

How long will I be off work?

You can expect to go home the day after your operation. Sometimes it is possible to go home the same day.

You should rest at home for at least a week. Most people need one to two weeks off work, especially if their work involves heavy lifting or strenuous activity.

You should not play sports where there is a risk of your nose being knocked for six weeks. Ask your nurse if you need a sick note for your time in hospital.

Possible complications

Sometimes your nose can bleed after the operation, and we may have to put packs into your nose to stop it. This can happen within the first 6 – 8 hours after surgery or up to 5 – 10 days after surgery. Very occasionally patients need to have another operation to stop the bleeding.

Infection in your nose is rare after this operation but if it happens it can be serious, so you should see a doctor if your nose is getting more and more blocked and sore.

Rarely, the operation may leave a hole in your septum inside the nose going from one side of your nose to the other. This can cause a whistling noise when you breathe, crusting with blockage or nosebleeds. Most of the time it causes no problems at all and needs no treatment. If necessary, further surgery can be carried out to repair a hole in the septum.

Very rarely, you can have some numbness of your teeth, which usually settles with time.

About five to ten out of one hundred patients need further operations in the future to further adjust the shape of the nose.

Is there any alternative treatment?

There are no pills or tablets that can be used to change the shape of the nose. Very rarely an injectable skin filler might be helpful for small refinements in the shape of the nose.

In some cases a patient's wish for rhinoplasty may be related to a disorder of body image (body dysmorphic disorder). These patients should not have surgery and should be offered a referral to a psychiatrist.

If you have any problems or questions, please contact:

Please insert local department routine and emergency contact details here

If you would like to know more, visit our website at www.entuk.org

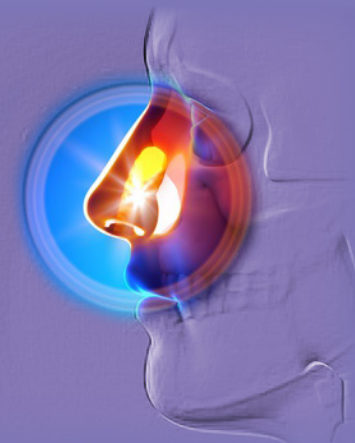
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Disclaimer: This publication is designed for the information of patients. Whilst every effort has been made to ensure accuracy, the information contained may not be comprehensive and patients should not act upon it without seeking professional advice.

This leaflet has been authored by Julian Rowe-Jones. ENT UK would like to thank the authors and reviewers for their contributions.

ABOUT RHINOPLASTY

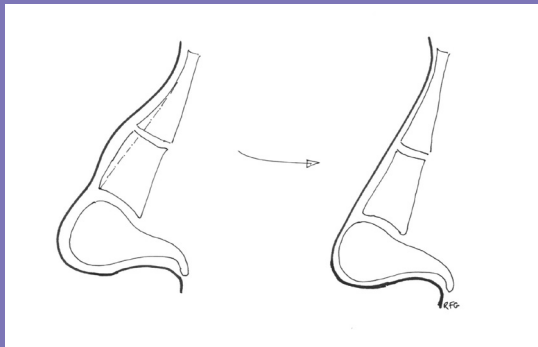
ENT UK is the professional Association for British Ear, Nose and Throat Surgeons and related professionals. This leaflet provides some background information about rhinoplasty. It may be helpful in the discussions you have with your GP or specialist when deciding on possible treatment. This information leaflet is to support and not to substitute the discussion between you and your doctor. Before you give your consent to the treatment, you should raise any concerns with your GP or specialist.



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What gives the nose its shape?

The shape of the nose on the outside is due to the shape of bone and cartilage and the overlying skin. The top of the nose is made of bone shaped like a roof, which is hard. The middle and tip of the nose are made of cartilage, which is softer. The skin varies in thickness from person to person, and this also affects the shape.



What is Rhinoplasty?

Rhinoplasty is an operation to change the shape of the nose. The type of rhinoplasty depends on which particular area of the nose needs correction.

- The nose can be straightened, made smaller or bigger, and bumps may be removed.
- The shape of the tip of the nose can be changed.
- Pieces of cartilage or bone may be removed from or added to the nose to change its shape.

Sometimes the wall that separates the nose into right and left (nasal septum) is twisted. We may need to correct it at the same time. The combined operation is called septorhinoplasty. (see leaflet on septal surgery).

How successful is the operation?

Everybody's nose and face is different, so it may not be possible to make your nose look exactly like your perfect nose.

The thickness of the skin is important in how much better the nose will look after rhinoplasty and in what can be done. If the skin is thin, it makes bumps or hollows in the nose difficult to hide.

If it is thick not all changes that can be made on the inside will show up on the outside.

Your surgeon will aim to produce a nose that looks natural. However, your surgeon may not be able to say exactly how your nose will look after your operation. It is important that you discuss your expectations with your surgeon.

Ninety to ninety-five out of one hundred patients are happy with the results of their operation but some people request more surgery.

You may change your mind about the operation at any time, and signing a consent form does not mean that you have to have the operation.

If you would like to have a second opinion about the treatment, you can ask your specialist. He or she will not mind arranging this for you. You may wish to ask your own GP to arrange a second opinion with another specialist.

How is the operation done?

Photographs will be taken to allow a record to be kept in your notes of how your nose looked before surgery, and to allow the surgeon to plan your operation.

Rhinoplasty and septorhinoplasty are usually performed with you asleep. Cuts are made inside your nose. Occasionally a small cut on the skin between the nostrils or at the base of the nostrils may be necessary. The skin of your nose is gently lifted off the bone and cartilage underneath. A hairline fracture may be made in the nasal bones to allow the surgeon to change the shape of the nose. Pieces of bone and cartilage can be removed from or added to the nose to smooth out any bumps or dips.

After the operation packs and splints

We may need to put a dressing in each side of your nose to keep things in place and prevent bleeding. The dressings are called 'packs', and they will block your nose up so that you have to breathe through your mouth.

We may take them out the morning after your operation. You may get a little bit of bleeding when the packs come out – this will settle quickly.

Sometimes we put small pieces of plastic in your nose to prevent scar tissue from forming. These are called 'splints' and we will take them out after a week.

You will have a temporary splint on the outside of the nose for a week. This should be kept dry.

Does it hurt?

Not really, but sometimes the front of your nose can be a bit tender for a few weeks.

What happens after the operation?

- Do not blow your nose for about a week, or it might start bleeding.
- If you are going to sneeze, sneeze with your mouth open to protect your nose.
- You may get some blood-coloured watery fluid from your nose for the first two weeks or so – this is normal.
- Your nose will be blocked both sides like a heavy cold for 10-14 days after the operation.
- We may give you some drops or spray to help this.
- It may take up to three months for your nose to settle down and for your breathing to be clear again.
- Try to stay away from dusty or smoky places.
- There will be some stitches inside your nose – these will dissolve and fall out by themselves.
- You may have some bruising and swelling around your nose and eyes for one to two weeks.
- Sleeping upright with extra pillows for a few days helps.
- Following rhinoplasty or septorhinoplasty, the skin of the nose is very sensitive to the sun. It is important to wear strong sunscreen and a hat for at least six months.
- The nose may feel a little stiff and numb for up to three months, particularly around the tip. Fine swelling may take up to a year to settle at which time the final results of surgery may be judged.