Rhinoplasty

POSTOPERATIVE INSTRUCTIONS

Recovery from rhinoplasty is a partnership. The care you give yourself in the coming weeks directly affects your result.

Read this entire document now — not when a question comes up. Your caregiver should read it too.

Call or text us at 775-525-1712 any time you are unsure. You may also text photos of your nose or incisions.

1. WHAT TO EXPECT — NORMAL AFTER SURGERY

The following are normal — do not panic:

- Significant swelling and bruising around the eyes and cheeks — peaks days 2–3, then gradually improves
- Blood-tinged nasal drainage for the first 24–48 hours — change your drip pad as needed
- Nasal congestion and difficulty breathing through the nose — expected and temporary; may last several weeks
- Tip numbness — very common, resolves over weeks to months
- Asymmetric swelling — one side may look more swollen than the other; this is normal
- Tip will appear slightly upturned and overprojected after cast removal — it drops and refines over months
- Dry lips from mouth breathing — use Chapstick or Vaseline as needed
- Emotional letdown, regret, or mood swings in the first 1–2 weeks — extremely common, passes with healing
- Reduced sense of smell and taste for several weeks — temporary, resolves as swelling improves

⚠ CALL US IMMEDIATELY — or go to the ER after hours — if you experience:

⚠ Heavy or persistent bright-red bleeding — saturating a drip pad every 5–10 minutes

⚠ Fever above 101°F

⚠ Signs of infection: spreading redness, warmth, pus, or worsening pain at incision sites

⚠ Severe pain not controlled by your prescribed medication

⚠ Shortness of breath, chest pain, or leg swelling with pain (possible blood clot — call 911)

You may also text photos to 775-525-1712 if you have a question about how something looks.

2. DAY-BY-DAY RECOVERY GUIDE

DAY OF SURGERY

- Rest completely — have your caregiver with you at all times
- Keep head and upper body elevated at 45 degrees — use 3–4 pillows, a wedge pillow, or a recliner. Do NOT lie flat.
- Apply ice packs or cold compresses to eyes, cheeks, and forehead — NOT directly on nose or cast — 10 min on, 20 min off
- Change your drip pad under your nose as needed — expect blood-tinged drainage for the first 24–48 hours
- Begin soft foods when ready — soups, smoothies, yogurt, applesauce. Avoid foods requiring excessive chewing.
- Do NOT get your nasal cast wet — protect it carefully when washing your face or hair
- Start stool softener (Colace/MiraLAX) tonight — narcotic pain medication causes constipation
- Take all prescribed medications as directed; always eat something before taking pain medication

DAYS 1–2

- Get up and walk slowly around the house every 1–2 hours while awake — helps prevent blood clots
- Continue head elevation at 45 degrees when resting and sleeping
- Continue icing eyes, cheeks, and forehead through 72 hours — NOT on nose or cast
- You may shower starting day #2 — lukewarm water only; do NOT get the cast wet
- Let water run over your hair and face carefully — tip your head back to keep the cast dry
  - Begin nasal saline spray the morning after surgery — 2 sprays each nostril every 1–2 hours while awake
  - No hot tub, pool, or bath — no submerging the nose for at least 4–6 weeks
- Begin cleaning external sutures twice daily with Q-tip dipped in 50/50 hydrogen peroxide and water; apply antibiotic ointment after
- Continue antibiotics and stool softener as prescribed

DAYS 2–7

- Continue incision cleaning twice daily — hydrogen peroxide 50/50, then antibiotic ointment
  - Continue nasal saline spray every 1–2 hours while awake — keeping the passages moist reduces crusting and discomfort
  - Keep nasal cast completely dry — protect while showering; let water drip from forehead only
- Do NOT blow your nose for 2 weeks — if you must sneeze, sneeze with your mouth open
- Switch from narcotic pain medication to Tylenol as soon as pain allows
  - No aspirin, ibuprofen, Advil, Motrin, or Aleve for at least 3 weeks after surgery
- Avoid bending over, straining, or lifting anything over 10 pounds

