



Rhinoplasty Surgery

Closed versus Open Techniques

- Closed rhinoplasty is performed through incisions placed inside the nostrils only.
 - One of the consistent criticisms of the closed technique is the difficulty visualizing and controlling all of the important structures, both bone and cartilage, that contribute to the nose's shape, size and appearance.
- Open rhinoplasty technique uses incisions inside the nostrils plus one additional incision across the columella.
 - The open technique permits a significant improvement in visualization of the nose's internal structure and enhances control of the modification of these structural elements during the course of the procedure.
 - The majority of rhinoplasty surgeries performed are done with the open technique.
 - The scar is quite inconspicuous (it is very rare for a patient to notice the scar once healed).

Alar Reduction

- Some people can benefit from reduction of the nasal ala at the same time as your rhinoplasty. Your physician will help to determine if this option is appropriate for you.
- This procedure involves a small incision made along the crease where your nasal ala meets your cheek and lip.
- The scar within this crease and is very difficult to see once incisions are healed.

Cartilage Grafts

- Rhinoplasty surgery involves disconnecting certain structures within the nose and then reconnecting them to essentially rebuild the nose.
- In order to rebuild the new nasal structure, cartilage is used to provide adequate structure. These pieces of cartilage are called grafts. The purpose of cartilage grafts is to reduce the potential of scarring and deformation that can occur as the nose heals.
- Commonly, excess cartilage from your own nasal septum can be borrowed and repurposed to provide structure and support.
- However, if you do not have adequate septal cartilage or if this is a revision rhinoplasty (meaning you have had rhinoplasty surgery or trauma to the nose in the past), we may have to borrow cartilage from another area of the body such as behind the ear or a small



portion of rib cartilage. It should be noted that it is very rare to require cartilage graft from another area of the body in a primary rhinoplasty.

- Cartilage grafts can be used for the following reasons:
- Alar rim grafts are used to prevent alar retraction, alar notching and an associated sneering appearance that can occur following rhinoplasties if these grafts are not used.
- Spreader grafts help prevent an inverted-V deformity that can occur with hump reduction and also can be used to control dorsal width, dorsal aesthetic lines, and the correction of the crooked nose.
- A columellar strut graft is used to provide tip support thus improving the maintenance of tip projection and rotation in rhinoplasty.
- A subdomal graft is sometimes used to control nasal tip shape and width.

Septoplasty and other medically indicated procedures:

If you have difficulty breathing through your nose, this could be due to the presence of one or more of the following anatomical variations:

- Deviated nasal septum
- Nasal vestibular stenosis (narrowing of the nasal passages)
- Turbinate hypertrophy (enlargement of the structures inside the nose that filter air).

If you have been diagnosed with one or more of these conditions and surgical correction is medically indicated, these issues can be addressed at the same time as your cosmetic rhinoplasty surgery. In fact, it is best to address medical and cosmetic concerns during one surgery to minimize the need for additional surgeries, risk of complication, time under anesthesia, etc. Sometimes, your medical insurance will cover the medical portion of your surgery. Our ultimate goal is to make the surgical cost as affordable to you as possible. In rare cases, it is actually more expensive to have insurance cover these procedures (due to having to meet deductibles, etc). In these situations, our office will help you to determine your best option. Please note, any cosmetic changes such as addressing a dorsal hump or bulbous nasal tip will be considered cosmetic and are not covered by insurance.

Cost:

- The cost of a rhinoplasty can vary from patient to patient depending on multiple factors including surgical facility, etc. Below are some approximate prices (all include the cost of surgical facility, general anesthesia, and surgeon's fee. Post-op medications are not included).

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- Standard cosmetic rhinoplasty: \$9,000
- Revision rhinoplasty: \$11,000
- Revision rhinoplasty with rib and/or ear cartilage graft: \$15,000

Preparing for your surgery:

