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*Your recovery is just as important as your surgery.*

## POST-OPERATIVE INSTRUCTIONS

### *Rhinoplasty Surgery*

Following these instructions closely will help you heal comfortably and achieve the best possible result. Please read the entire document and keep it handy throughout your recovery. Call our office at **949.650.8882** (Newport Beach) or **310.467.2180** (Beverly Hills) with any questions or concerns.

### **CALL OUR OFFICE IMMEDIATELY**

**Newport Beach:** 949.650.8882    **Beverly Hills:** 310.467.2180

Contact us right away if you experience any of the following:

- A persistent nosebleed that does not stop after the recommended interventions (see “If You Have a Nosebleed” below)
- Shortness of breath, or calf pain/swelling

**For life-threatening symptoms,** always call 911 or go to the nearest emergency room first.

### **What to Expect During Recovery**

The following are common and expected during early healing, and typically improve over weeks to months:

- Nasal congestion and feeling like you have a bad cold
- Difficulty opening and closing the mouth, and a feeling that your teeth don’t properly align; this sensation, if present, lasts anywhere from a few days to the first few weeks after surgery
- Numbness of the skin of the nose and your upper teeth
- A stiff upper lip and unnatural smile
- Mild asymmetry during early healing (the two sides often swell at slightly different rates)

- Temporary contour irregularities that smooth out over weeks to a few months
- Tingling, itching, and occasional brief “electric zinger” sensations as sensation nerves heal
- Swelling of the nose that takes 6–12 months to fully resolve

## If You Have a Nosebleed

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- Stay calm and sit upright with your head elevated.
- Place an ice pack across the bridge of the nose and eyes, and hold an ice cube in your mouth against the roof of the mouth.
- Spray **Afrin (Oxymetazoline) 3 sprays in each nostril** and wait 15 minutes.
- If bleeding persists, repeat the Afrin spray and wait another 15 minutes.
- If bleeding persists after the second round of Afrin, call our office at **949.650.8882** (Newport Beach) or **310.467.2180** (Beverly Hills).

## The First 48–72 Hours

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- Use cold compresses on and around the eyes and cheeks as often as possible (20 minutes on, 20 minutes off while awake).
- Rest. Have a responsible adult with you for the first 24 hours.
- Expect some oozing of blood-tinged fluid from the nostrils. Wear the drip pad (mustache dressing) and change it as needed. Once oozing stops, the drip pad is no longer necessary.
- Do not wipe the underside of your nose with a tissue — dab gently with the drip pad instead.
- Swelling and bruising often peak on the 2nd to 3rd postoperative day. This is expected and will improve.

## The First Week

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- If you have a nasal splint, leave it in place until your follow-up visit. You may shower, but do not let water hit the splint directly.
- Breathe through your mouth, not your nose, during the first week.
- **Do not blow your nose for the first 2–3 weeks.** If you must sneeze, sneeze with your mouth open.
- Use a baby or soft-bristled toothbrush — your upper lip will feel stiff and swollen.
- Expect to feel congested, as if you have a bad head cold. This is normal and will improve by the end of the first week.
- Starting the morning after surgery, begin wound care as described below.
- Starting on the 3rd postoperative day, gently sniff saline nasal spray 2–3 times daily in each nostril to keep the inside of the nose well hydrated.

## Wound Care

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- Open a fresh bottle of hypochlorous acid around the time of surgery for best potency.
- Clean the sutures **3–4 times daily while awake.** Spray the sutures directly with hypochlorous acid spray. Allow it to dry for 1 minute, then apply a thin layer of Vaseline to

the sutures using a cotton-tipped applicator. **Once the sutures are removed, you no longer need to clean the sutures with hypochlorous acid, and you no longer need to apply Vaseline.**

- Do not pick at crusts along the sutures. Allow the crusts to soften with the treatments of hypochlorous acid and Vaseline.
- **Inside the nostrils:** Saturate a fresh cotton-tipped applicator with hypochlorous acid and gently clean just the inside of the nostril rim to remove any crusting. Follow with a thin layer of Vaseline on a fresh cotton-tipped applicator applied to the opening of the nostrils.
- Use a fresh cotton-tipped applicator for each pass. Do not reach deep into the nose with the cotton-tipped applicator, as it might injure the internal structures of the nose and cause a nosebleed.
- **Avoid direct sun exposure to the nose for the first month.** If you must be outdoors, wear a wide-brimmed hat. Sun exposure within the first month of surgery may result in hyperpigmentation of scars and increased swelling of the nose.
- Once fully healed at approximately 1 month after surgery, apply a broad-spectrum SPF 30+ sunscreen. Sun exposure during healing may cause discoloration of the nasal skin.
- Silicone-based scar gel can be used 1 month after surgery to the incision sites.

## Glasses

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- **No glasses or sunglasses resting on the bridge of the nose for 6 weeks.** Wear contact lenses if possible, or tape glasses to your forehead so no weight sits on the nose. Lightweight glasses can be worn on the bridge of the nose in moderation 4 weeks after surgery.

## Showering and Hygiene

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- You may shower the day after surgery. Please use a gentle shampoo (e.g., baby shampoo).
- You may let the water run gently along the bridge of the nose. Do not aim a direct stream at the nose.
- Pat dry gently with a clean, soft towel, then perform your wound care as described above.
- Do not submerge incisions (no baths, pools, hot tubs, or ocean) for 4 weeks.
- No makeup on or near the incisions for 2 weeks after surgery.

