

Patient information

Rhinoplasty Septo-rhinoplasty Rasping of Nasal Bones

Ear Nose and Throat Department

Your Consultant / Doctor has advised you to have a Rhinoplasty / Septo-rhinoplasty / Rasping of nasal bones.

This is done as a day case procedure. Day case admission requires you to have an escort home, access to a telephone and someone with you overnight.

What are Rhinoplasty / Septo-rhinoplasty / Rasping of nasal bones?

It is an operation to straighten the nasal bones and alter the external appearance of the nose. 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.
- 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 Septo-rhinoplasty.

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.

90 to 95 out of 100 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 family doctor (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 septo-rhinoplasty 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.

What are the benefits of having a Rhinoplasty / Septo-rhinoplasty / Rasping of nasal bones?

This operation will correct the deformity of the nasal bones and improve the external appearance. With Septo-rhinoplasty your breathing should improve, if successful.

What are the risks of having a Rhinoplasty / Septo-rhinoplasty / Rasping of nasal bones?

- **Bleeding**
Dissolvable nasal packs may be put into the nose at the end of the operation. If they are used, they usually take approximately one week to dissolve in your nose.
- **Disappointment/failure**
Whilst every care is taken for the end cosmetic appearance to be improved, occasionally the patient is not happy with the end result. Perfection or certain preference is not guaranteed.
- **Infection**
This may occur as a discoloured discharge from the nostrils several days after the operation and you will need to see your GP for some antibiotics regarding this.
- **Nasal crusting**
You may also experience dry crusting mucous leading to discomfort, saline nasal douching should resolve this.
- **Intra nasal adhesions**
This can happen if the raw areas within your nose stick together, the dissolvable nasal packs should help to prevent this. These can be divided at a later date under a short general anaesthetic.
- **Adverse Shape change**
Rarely the shape of the nose can become "saddled".
This is due to the collapse of cartilage in the centre of the nose, if this should occur further surgery might be needed.

- **Septal perforation**

There is a 1-2% risk of this happening. This is a hole in the middle partition of the nose, which will be permanent.

- **Bruising/swelling**

You may develop bruising and swelling around the eyes/nose, this will resolve but may take a few weeks. You are advised to sleep propped up for a few nights to prevent pooling of blood/fluid and encourage natural drainage. Application of ice packs will reduce this.

- **Nasal tip/teeth numbness**

This is very rare and should resolve but may take four to six months.

- **Scar**

Sometimes the surgeon will need to access the nasal bone externally which may leave a pinprick scar each side of the nasal bone. If the surgeon needed to cut the bridge of the skin between your nostrils there will also be a scar there.

Are there any alternatives available?

There are no alternative treatments.

What will happen if I decide not to have treatment?

Your symptoms remain unchanged.

What sort of anaesthetic will be given to me?

You will be given a general anaesthetic. General anaesthesia is drug-induced unconsciousness: this is always provided by an anaesthetist: a doctor with specialist training, or an anaesthetic associate: someone who is not a qualified doctor but has received training in giving general anaesthesia.

Unfortunately, general anaesthesia can cause side effects and complications. Side effects are common, but are usually short-lived: they include nausea, confusion and pain.

Complications are very rare, but can cause lasting injury: they include awareness, paralysis and death.

There is a risk of damage to teeth, particularly caps or crowns and veneers. Your anaesthetist will take every care, but occasionally damage can occur.

The risks of anaesthesia and surgery are lower for those who are undergoing minor surgery, and who are young, fit, active and well.

For more information, please ask for a copy of the Royal College of Anaesthetist patient information **“You and Your Anaesthetic”**. You will be given an opportunity to discuss anaesthetic options and risks with your anaesthetist before your surgery.

If you are worried about any of these risks, please speak to your consultant or a member of their team.

Getting ready for your operation

- You will be seen in the pre-operative clinic before you are admitted to hospital. Here you may have blood tests and a heart trace if necessary. You will be assessed to see if you are fit for the anaesthetic.
- The nurse practitioner will ask routine questions about your general health, any medicines you take at the moment and any allergies you may have.
- You will be able to discuss the operation with a nurse practitioner.

The day of your operation

- You will come into hospital on the day of your operation.
- Before your general anaesthetic, you must not eat for a minimum of six hours or drink for a minimum of three hours. You will be told when this is to start.
- You will be asked to remove jewellery - plain band rings can be worn but they will be taped.
- Please do not wear makeup.
- Please leave body piercings at home. False nails and nail polish will also need to be removed if worn.
- Please leave all cash and valuables at home. If you need to bring valuables into hospital, these can be sent to General Office for safekeeping. General Office is open between 8.30 and 4.30 Monday to Friday. Therefore, if you are discharged outside these times we will not be able to return your property until General Office is open. The Trust does not accept responsibility for items not handed in for safekeeping.
- If you are on regular medication, you will be told to take this if necessary.
- You will be asked to put on a gown and you will be asked to wear elasticated stockings on your legs to help prevent clots forming in your leg veins. You may bring in with you a dressing gown and slippers.
- A bracelet with your personal details will be attached to your wrist.
- Dependant on the hospital site where you are having your operation either a porter or a member of the surgical staff will take you to the operating theatre.
- If you have dentures, glasses or a hearing aid they can stay with you on your journey to the operating theatre. They will be removed whilst you are in the anaesthetic room and kept with you until you arrive in the recovery area. Once you are awake they can then be put back in place.
- When you arrive in the theatre waiting area, a nurse will check your details with you. You will then be asked to put on a disposable hat.
- You will then be taken to the anaesthetic room.