- Avoid any contact with or pressure on the nose — bumping it can be very painful and may shift healing structures
- No driving until you are off narcotic medications
- Continue soft diet — avoid foods that require excessive chewing or wide jaw movement
  - Minimize sodium to reduce swelling; minimize caffeine; avoid alcohol while on prescription medications

WEEKS 2–3

- Nasal saline spray: continue 1–2 sprays each nostril multiple times daily for at least 4 weeks
- Light activity is fine — short walks, light household tasks
- No strenuous exercise, heavy lifting, or anything that significantly raises your heart rate
- Do not bump, rub, or apply pressure to your nose — even accidental contact can be painful and harmful
- No glasses or sunglasses resting on your nose — tape frames to your forehead or use contacts
- Most patients return to work and non-strenuous social activities around week 2, depending on bruising and comfort
- Avoid flying for at least 2–3 weeks — cabin pressure changes can cause pain and swelling inside the nose
- No alcohol until off all prescription medications

WEEKS 4 AND BEYOND

- You may gradually resume exercise around Week 4–5 — start with light cardio, then increase as tolerated
- No heavy lifting (over 10 pounds) for 4 weeks total
- Full swimming allowed after 3-6 weeks — no submerging nose until incisions are fully healed
- Continue sun protection: SPF 30+ zinc-based sunscreen on nose for at least 6 months — sunburn causes dramatic swelling
- Contact sports and activities with nasal trauma risk should be avoided for 3–6 months
- Final results take up to 12 months to fully appear — the last 10–15% of tip swelling resolves slowly through the first year

3. NASAL CAST, SPLINTS & POST-CAST TAPING

> Keeping your cast dry and intact during the first 7 days is one of the most important things you can do for your result.
>
> After cast removal, Dr. Yamamoto may instruct you to tape your nose nightly. This helps reduce swelling and supports the healing shape.

- Days 1–7 (cast on): Keep completely dry. Protect during showering. Do not touch, adjust, or try to remove the cast.

- Night before your one week follow-up visit: Soak cast with lukewarm water in shower for 15–20 min — this softens it for painless removal
- After cast removal — taping (if instructed): Apply Micropore tape to bridge and tip nightly as shown by our office
- Taping compresses residual swelling and helps maintain the surgical result during early healing
- Continue nightly taping for as long as directed — typically several weeks after cast removal
- If your cast loosens or falls off before your one week visit, call our office immediately — do not attempt to re-apply it yourself
- If taping causes skin irritation or you have questions about technique, call or text us at 775-525-1712

4. MEDICATIONS

TOPIC	INSTRUCTION
Pain (narcotic)	Take as needed every 4–6 hours with food. Wean off as soon as tolerable — switch to Tylenol when pain is mild.
Pain (Tylenol)	Switch to Tylenol (acetaminophen) when narcotic is no longer needed. Max 3,000 mg/day.
Antibiotic	Take as prescribed until the full course is complete. Always take with food to minimize nausea.
Stool softener	Begin with your first narcotic pill — do not wait until you are constipated. Continue while on narcotics.
Anti-nausea	If nauseous, take anti-nausea medication 20 min before your pain pill. Staying ahead of nausea is easier than treating it.
Arnica/Bromelain	Optional — may help with bruising and swelling. Ask our office if recommended for your case.
AVOID	No aspirin, ibuprofen (Advil/Motrin), Aleve, Naproxen, or blood-thinning supplements for 3 weeks after surgery.
AVOID	No alcohol while taking any prescription medication.

⚠ Do NOT drive while taking narcotic pain medication. This is a DUI risk and a safety risk.

⚠ Pain medication refills cannot be called in after hours or on weekends. Plan ahead.

