Elite Plastic Surgery
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Septoplasty / Rhinoplasty

Post Operative Instructions

After Surgery

- Following your surgery, you must have another adult stay with you the first night. It is also important for you to keep your head elevated the evening after surgery as well as for the first two weeks following surgery. This can be done by either sleeping in a recliner tilted at 45 degrees or sleeping with two pillows underneath your head. Avoid rolling onto your face. Sleeping on your back for the first two weeks after surgery helps to ensure this.

- The office will contact you the day after surgery to check-up on you, answer questions and book follow-up. (Friday/Weekend surgeries - patients will be called on Monday.)

What to Expect

Internal/External splints will be removed at your one week appointment. You may want to pre-medicate with a muscle relaxer or pain medication before this appointment as some patients find this appointment uncomfortable. Please make sure you have a driver to take you to and from the appointment.

You may want to purchase Arnica, a homeopathic medication that helps improve post-surgical swelling and bruising. You may start this medication three days before your surgery and may take it up to two weeks following your appointment.

Swelling: Swelling will vary from patient to patient. Swelling may increase the first three to four days before subsiding. When your splint is removed at your one-week appointment, your nose may appear fat and turned up too much- this is to be expected. Most of your swelling should resolve over the first two to three weeks. Do expect, however, to have minor fluctuations in the remaining swelling over the next six months. Things to do to minimize this swelling include keeping your head elevated as much as possible over the first two to three weeks, avoiding bending over or heavy lifting for the first three weeks, and avoiding prolonged sun exposure for the first two to three months.

Discoloration: Bruising will vary like swelling from person to person. Most bruising and discoloration should resolve over the first two weeks.

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Numbness: Your nose will be numb following surgery. This is normal and will subside over the coming weeks to months. Unusual sensations, pins and needles, and occasionally mild discomfort may occur as these nerves regenerate over time.

Bleeding: If bleeding does occur, lie down with your head elevated. Try to relax. You may take a pain pill or a Flexeril. Place cool compresses over your eyes If bleeding persists for more than 15 minutes, please contact our office.

Depression: It is not uncommon for patients to go through a period of mild depression after any cosmetic surgery. This typically occurs the second week after surgery while some of the swelling and bruising persist and yet the patient is anxious to see a final result. Realize this is a temporary condition and things will improve. Focus on diligently following the wound care as well as other activities to help divert your mind.

Eye Glasses: Eyeglasses may be worn with the splint in place. Once the splint is removed, it should be either suspended from the forehead or supported on the cheek for a period of six weeks. This is critical- pressure on the nose may change its final shape. Contact lenses may be inserted the week after surgery.

Restrictions

1. No strenuous exercise for at least two weeks.

2. No heavy lifting for three weeks.

3. No pull-over clothing for two weeks.

4. Avoid hard-chewing foods for two weeks.

5. Avoid yawning or wide mouth opening for two weeks.

6. Avoid nose blowing or sniffing through the nose for two weeks.

7. Use a baby toothbrush on the upper teeth for two weeks following surgery.

8. If sneezing, sneeze with the mouth open for two weeks.

9. No driving for one, preferably two weeks after surgery.

10. No contact sports for six weeks.

Finally

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The healing time for nasal surgery is often less than expected and the results are worth the wait. While swelling should be completely gone after four to six weeks, your healing will continue for the entire first year. I will follow you through this entire process but be patient.

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ERAS POSTOPERATIVE MEDICATION SCHEDULE

EXAMPLE ONLY: surgery starts at 7:30 AM and ends at 12:00 PM

FOLLOW THE CLOCK - DO NOT WAIT UNTIL YOU ARE IN PAIN. ERAS works best when you take ALL scheduled medications that were prescribed to you at the correct times. Oxycodone and Zofran are the only medications on this handout that are taken AS NEEDED.

*** MAY NOT APPLY TO YOU: JOURNAVX, Lovenox are only used when prescribed.**

BEFORE SURGERY - JOURNAVX* (only if prescribed)

JOURNAVX loading schedule: For a 7:30 AM surgery, follow the example below. Your third dose is taken before you leave home; all later doses are every 12 hours from that dose.

WHEN	EXAMPLE CLOCK TIME	TAKE
24 hours before surgery	**7:30 AM - day before**	2 tablets (100 mg total)
12 hours before surgery	**7:30 PM - night before**	1 tablet (50 mg)
Before leaving home for surgery	**Example: 5:30 AM - surgery day**	1 tablet (50 mg)
12 hours after the leave-home dose	**Example: 5:30 PM**	1 tablet (50 mg)
Continue every 12 hours	**5:30 AM / 5:30 PM**	1 tablet (50 mg) each dose

JOURNAVX food note: Take the first dose at least 1 hour before or 2 hours after food. From the second dose on, JOURNAVX may be taken with or without food. Avoid grapefruit while taking JOURNAVX.

AFTER SURGERY - CLOCK-BASED HOME MEDICATION SCHEDULE

EXAMPLE ONLY: This schedule shows a surgery ending at 12:00 PM. Your actual clock times will depend on when YOUR surgery ends. Use the relative timing in parentheses to shift the schedule to your own surgery time.

