



Dr. Ziad Katrib

WHAT TO EXPECT - RHINOPLASTY

- There will be a mild to moderate amount of pain and discomfort associated with the surgery. This should be easily controlled with oral medications. A narcotic will be prescribed, but use this the least amount possible
- The discomfort and pain should begin to decrease within 72 hours after surgery. A significant increase in pain after this period should prompt you to call the office.
- Bruising and swelling are not unusual after the surgery. These symptoms often worsen on the second to third day following surgery and then steadily improve thereafter; this is normal. The amount of bruising that occurs varies significantly from one person to the next. Most swelling occurs around the eyes, but some bruising may track down and discolor the cheek area. If only the septum and/or nasal tip are operated on, only slight, if any, bruising will normally be expected to occur.
- Some bloody nasal discharge is to be expected after any nasal surgery. A small “mustache” type gauze dressing will be placed beneath your nose after your surgery. During the first 24-48 hours, this absorbent dressing often needs to be changed 10-20 times; this is to be expected.
- You may experience a temporary loss in taste and smell. This is largely because of the decreased airflow through the nose and will subside 1-2 weeks after surgery.
- Often at the completion of the surgery a light tape and plastic nasal dressing is placed on the outside of the nose, and plastic splints are placed on the inside of the nose. Both the internal and external nasal dressings are removed in 5-7 days after surgery. These internal dressings may make you feel like you have a sinus infection.
- Nasal stuffiness is the most annoying problem that you will face after surgery. It is most distressful in the first week after surgery, and significantly improves once the internal nasal splints are removed. Any residual stuffiness can be expected to gradually improve over a period of several weeks thereafter.
- Excess mucus is often present in the throat after surgery. It is due to the splints inside the nose stimulating the nose to temporarily produce more mucus than is normal. This will resolve once the splints are removed (5 to 7 days after surgery).

If any issues arise, please contact Dr. Katrib’s office at **502.588.7020 (after hours 502.583.3687)**



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- Numbness in the tip of the nose, upper front teeth or roof of the mouth following surgery is to be expected because nasal surgery typically causes a temporary disruption of some of the nerves in the area. Sensation will generally return slowly over a period of several weeks, and rarely, months.
- Some temporary decrease or alteration in the sense of smell or taste is typical after surgery. This is, again, secondary to disruption of some nerves in the nose during surgery. These changes will begin to improve within the first 1 to 2 weeks after the procedure.
- The nose, particularly the tip, will feel stiffer after surgery. This is mostly temporary, but there will be some degree of stiffness that is permanent. This is what prevents the nose from changing many years later, and preserves the result.
- It is very important for you to be aware of the fact that swelling from the surgery will temporarily make the nose appear broader and the tip more turned up and less refined than is desirable. You will often notice that the swelling on the bridge of your nose will improve more quickly than the swelling on the tip of your nose. This should not be a cause for alarm. All the swelling in your nose will greatly improve in the first few weeks after the surgery. Although much of the swelling will have resolved within a few months, your nose will continue to improve for up to two years after surgery. Patients who have undergone only septal surgery do not normally have any significant swelling on the outside of the nose.
- Dr. Katrib is an Assistant Professor at the University of Louisville. Passionate about teaching, there is always another surgeon assisting in all surgeries (fellow, resident, visiting Plastic Surgeon, etc). These surgeons never perform *any* of the operation, but simply suction and cut suture. This is and always will be the case.
- Immunosuppressed patients (HIV positive, chemotherapy, AIDS etc) and patients with certain autoimmune disorders may not be good candidates for this procedure as the risks of poor healing and infection leading to permanent scarring and poor aesthetic results may be much higher. It is mandatory that you inform Dr. Katrib if you have any of these conditions before surgery.
- Roughly 5% of patients may ultimately require a revision. This is usually a minor operation, often even being performed in office vs OR. Dr. Katrib never charges a surgeon fee for these revisions, but if it requires an OR there are associated fees for both anesthesia and the facility fee.

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Surgery	1 st Week	2-4 Weeks	4-8 Weeks	12 Weeks
Feeling a little nervous.	Low energy, bit swollen.	Looks better but very up and down swelling.	Nasal tip swelling, looks different every day.	Looking great, feeling great. will get even better



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SUMMARY

- Dry mouth and chapped lips 1 week
- Tingling and pain in upper lip, teeth 1-2 weeks
- Burning in roof of mouth 1-4 days
- Nasal pain and pressure – until cast day
- Decreased taste and/or smell 1-4 weeks
- Increased sneezing 1-3 weeks
- Nausea from anesthesia 1-2 days
- Headache from anesthesia 1-2 days
- Sore throat/palate from anesthesia 1-7 days (chloroseptic spray)
- Poor sleep 1 week
- Sinus pressure 1 week
- Mucous/bloody discharge 1-2 weeks
- Nasal congestion 1-4 weeks
- Post nasal drip 1 week
- Puffy, dry eyes 1 week
- Itching, burning of eyes 1-5 days
- Swelling eyes, cheeks, jowls 1 week
- Arm, shoulder, or back pain from OR bed 1-3 days
- Rib pain 1-3 weeks (if used)
- Constipation from pain medicine 1 week
- Mild nostril asymmetry 1-4 weeks

SWELLING

Week 1 – very swollen
Week 2-3 – presentable
Month 2-3 – studio ready
2 years – final result

1 WEEK VISIT

Nose too wide
Tip overly projected, wide
Tip turned up (rotated) too high
Nostril asymmetry from asymmetric swelling

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