5. ACTIVITY & LIFESTYLE QUICK REFERENCE

TOPIC	INSTRUCTION
Walking	Start day 1 — 5 min every 1-2 hours while awake. Gradually increase each day.
Driving	No driving until off narcotic pain medications.
Exercise	No strenuous activity for 4-5 weeks. Light walking is OK starting day 1.
Lifting	Nothing over 10 pounds for 3-4 weeks.
Bending over	Avoid for 2–3 weeks — raises blood pressure to the head and increases bleeding risk.
Sexual activity	Follow same restrictions as exercise — no exertion for 3–4 weeks.
Head position	Keep head elevated above heart when resting/sleeping for 1–2 weeks — sleep on 2–3 pillows.
Showering	OK starting Day 2 — lukewarm water only; do NOT get the cast wet for 7 days.
Hair dryer	Avoid heat near the nose for 4 weeks — no steam rooms, saunas, or hot showers directed at the face.
Hair coloring	No hair coloring for 4 weeks after surgery.
Makeup	May begin after one week on areas away from incisions — avoid nose and incision line until healed.
Glasses / sunglasses	No glasses or sunglasses resting on nose for 4–6 weeks — tape to forehead or use contacts.
Sun exposure	SPF 30+ zinc-based sunscreen on nose for at least 6 months. A wide-brim hat is ideal outdoors.
Pullover clothing	Avoid tight clothing pulled over head for 4 weeks — button-front or zip-front only.
Smoking	No smoking or vaping for at least 8 weeks after surgery — nicotine severely impairs healing and increases infection risk.
Alcohol	Avoid until off all prescription medications.
Pool / hot tub	No submerging nose for 4–6 weeks. Full swimming allowed after 6 weeks.

6. INCISION CARE

- Clean external sutures twice daily with a Q-tip dipped in 50/50 hydrogen peroxide and water
- After cleaning, apply a thin layer of antibiotic ointment
- Continue until all crusting is resolved and incisions are fully healed
- Showering is fine — let lukewarm water run gently over incisions; do not scrub

- Do NOT insert Q-tips inside your nostrils to clean — this can cause injury or a septal perforation
- Keep nose and incision lines out of direct sun for at least 6 months — sun exposure can permanently darken scars
- Use SPF 30+ zinc-based sunscreen any time you are outdoors

The columellar incision (under the nose) is small and typically fades well over time. After incisions are fully healed (typically 4–6 weeks), you may begin silicone scar gel to help flatten and soften the scar. Ask our office for a recommendation.

7. FOLLOW-UP APPOINTMENT SCHEDULE

VISIT	WHAT HAPPENS
Day 7	Cast removal, suture removal, internal splint removal (if applicable); post-cast taping instructions given
6 Weeks	General recovery check, clearance for increased activity, scar care discussion
3 Months	Progress photos, aesthetic assessment, address any concerns
9-12 Months	Final results evaluation — tip swelling continues resolving through the full first year

Follow-up visits are your responsibility. Please call to schedule and keep all appointments.

A note from Dr. Yamamoto:

You have just had one of the most nuanced procedures in facial plastic surgery, and your recovery matters deeply to us. Rhinoplasty healing is not always linear — some days will feel better than others, and that is completely normal.

Please do not compare your early result to what you see online — edited photos and short timelines are not realistic. Everyone heals differently, and your final result takes up to a full year.

If something does not look right, or you simply have a question, reach out. It is always easier to address a concern early than to manage a complication later. Call or text us at 775-525-1712.

We are in this with you.

ACKNOWLEDGMENT

I have read and understand these postoperative instructions. I agree to follow them completely. I understand that following these instructions is my responsibility and that failing to do so may compromise my safety, my results, and my recovery.

Patient Signature	Date
Patient Printed Name	Witness / Staff Signature

Sierra Nevada Cosmetic and Laser Surgery · Kyle Yamamoto, MD · 775-525-1712 · Call or text anytime