EXAMPLE CLOCK TIME / RELATIVE TIMING	TAKE ALL THAT WERE PRESCRIBED TO YOU
12:00 PM (EXAMPLE: surgery ends)	**START HERE: This is the reference point for the example below. If your surgery ends at a different time, shift each clock time using the relative timing shown in parentheses.**
2:00 PM (2 hrs after surgery)	☐ Tylenol 1,000 mg ☐ Toradol 10 mg ☐ Gabapentin 100 mg ☐ Antibiotic - Keflex 500 mg or prescribed alternative ☐ Colace 100 mg + Senna 8.6 mg
4:00 PM (2 hrs later)	☐ Flexeril 5 mg
5:30 PM (12 hrs after AM JOURNAVX)	☐ JOURNAVX 50 mg*
8:00 PM (6 hrs after 2 PM)	☐ Toradol 10 mg ☐ Tylenol 1,000 mg - if under age 50
10:00 PM (8 hrs after 2 PM)	☐ Gabapentin 100 mg ☐ Antibiotic - Keflex 500 mg or prescribed alternative ☐ Tylenol 1,000 mg - if age 50+
12:00 AM (8 hrs after Flexeril)	☐ Flexeril 5 mg
2:00 AM (12 hrs after 2 PM)	☐ Toradol 10 mg ☐ Tylenol 1,000 mg - if under age 50 ☐ Colace 100 mg + Senna 8.6 mg
5:30 AM (12 hrs after JOURNAVX)	☐ JOURNAVX 50 mg*
6:00 AM (8 hrs after 10 PM)	☐ Gabapentin 100 mg ☐ Antibiotic - Keflex 500 mg or prescribed alternative ☐ Tylenol 1,000 mg - if age 50+
8:00 AM (8 hrs after Flexeril)	☐ Flexeril 5 mg ☐ Toradol 10 mg ☐ Tylenol 1,000 mg - if under age 50

Spacing reminder: Gabapentin and Flexeril stay at least 2 hours apart. JOURNAVX may be taken at the same time as either one. Oxycodone is PRN and must stay at least 2 hours from both gabapentin and Flexeril.

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ERAS POSTOPERATIVE MEDICATION SCHEDULE

Medication key and important timing notes

SCHEDULED vs. AS NEEDED: Tylenol, gabapentin, Flexeril, antibiotic, Colace, Senna, and Toradol, and any prescribed JOURNAVX or Lovenox are part of the scheduled ERAS plan. Oxycodone and Zofran are the only AS-NEEDED medications on this handout.

WHAT EACH MEDICATION DOES

MEDICATION	PURPOSE	TIMING / IMPORTANT NOTE
Tylenol (acetaminophen)	Pain relief	1,000 mg every 6 hours if under age 50; every 8 hours if age 50+. Age 50+: do not exceed 3,000 mg/day. Under age 50: do not exceed 4,000 mg/day.
Gabapentin (Neurontin)	Nerve pain	100 mg every 8 hours. Helps with itching, burning, tingling, numbness and sharp/shooting pain. May cause drowsiness.
Flexeril (cyclobenzaprine)	Muscle relaxer	5 mg every 8 hours. May cause drowsiness. Do not drive while taking it.
Toradol (ketorolac)	Anti-inflammatory / pain relief	10 mg every 6 hours for the prescribed course. Do not take additional ibuprofen/Advil/Motrin or other NSAIDs while taking Toradol unless your surgical team tells you to.
Antibiotic - Keflex (cephalexin) or prescribed alternative	Prevents/treats bacterial infection	Take the antibiotic you were prescribed every 8 hours. If using a probiotic, separate it from the antibiotic by 2 hours.
Colace + Senna	Constipation prevention	Take every 12 hours. These two medications may be taken together.
JOURNAVX (suzetrigine)*	Non-opioid pain medication	Loading schedule begins 24 hours before surgery, then continues every 12 hours after the leave-home dose. Insurance coverage may vary.
Lovenox (enoxaparin)*	Blood clot prevention	Only for patients/procedures when prescribed. Start the day AFTER surgery and inject once daily for the prescribed course (your office instructions currently note 14 days if insurance covers).

AS-NEEDED MEDICATIONS

Oxycodone 5 mg - AS NEEDED: Take every 4-6 hours as needed for breakthrough/general pain. Keep oxycodone at least 2 hours away from BOTH gabapentin and Flexeril. Do not drive while taking oxycodone.

Zofran (ondansetron) 4 mg - AS NEEDED: Take every 6-8 hours as needed for nausea or vomiting.

IMPORTANT SAFETY / TIMING RULES

- Take every SCHEDULED medication that was prescribed to you at the listed time - even if your pain is controlled.
- Gabapentin and Flexeril are scheduled, but keep them at least 2 hours apart. If you need oxycodone, keep it at least 2 hours from BOTH gabapentin and Flexeril.
- JOURNAVX does NOT need to be separated from gabapentin or Flexeril and may be taken at the same time as either medication.
- Not every medication applies to every patient. JOURNAVX and Lovenox are marked with an asterisk because they may not be prescribed to you.
- Medication type may change because of an allergy or other medical reason. For example, take the antibiotic actually prescribed to you even if it is not Keflex.
- If you miss a dose, vomit a dose, have a medication reaction, or are unsure what to take, call the surgical team before changing the schedule or doubling a dose.