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Post Operative Rhinoplasty Instructions

1. Do not blow nose until instructed. Wipe or dab nose gently with tissue, if necessary.
2. Change dressing under nose (if present) as needed.
3. Do Not disturb the nasal cast. Keep it dry. It will remain in place for approximately 1 week and will be removed in the office.
4. Avoid foods that require prolonged chewing. Otherwise, your diet has no restrictions.
5. Avoid extreme physical activity. Obtain more rest than you usually get and avoid exertion, including athletic activities and intercourse.
6. Brush teeth gently with a soft toothbrush only. Avoid manipulation of upper lip to keep nose at rest.
7. Avoid excess or prolonged telephone conversations and social activities for at least 10-14 days.
8. Wash your face carefully to avoid the dressing. Take tub baths until the dressings are removed.
9. Avoid smiling, grinning, and excess facial movements for 1 week.
10. Do not wash hair for 1 week unless you have someone to do it for you. Do not get nasal dressings wet.
11. Wear clothing that fastens in front or in back for 1 week. Avoid slipover sweaters, t-shirts, and turtlenecks.
12. Avoid the sun and sunlamps for 6 weeks after surgery. Heat may cause the nose to swell.
13. Do not swim for 1 month, since injuries are common during swimming.
14. Do not be concerned if, after removal of dressing, the nose, eyes, and upper lip show some swelling and discoloration- this usually clears in 2-3 weeks. In certain patients it may require 6 months for all swelling to completely subside.
15. Take only medications prescribed by your doctor(s).
16. Do not wear regular glasses or sunglasses that rest on the bridge of the nose for at least 4 weeks. You will be instructed in the method of taping the glasses to your forehead to avoid pressure on the nose.
17. Wait 2-3 days before wearing contact lenses.
18. Cleanse the skin of the nose with a mild soap or Vaseline intensive care lotion after the doctor removes your nasal cast. Be gentle. Makeup may be used as soon as bandages are removed to cover discoloration.
19. Do not take chances. If you are concerned about anything you consider significant, call your doctor.

Patient Signature: _____ Date: _____

Physician Signature: _____

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