- Be sure to inform us of any medical conditions and/or medications you are taking at your consultation. Based on your medical history, we may contact your primary care physician or specialist for medical clearance prior to surgery.
- Be sure to inform us if you use any nicotine products such as cigarettes, nicotine gum, nicotine patches, chewing tobacco, vaping, etc. Nicotine causes constriction of blood vessels which can slow healing and increase the risk of postoperative complications. You will be asked to avoid all of these products 1 month prior to and for 1 month after surgery. We will often do a simple test before surgery to be sure the nicotine has had adequate time to clear from your body.
- There are certain medications, supplements, etc. that can increase bleeding during surgery. We will request that you avoid these prior to and after surgery:
 - 2 weeks before surgery and 3 weeks after: Hold aspirin
 - 1 week before surgery and 3 weeks after: Hold NSAIDS (Advil, Aleve, ibuprofen), Vitamin E (such as in a multivitamin), fish oil, red wine
 - If you are taking a blood thinner (Coumadin, Lovenox, Xarelto, etc) be sure to discuss this with your physician at your consultation as adjustments will need to be made prior to surgery to ensure your optimal safety.
- There are certain medications that can slow healing and increase the risk of infection or wound healing complications after surgery. If you are taking any of these medications, we will work closely with your other physician(s) to best coordinate medical management for optimal results.
 - Medications used to treat autoimmune disorders (Enbrel, Plaquenil, etc.)
- Ways to minimize bruising and/or swelling (all are optional but highly encouraged as they have been shown to be very beneficial for many of our patients):
 - Low inflammation diet is recommended 3 weeks before surgery and 2 weeks after to minimize swelling after surgery, ultimately leading to a quicker result.
 - Eliminate grains, dairy, beans/legumes and simple carbohydrates such as sugar
 - Reduce sodium (salt), avoid processed foods and foods from restaurants if possible
 - Eat: chicken, fish, meats, vegetables, fruits and tree nuts (avoid peanuts)

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- Papain (papaya extract), Bromelain (pineapple extract), and Arnica can be taken 1 week prior to and for 1 week after surgery to minimize bruising and can be purchased over the counter.

The day of surgery:

- Your rhinoplasty surgery will be done under general anesthesia either at a hospital or accredited surgical center. Anesthesiologists often remind patients that statistically you are less likely to have complications from general anesthesia than having a car accident on the way to your surgery. Your physician may not perform standard primary or secondary (revision) rhinoplasty surgeries under local anesthesia due to the inability to achieve adequate patient comfort and provide adequate airway support for optimal safety.
- This surgery typically lasts 3 hours, not including time involved for pre-operative check in, induction of anesthesia and recovery from anesthesia.
- This is typically a day surgery which means you will be able to return home after surgery instead of having to stay overnight at the hospital or surgical center.
- You will be groggy after anesthesia and will need to have a friend or family member drive you home. Please note, taxis and ride-sharing companies such as Uber, Lyft, etc are not allowed after surgery for your safety. If you do not have anybody in town that can drive you home, please let us know ahead of time and we will provide you with information for a medical transport service that can assist.
- You can eat as tolerated after surgery, but you likely will not have much appetite for a day or two. We recommend you eat soft foods such as Jello and mashed potatoes for the first day to minimize nausea and vomiting. Ease into more solid foods as you feel ready. Avoid hot liquids such as coffee and soup until your first follow up appointment.

Post-operative appointments:

- Your first follow up appointment will likely be 1 week after surgery with either your physician, their physician's assistant, or their nurse for splint removal.
- Approximately 4-6 weeks after surgery, you will return to see your physician again so they can evaluate your progress and results. At this time, the post-operative bruising and swelling is resolving so results are more apparent.
- After the immediate healing process has passed, you will likely follow up with your physician at 3 months, 6 months and 12 months after surgery.
- Please note we are always available to be seen more frequently if needed.

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- If you live out of town and will be travelling to Austin for your surgery, we request you stay in town at least 1-2 weeks for the immediate post-operative recovery phase. After that, we can answer questions or concerns via phone/email and would be glad to see you in person whenever you are able to make it back to Austin.

