

Rhinoplasty aftercare

- Rhinoplasty is not usually particularly painful, and any aching usually responds to simple painkillers. Please take paracetamol and ibuprofen regularly, and a stronger painkiller (codeine or dihydrocodeine) only when these are not sufficient. Some patients noticed pain in the roof of their mouth or their front teeth – this is normal.
- Please use your prescribed nasal medications regularly for the first two weeks, according to the instructions printed on the medication. We recommend administering the topical medications in this order, three times a day:
 1. **Decongestant spray** (Otrivine or similar) – this relieves nasal congestion and is particularly helpful in the first week. It also helps with minor nosebleeds. After administering two sprays in each nostril, breathe through the nose gently for a minute before moving on to the saline spray. If you run out of this medication, you can purchase identical products as Otrivine or Sudafed sprays from supermarkets and pharmacies.
 2. **Saline spray** (Sterimar) – use this after the decongestant to moisturise and cleanse the nasal lining. You can use also use it at other times, as frequently as needed. It can be purchased from supermarkets and pharmacies if you run out.
 3. **Antibiotic ointment** (usually chloramphenicol) – finally, apply a small amount of ointment, directly from the tube into each nostril, and a further smear across the incision between the nostrils.
- A small amount of bleeding is *normal* after rhinoplasty, and tends to persist for a week or so. You may need to gently dab under your nose or wear a dressing under the nose for a few days. Avoid activities that may trigger bleeding, such as exercise, lifting, hot drinks or showers, for the first two weeks. Use cold/ice packs on the forehead if you have any oozing. If you have a persistent nosebleed for more than 30 minutes, get in touch with the hospital or call an ambulance. It is *uncommon* for there to be significant bleeding.
- You will be quite swollen and congested, with visible bruising under the eyes in some cases. You may find it comfortable to sleep more upright than normal for the first two weeks, and to use a cold compress on the forehead.
- You will have a rigid plastic splint on the outside of the nose, which will be removed around a week after your surgery. Any stitches we use are dissolvable, so it is unlikely you will need to have any removed. Your nose will be significantly swollen when the cast is removed, so don't worry about its appearance. I do not generally use any packing or splints inside the nose.

- You can eat and drink normally after nasal surgery; there is no need to follow a special diet. Please however avoid very hot drinks/soup for the first week.
- It is completely normal and expected for your nose to feel “strange”, numb, or stiff after the operation. This will gradually improve over the weeks and months.
- Continue with a gentle skincare regime and perform gentle massage to lessen swelling once the splint has been removed. Ensure that you wear high-factor (SPF50) sun cream on your face for three months after surgery.
- Your face will become less swollen over the first two weeks, but the nose itself will remain swollen for significantly longer, especially at the tip. This is normal – because of the swelling, it will be months before the overall result and refinement can be assessed. After a few weeks, the nose can start to look “bottom-heavy”, because the swelling resolves more quickly in the upper part of the nose compared to the tip.
- It is normal to feel a little anxious about the final result of the surgery, but keep in mind that the healing process is very long, and we cannot judge the nose’s final appearance until about a year after the procedure. Try not to spend time scrutinising the appearance of the nose for minor issues.
- If you have any questions, please do not hesitate to get in touch with the hospital, me or my team.

Frequently asked questions

Can I wear glasses after rhinoplasty?

You will not be able to wear your glasses while the dressing is in place (one week). After the dressing is removed, you should ideally avoid wearing glasses for around one month. If you are able to wear contact lenses, use these during the early healing period. After this point, glasses can be worn as long as you are comfortable. They may leave a small indentation in the skin if there is still some swelling present; this is reversible.

Some patients like to use a small strip of Micropore tape across the upper part of the bridge for the glasses to sit on, for a period of time: <https://amzn.eu/d/c2bMo1S>

When can I touch my nose?

The nose is tender after surgery, and you should be careful to be gentle especially during the early healing process. However, you do not need to feel overwhelmed about touching the nose lightly or brushing against it. The nose is not so fragile that light touch can affect the surgical outcome.

When can I travel by air after surgery?

Travelling by air is not felt to be a significant risk in itself. However, you need to consider the reasons for making the trip and what you anticipate doing at your destination (in terms of activity levels and sun exposure).

If you live outside the mainland UK and need to travel home to rest and recover, this can normally be arranged once the dressing is removed after a week, as long as you are well. You can consider travelling for work or leisure after two weeks, but delay any more active holidays for around four to six weeks.

When can I resume exercise or sport?

You can resume gentle exercise after two weeks following surgery. It is important to start at low intensity levels and be mindful of any pain or discomfort in the nose. You can gradually reintroduce higher-impact activity including weightlifting after four weeks provided that you are comfortable. If you participate in contact sports such as football or rugby, please delay these for at least six weeks.

Should I be taping my nose after the dressing is removed?

Some surgeons mandate that patients perform complex taping regimes after rhinoplasty surgery, and so you may encounter references to taping online. Whilst there is nothing wrong with taping your nose after surgery, it is not important or mandatory, as all it does is compress the swelling temporarily. It does not affect the longer-term trajectory of healing.

Do I need to perform massages?

You may find it helpful to massage the nose gently after two weeks. Using a simple moisturising cream, gently massage the bridge and side walls of the nose with two fingers on each side simultaneously, in an up-and-down motion.

How is it best to sleep after rhinoplasty?

You may have read that patients are asked to sleep upright on their back for extended periods after surgery. This is not critical for the outcome of your surgery, and it is more important that you sleep well and comfortably. In the first two weeks after surgery, you may find it more comfortable to sleep more propped up on pillows than you would usually. You do not have to sleep strictly on your back, but side-sleepers may find it more comfortable to do so during the early healing period. A travel pillow to support the neck can be helpful with this.

Should I have steroid injections after surgery?

Steroid injections are popular or even routine in some regions after rhinoplasty surgery. However they are not required for normal healing, and are not generally recommended. Swelling slowly reduces over the months following rhinoplasty, and it is usually better to be patient. Steroid injections introduce risks of irregular skin thinning/atrophy and skin depigmentation.

I can see some irregular areas on my nose; what should I do?

It is *normal* to find small areas of concern or irregularity during the healing process in all patients who have undergone rhinoplasty. We naturally scrutinise our noses more carefully after surgery because we are anxious about how the final outcome will look. However, in most cases, these irregularities come and go, and areas that caused concern in the early stages of healing tend to be less of an issue in the long term.

For the first year after surgery, the nose is left alone to heal, and so it is not generally worthwhile to worry about the exact appearance during this process. The healing process is different for everyone, and does not always follow an obvious linear trajectory. We do not intervene in the healing process in any way during this period.

Common issues encountered include mild asymmetry in the shape or contour of different parts of the nose, the appearance of a “bulge” or “mini-hump” around the upper part of the bridge due to callus formation, and heaviness or bulkiness in the lower bridge and nasal tip. In most cases, these issues have improved once a year of healing is complete. Nevertheless, please do get in touch if you have any questions about your result.