pull on them. You will feel much better and breathe better after your first clinic visit following surgery.

If you have a bolster in the ear, this should remain dry until your follow-up appointment. You can hold a cup over your ear to protect it from splashing while rinsing your hair. You may also consider calling a hair salon to ask about hair washing appointments, if keeping your nose and/or ear dry seems too challenging at home.



Some bloody discharge is expected after surgery. During the first 24 hours after surgery, you may need to change the nasal absorbent dressing 10-20 times. This is typical. The nurses at the surgery center will instruct you on how to change these absorbent dressings and this can be easily accomplished at home. Some oozing is expected.

Bruising and swelling of the nose, cheeks, and eyelids can be expected following surgery, and you will likely have a dressing or cast over the outside of your nose until your first post-op visit. It's important not to get this dressing wet.

Do not be alarmed if your nose looks wider or the tip more lifted right after surgery. The swelling will go down over the first few weeks to months and full healing is usually complete by 1 year after surgery.

Numbness in the tip of the nose, upper front teeth, or roof of the mouth following surgery is to be expected. This will take several weeks to months to resolve.

Some decrease in the sense of smell and alterations of taste is typical after surgery as the nerve fibers that are responsible for your sense of smell are present high in the nose and the nasal congestion blocks the flow of air to this area. This will improve within the first one to two weeks following surgery.

Your nose will feel less stiff once the cast is off and the splints are out if they are used.

After a general anesthetic it is not unusual to experience nausea, sore throat, thirst, sleepiness and memory lapses.

When to Call

Complications do not happen very often, but it is important for you to know what to look for if you start to feel bad.

After you leave the hospital, you should call us at any time if:

- ☑ You have a fever greater than 101 ° F
- ☑ Your nose or other surgical site becomes red with worsened swelling or pain
- ☑ You experience persistent bleeding or uncontrolled pain
- ☑ You have an injury to the operative site



Contact Numbers

For questions or issues during business hours (Monday-Friday 8AM-5PM) please call 434-924-5700. Please keep in mind that calls are triaged by our clinic staff and returned as soon as possible, but it can take up to two business days in some circumstances. It is helpful if you provide as much information regarding the reason for your call to the team member taking the message. This will help us to triage and return your call faster.

If difficulties, you may also try (434) 982-0251.

For urgent questions or concerns after hours, on weekends, or holidays please call the paging operator at 434-924-0000 and ask to have ENT Resident On-Call for Dr Oyer or Dr. Park paged.

If you have a true medical emergency, call 911 or go to your nearest emergency department.

Bowel Function

After your operation, you may want to use a stool softener, such as Colace, as pain medications can cause constipation. You may want to start taking this medication a couple of days before surgery as it can take a few days to take effect. If you do not have a bowel movement for more than three or four days you may consider using other bowel stimulants such as milk of magnesia, calcium citrate, or liquid glycerin laxative. You want to prevent straining due to constipation which could impair your healing. Stool softeners can be purchased from the pharmacy if needed.

Medications:

- Antibiotics are often prescribed to help prevent infection. If antibiotics are prescribed, please take them until they are finished according to the instructions on the bottle.
- Your pain can be controlled with Tylenol. Be sure to not take more than 4,000 mg per day.
- You may also take Ibuprofen 400mg over the counter (OTC) to help with inflammatory pain and alternate Tylenol with Ibuprofen every 6 hours. For example, take Tylenol at 9 AM, Ibuprofen at 12:00 PM, Tylenol at 3:00PM, Ibuprofen at 6:00 PM etc.
- You have been given a prescription for moderate to severe pain. Take the prescribed pain medication as instructed on the bottle.
- You may not drive while taking narcotic pain medication.
- Anti-nausea medication may also be prescribed to use as needed for post-op nausea.



Wound Care

Post-op swelling and bruising can be decreased by placing ice-soaked gauze pads over your eyes and cheeks. Ice packs made from 4 x 4 gauze pads soaked in a bowl of ice can be applied to the forehead, eyes, and cheeks to decrease swelling and discomfort. Apply for 20 minutes and then take a 40 minute break before applying fresh ice-soaked gauze. Repeat as needed. Do not lay them on the nasal area. This is not necessary to do overnight. Light weight ice packs can be applied over the eyes and cheeks as well but should not be placed directly on the nose.

Saline nasal mist spray, can be purchased over the counter and should be sprayed into each nostril 4-5 times per day to minimize nasal congestion and crusting. This helps rinse out any blood or clots and keeps your nose clean.

After using the saline spray, gently clean the incisions inside each nostril and on the skin with a Q-tip moistened in saline. This helps keep the incisions free of blood crusts to limit scarring.

Apply bacitracin ointment (or Vaseline) to the incisions inside each nostril and on any sutures present on the skin of your nose 4-5 times per day after cleaning with saline. This is best done with the end of a Cotton-tipped applicator (Q-tip). There are sutures in your nose and should not be picked at to minimize crusting or scabbing.

Apply bacitracin to the incisions under your nose 3 times per day for the first week. After one week, you will transition to Vaseline.

Diet

Advance your diet from liquids to a regular diet as you can tolerate. Some people experience nausea after anesthesia. This should resolve on its own.



Activities

Typically, you may shower 24 hours after surgery but avoid getting the nasal dressing or cast wet as this could cause the dressing to fall off. Gently wash your face with soap and water around the nose and rinse your hair facing away from the shower to keep the nose dry. You may bathe or shower but should keep the nasal cast and dressing dry. This can be done with a detachable shower wand or a special face shield that keeps water off your nose. You can purchase face shields at many places, but we recommend the face shield sold online at www.nosecomfort.com



Please elevate your head on several pillows following surgery to reduce swelling and sleep with your head elevated for at least 2 weeks after surgery to aide in draining the swelling in your face and to prevent blood from running down your throat at night. Swallowing blood can make you nauseated.

Be as active as your health allows, however, exercise is prohibited for at least two weeks following surgery because of the possibility of nasal bleeding.

Avoid lifting more than 10 pounds, bending at the waist, or straining for the first 1-2 weeks following surgery according to your surgeon's instructions. This limits the risk of nasal bleeding or excessive swelling.

Keep the nose protected from sunlight for at least 1 month following surgery by wearing a hat or applying sunscreen of at least SPF 30 to the nose once incisions have healed.

Do not blow your nose for 1 month following surgery and avoid any activities that could traumatize your nose for 4-6 weeks following surgery.

Do not let glasses rest directly on the nose for the first 3-4 weeks following surgery, this also limits the risk of trauma to your nose.

Open your mouth and keep it open when you feel the urge to sneeze.

Airline travel is prohibited the week after surgery to avoid sinus blockage.

Driving

You must be off narcotics and pain-free enough to react quickly with your braking foot.



We pride ourselves in providing each of our patients with our absolute best. It is a pleasure to care for you and your family in your time of need. If you have any suggestions about how to improve your care or the care of others, please let us know.

Write any questions you have here:
