

Rhinoplasty/Septorhinoplasty

Introduction

The following booklet aims to give you an idea of what will happen to you and how long you can expect to stay in hospital.

What is Rhinoplasty/Septorhinoplasty?

Rhinoplasty is an operation to change the shape of the nose.

Septorhinoplasty also includes surgery to straighten the cartilage and/or bone inside the nose (septum) which divides the nostrils, to improve nasal breathing and/or shape.

Why do I need an operation?

This operation may be performed to improve the nasal airway or the shape of the nose.

What about the anaesthetic?

A general anaesthetic is medication given by injection into a vein in the back of your hand or arm to put you off to sleep for your operation. The anaesthetic is one of the main concerns for all patients, stemming from the fact that many feel they are handing over control of their life to another person. This worry is understandable, but modern anaesthetics are very safe and serious complications are uncommon.

The risks of a general anaesthetic

General anaesthetics have some risks, which may be increased if you have chronic medical conditions, but in general they are as follows:

- **Common temporary side effects** (risks of 1 in 10 to 1 in 100) include bruising or pain in the area of injections, blurred vision and sickness, these can usually be treated and pass off quickly.
- **Infrequent complications** (risk of 1 in 100 to 1 in 10,000) include temporary breathing difficulties, muscle pains, headaches, damage to teeth, lip or tongue, sore throat and temporary problems with speaking.
- **Extremely rare and serious complications** (risk of less than 1 in 10,000). These include severe allergic reactions and death, brain damage, kidney and liver failure, lung damage, permanent nerve or blood vessel damage, eye damage, and damage to the voice box. These are very rare and may depend on whether you have other serious medical conditions.

What happens before the operation?

Prior to your admission you will be asked to attend a pre-admission or pre-assessment clinic. You will see a nurse and/or a doctor. The nurse will check your details, any previous medical history and explain what will happen during your hospital stay. Any investigations such as blood tests, heart tracings, x-rays and medical photographs will be performed during this visit. A medical examination will be performed. If you do not have a pre-op assessment, this will take place on the day of admission. Alternatively you may have a telephone assessment.

It is important to have an empty stomach before we can proceed with general and some local anaesthetics. You will be asked to stop eating food (including sweets and chewing gum) six hours before your operation. Please drink non-fizzy water, plain squash, black tea or coffee (no milk) until two hours before your surgery.

If you have not signed a consent form prior to admission this will be done on the day you come into hospital. The surgeon or ward doctor will come and talk to you and ensure that you are happy to proceed with your operation.

The anaesthetist who will putting you off to sleep will come and see you, ensure your fitness for the general anaesthetic and explain what he is going to do.

You should have a bath or shower before coming in to hospital. Before going for your operation you will need to remove any make-up, jewellery, (except wedding rings which will be taped) contact lenses and false teeth.

You will wear only a theatre gown for your operation. However you may keep your underpants on if they are made of cotton.

A check list will be completed by the nurse before you leave the ward. A nurse will accompany you to the anaesthetic room. Most people walk to theatre, if you are unable to do so, we will take you on a wheelchair or trolley. You may wear a dressing gown and slippers to the anaesthetic room, the nurse will return these to your bed for you.

If you wear glasses or a hearing aid, you may wear them to the anaesthetic room so that you can see or hear what is happening before you go to sleep.

NB. It should be noted that, apart from your bedside locker, the Hospital's facilities for storing personal belongings and valuables are very limited and we cannot accept responsibility for anything lost or stolen whilst you are a patient.

What happens during the operation?

The operation is carried out under a general anaesthetic and can take up to one and a half hours. A variety of techniques can be used. Usually, a cut is made just inside the nostrils and the skin is separated from the underlying cartilages and bones. The surgeon is then able to operate on the cartilages and bones to change the shape of the nose and/or septum. This may also involve cutting away some cartilage from inside the nose. Small cuts may also be made on either side of the bridge of the nose to aid breaking and resetting the nasal bones. If cuts are made these are barely visible. Some surgeons may also make a cut under the tip of the nose where it joins the nostrils above the lip to assist more complex procedures.

For the septal part of the operation bone and cartilage may be removed or straightened. For the rhinoplasty part the nasal bones are separated from overlying skin and deeper cartilage attachments. They are typically rasped (filed) and/or subjected to controlled fracture and repositioning. It is this fracturing and repositioning that can cause significant visible bruising.