What should I expect after my operation?

- After your operation you will be kept in the theatre recovery room before being transferred to the ward.
- A nurse will check your pulse, blood pressure, breathing and wound regularly. You may experience a headache while you have your packs in. It is important that if you feel any pain you must tell the nursing staff, who can give you painkillers to help.
- You are likely to have dissolvable nasal packing in your nose to help reduce the risk of adhesions. These packs do not control bleeding and it is common for you to experience a small trickle of blood from the nose for up to two days.
- You may have a splint (plaster cast) over the bridge of your nose. This will be removed as instructed by the consultant.
- You may also have a splint inside your nose to help keep the partition straight, this stays in for one week and you will be informed it is there.
- You may have bruising and swelling of your eyelids - this is to be expected. Ice may be applied to reduce the swelling and you may require eye care and drops for a few days.
- You will be asked to sleep in a sitting position to help reduce this swelling.
- The nursing staff will also advise you when you can start taking sips of water. Anaesthetics can make some people sick. If you feel sick we advise you not to drink until this feeling has passed. The nursing staff may offer an injection to help this sick feeling go away.
- The first time you get out of bed, please make sure you ask a nurse to be with you. This is in case you feel dizzy.

Going Home

Your doctor/nurse practitioner will normally discharge you on the day of your operation.

You have had a general anaesthetic, for the next 24 hours **you must not**

- Travel alone.
- Drive any vehicle e.g. car or ride a bicycle.
- Operate machinery (including domestic appliances such as a kettle).
- Climb ladders.
- Make important decisions; sign any business or legal documents.
- Drink alcohol.

You **should**

- Take it easy for the rest of the day, avoid strenuous activity.
- Take your medications as usual.
- Let someone else care for anyone you usually look after, such as children or elderly or sick relatives.

Discharge Information

Pain relief and medication

The nursing staff will advise you about painkillers before you leave the hospital. Please tell the nurses what painkilling tablets you have at home.

Your nose

- If you have a splint in your nose or a plaster cast on the outside you will be seen in clinic the following week to have it removed.
- Your nose will still be swollen on removal of this so that the end result will not be fully apparent.
- Your nose may feel swollen and “bunged up” for the next three months. It usually takes this time for the swelling to settle.
- You may have some watery blood-stained discharge for one to two weeks, this should then stop. If you experience any heavy bleeding from the nose please attend the A&E department for advice and treatment.
- Sneezing may occur as your nose is irritated. Try to keep your mouth open, as it will prevent some pressure and any further bleeding.
- Avoid smoky/dusty environments and people with coughs and colds for two weeks.
- Do not blow your nose or sniff too harshly for one week as this may cause injury, bleeding or the operation to fail.
- Avoid any situations or contact sports where you could be injured to the nose for 1 month.
- Following rhinoplasty or Septo-rhinoplasty, 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.

Your nose may become “crusty”: The Saline Nasal Douching procedure is recommended: Please see Patient Information Leaflet 1452 Saline Nasal Douching for full instructions.

If a surgeon wants you to use saline washes this procedure should be explained to you before leaving the hospital by the nursing staff who should provide you with a NeilMed bottle.

Getting back to normal

- Remember that you have just had an operation, and you will take some days to recover. It is normal to feel more tired than usual for a few days after having an operation. If you are a parent or a carer you will need some support during this time.
- Do not smoke for at least two weeks after your operation.

- You must avoid smoky and crowded areas for at least two weeks after your operation.
- We recommend you do not fly for at least two weeks after this operation.

Returning to work

Due to infection risks, you will require two weeks off work unless working from home. You can self-certify for the first seven days of sickness. Before you are discharged, a medical certificate (fit note) can be issued at your request by the ward staff to cover the expected time off you will need. For further fit notes you will have to see your GP.

Further Appointments

A follow up appointment will be arranged for you. An appointment card will be sent to you with the date and time.

Feedback

Your feedback is important to us and helps us influence care in the future.

Following your discharge from hospital or attendance at your outpatient appointment you will receive a text asking if you would recommend our service to others. Please take the time to text back, you will not be charged for the text and can opt out at any point. Your co-operation is greatly appreciated.

Patient notes

Further information

If you have any queries or concerns, please contact the ward where you had your surgery or contact the Nurse Practitioners.

ENT Nurse Practitioners:

ENT Nurse Practitioners:

Tel: 0151 706 2290

Text phone number: 18001 0151 706 2290

www.entuk.org

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