## Swelling, Bruising, and Head Positioning

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- Swelling and bruising in the face and neck often peak 2–3 days after surgery. This is expected.
- Apply cold compresses (for example, a washcloth soaked in ice water) over the eyes. Do not apply ice directly to the skin.
- Keep your head elevated at all times during the first 2 weeks. Sleep on 2–3 pillows or in a recliner. A travel neck pillow may help maintain a neutral head position during sleep.
- During the first week after surgery, avoid turning your head side to side — turn your whole upper body with your head. After the first week, you may begin turning your head side to side.

- Sleep on your back, not your side, for approximately 2–4 weeks after surgery. Pressure on the cheek or ear during sleep can distort healing and cause asymmetry.
- Temporary fullness of the cheeks, eyelids, and upper lip may represent normal post-operative swelling.
- Most visible swelling improves over 4 weeks, but subtle swelling can persist for several months as the tissues continue to settle.

## **Blood Pressure, Nausea, and Vomiting**

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Keeping your blood pressure well controlled in the first 2 weeks is one of the most important things you can do to minimize a nosebleed. Vomiting and forceful retching can significantly raise pressure in the face and increase the risk of bleeding.

- Take all prescribed blood pressure medications exactly as directed.
- Avoid stress, straining, and sudden exertion.
- Take anti-nausea medication as prescribed, even preventively if you feel queasy.
- Take pain medications with food or a small snack to minimize nausea that can occur when taking pain medication on an empty stomach.

## **Activity and Recovery Timeline**

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- Take short, gentle walks around the house starting the day of surgery. This helps reduce the risk of blood clots.
- For the first 2 weeks, avoid bending forward, lifting anything heavier than 5 pounds, and any form of straining — including heavy coughing, forceful sneezing, and excessive straining with bowel movements.
- Avoid sexual activity for 2 weeks, as this can raise blood pressure and increase the risk of bleeding.
- **Weeks 1–4:** you may gradually resume light, non-strenuous activity, as tolerated. **Avoid any activity that increases your heart rate or blood pressure, as that may increase the risk of bruising, swelling, and/or bleeding.**
- **Weeks 4–6:** you may gradually resume strenuous activity. Begin slowly and work up to more strenuous activity. It is normal to experience some temporary swelling and tightness with increased activity at this stage.
- Do not drive while taking narcotic pain medication. You may drive once you are off narcotic pain medication and can comfortably turn your upper body to check blind spots.
- **No contact sports** or any activity with risk of impact to the face for **6 weeks**.
- No swimming or submerging in hot tubs, pools, or the ocean for 4 weeks.

## **Medications and Pain Control**

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- **DO NOT TAKE ASPIRIN, IBUPROFEN, OR OTHER NSAIDs** (such as Advil, Motrin, Aleve, Naproxen, or Excedrin) during the 2 weeks before surgery or the 2 weeks after surgery. These can increase bleeding risk. If you are on Aspirin under the guidance of a cardiologist, you must ask your cardiologist if it is safe to be off Aspirin for your elective cosmetic procedure.

- Tylenol (Acetaminophen) is safe and a good medication for discomfort after surgery. Do not exceed 3,000 mg of Acetaminophen in 24 hours and remember that most narcotic pain medications already contain Acetaminophen — do not double-dose.
- We may prescribe Celebrex (Celecoxib) to take twice a day for the first week after surgery. Take this on a fixed schedule, not as needed, even on days you feel comfortable. Celebrex is a COX-2 selective anti-inflammatory that reduces pain and swelling without the bleeding risk of ibuprofen or aspirin. Taking it consistently helps you need less narcotic pain medication.
- If you experience discomfort, take Ativan (Lorazepam) as prescribed. This may help alleviate your discomfort.
- If you are still experiencing pain after taking Celebrex, Tylenol, and Ativan, you may take the prescribed narcotic pain medication. Take it with food to minimize nausea and wean off the narcotic pain medication as soon as possible.
- To minimize constipation from pain medication, stay hydrated, eat fiber-rich foods, and use a stool softener (such as Colace or Docusate) as needed while taking narcotic pain medication.
- Take any antibiotics prescribed by Dr. Batniji until the full course is finished.

## Diet

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- Start with light, soft foods the day of surgery. Soft foods (yogurt, eggs, pasta, soups, smoothies) are best for the first few days to minimize chewing against tender cheek tissues. We recommend a diet that is high in protein to help with the healing process.
- Advance to your normal diet as tolerated. Avoid very chewy or hard foods (tough meats, crusty bread, raw vegetables) for the first week. Favor softer foods and avoid excessive chewing early on, as this can contribute to asymmetrical swelling in the cheeks.
- Stay well hydrated.
- Avoid very salty foods for the first few weeks after surgery, as excess sodium can worsen swelling.
- Include fiber-rich foods to help minimize constipation.
- We recommend using throat lozenges such as Cepacol or Ricola if you have a sore throat.

## Nicotine, Alcohol, and Supplements

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- **Absolutely NO smoking, vaping, nicotine patches, nicotine gum, any nicotine products, or secondhand smoke exposure for at least 4 weeks before surgery and 4 weeks after surgery.** Nicotine constricts blood vessels and can cause skin loss, poor healing, and worse scarring.
- **AVOID ALCOHOL for at least 2 weeks before surgery and 2 weeks after surgery.** Alcohol use significantly increases the risk of bleeding, bruising, and swelling.

## Questions or Concerns?

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Please do not hesitate to contact our office at **949.650.8882** (Newport Beach) or **310.467.2180** (Beverly Hills) during business hours. For life-threatening symptoms, always call 911 or go to the nearest emergency room first.

*Healing is a gradual process. We are here to guide you every step of the way.*