The surgeon may put a dressing in each nostril to help prevent bleeding. These dressings are known as 'packs' and will block your nose so that you will have to breathe through your mouth. The packs will either be removed later that day or early the following morning.

Removing the packs can be uncomfortable and you may bleed a little but this usually settles quickly.

You may also have a plaster cast or splint over the bony part of the nose to protect and hold the bones in a stable position. This must remain on your nose until it is removed in the clinic 7-10 days after your operation.

Any stitches used will be dissolvable unless your surgeon explains otherwise.

Does it hurt after the operation and will I be bruised?

You may have swelling and bruising around or under the eyes and the nose can feel uncomfortable. Sitting upright in bed will help reduce the swelling. You may also experience headaches but painkillers should help this. It is also quite normal to get some blood-coloured watery fluid or mucus from your nose for the first couple of weeks or so.

When can I go home?

If there are no nasal packs in situ, you will be able to go home later the same day when you have recovered from the anaesthetic. If you have nasal packs in situ you may be discharged home later that day when they have been removed. If the nasal packs need to remain over night you will be discharged home the following morning. Painkillers will be given to you to take at home

Time off work

You will need to take 2 or 3 weeks off work. We can issue you a sick certificate for the first 2 weeks of your convalescence, any additional certification will need to be by your GP.

It would be best to avoid playing sports for 2 months. If, however, you are keen on contact sports e.g. rugby, boxing, martial arts etc. and are going to continue, it is probably best **not** to have the operation. You should discuss this with your surgeon.

What problems can occur after the operation?

- Bleeding post-operatively can be a complication after nasal surgery, but rarely will result in an admission to hospital. However, on rare occasions you may need to be admitted and have dressings (packs) put into your nose.
- Occasionally (although rare) the nose may become infected causing either increased pain or swelling of the inside of the nose, with a yellow/green discharge. If this happens, contact the ward for advice or see your GP for treatment.

- A perforation (hole) in the nasal septum (cartilage between the nostrils) can occur but this is rare. It can, however, cause a whistling noise when breathing through the nose.
- Very rarely patients may experience numbness in teeth, which usually settles with time.
- Any external scars should be minimal and fade with time. There is a small risk of excessive scarring (keloid) in patients prone to this.
- Deep vein thrombosis (blood clot in the leg) is a possible problem but is uncommon. If you are at particular risk then special precautions will be taken to reduce the risk. Moving your legs and feet as soon as you can after the operation and walking about early all help to stop thrombosis occurring.

Are there any alternatives to surgery?

- There are no alternatives for correcting bony nasal deformity except surgery or just to continue as you are.
- Nasal blockage caused by a bent nasal septum will not usually do any harm but may be inconvenient. Only you can decide if it is causing you sufficient trouble to want an operation. Nose sprays or drops can help some people with nasal obstruction.

Benefits

- To correct the cosmetic appearance of the nose.
- To improve nasal breathing.

Post-op home advice

- Try to avoid hot food and drinks as these can increase the risk of bleeding.
- Do not blow your nose for 48 hours and if able try to sneeze with your mouth open to prevent a nose bleed.

- If it does bleed, do **not** pinch your nose, but hold tissues at your nostrils for 10 minutes whilst sitting upright with your head tilted forward. It may help (if you are able) to suck ice.
- If you are unable to stop a nose bleed, please attend your nearest hospital casualty department.
- You are advised not to fly for 2 weeks after surgery to prevent nose bleeds.
- Your nose will be stuffy and blocked for a few weeks and during this time try and stay away from dusty or smoky places. We may give you some nasal drops or sprays to help reduce this congestion.
- Bruising and swelling around your eyes will soon fade.

We will see you in 7-10 days after your operation to remove your nasal cast/splint if one was put on. If you have any stitches under your nose, these will also be removed.

If you did not have a cast, you may not need to be seen again routinely, but if you have any concerns you can contact Otter Ward on **01392 402807** for advice or contact your own GP.

This information can be offered in other formats on request, including a language other than English and Braille.

RD&E (Eastern Services) main switchboard: 01392 411611 NDDH (Northern Services) main switchboard: 01271 322577

For Royal Devon services log on to: <https://royaldevon.nhs.uk>

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