Recovery:

Dressings/splints:

- After surgery, you will have an external splint in place, held in place by surgical tape and/or skin glue – these dressings stay in place until your first follow up appointment at approximately 1 week.
 - You will have to keep these dressings dry until your follow up appointment. You may sponge bathe or take a quick, cool shower from the neck down as long as you do not get the dressings wet. Avoid hot showers as the steam will loosen the adhesive dressing. Also do not go out in the rain, or out on a hot day, which could cause sweating. All of these things can cause the splint to fall off too soon.
- After your splint is removed, we typically re-apply tape to the bridge of the nose which will help to keep swelling down. This tape will stay in place for a few days until it falls off on its own. You can take a full body shower including your face and hair once your splint has been removed as the newly applied tape can get wet and then will air dry.
- You will also have internal splints in place – these are typically removed 1 week after surgery although in certain cases they could stay in place up to 2 weeks. We do not routinely use nasal packing.
 - We recommend you irrigate your nostrils with nasal saline spray 5-6 times a day (or more if you would like) following surgery to minimize blood/mucus drying within the nostrils.
- You will have a piece of gauze dressing called a “drip pad” taped under your nostrils when you wake from surgery. This is meant to collect any drainage (blood, etc) from the nostrils after surgery and is typically beneficial for 1-2 days. It is expected that there will be bloody drainage on this pad. The pad can be changed as needed as it becomes saturated. Drainage is typical unless it is saturating the drip pad every 10 minutes or quicker – If that occurs, please contact our office.

Bruising/Swelling:

- Bruising and swelling are typical after this surgery, although each person responds in a unique manner. The below guidelines are based on the average person.

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- Typically bruising will resolve within 2 weeks after surgery. After 2 weeks, if the bruising has not completely resolved, it is typically minimal and can easily be camouflaged with makeup.
- The bulk of your swelling should resolve within 2-3 weeks. At that time, you can likely return to normal day to day activities and people will likely not realize you recently had surgery.
- Sleeping elevated for 2-3 weeks after surgery will help keep swelling down.
- Although the more obvious swelling will resolve within a few weeks after surgery, it can take a full 6-12 months for all of the swelling to resolve in order to see your final results, so try to be patient.

Pain:

Pain after this surgery is minimal. Most patients report they take pain medication for 1-2 days after surgery, and then are able to transition to over the counter Tylenol.

Medications:

We will prescribe multiple medications prior to your surgery in order to optimize your results. Please note exact medications given may vary person to person depending on allergies, medical conditions, etc.

- Cipro (antibiotic): take one by mouth every 12 hours until complete
- Begin the day of surgery after you return home from your surgery
- Emend (*prevents* post-op vomiting associated with general anesthesia): take 30 minutes prior to procedure ****BRING PILL WITH YOU TO THE SURGERY CENTER****
- This medication may not be covered by insurance; *we do not provide prior authorization.*
- This medication can decrease the efficacy of women's birth control for up to one month. A backup method will be needed for one month after taking this medication to help prevent pregnancy.
- Phenergan or Zofran (anti-nausea): one tablet by mouth every 4-6 hours as needed for nausea.
- Take this medication if you experience nausea after surgery, or 30 minutes prior to taking pain medication if pain medicine causes stomach upset.
- Medrol Dose pack (steroids to decrease swelling post op): take all as directed
- Start the day after surgery and take all as directed.
- Celebrex (anti-inflammatory for pain): one tablet by mouth every 12 hours until complete
- Start taking the day before surgery, and continue to take all as directed until complete including the morning of surgery.

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- This medication may not be covered by your insurance; we do not provide prior authorization for it. You can purchase it for a low cost at MedSavers pharmacy if it is not covered by your insurance.
- Valium (anti-anxiety): one tablet by mouth once daily as needed for anxiety. Optional.
- We recommend you take one the evening before your procedure if you feel anxious in order to get a good night sleep and be well rested for surgery. You can take the second pill 30 minutes before your splint removal appointment, but you must have someone drive you to/from your appointment.
- Percocet (pain): one tablet by mouth every 4-6 hours as needed for pain
- Begin after surgery. Take as needed. Wean as tolerated.
- Please note: Constipation is one of the most common side effects of narcotic pain medication. It is common to not have a bowel movement for a few days (or more) after surgery. We encourage you to begin taking a stool softener a few days prior to surgery, and continue afterwards until bowel movements become regular again. If constipation occurs after surgery, you can take an over the counter laxative. If that does not help, we recommend a suppository. If constipation persists, enema may be needed. If, after all of these recommendations, you are still unable to have a bowel movement, please contact our office during normal business hours for further recommendations.

Return to work, life and exercise:

- Our goal after your surgery is achieving social reintegration as soon as possible. All recommendations discussed in this document are aimed at achieving this.
- Return to work largely depends on your line of work. Technically, you can return to work as soon as you are no longer taking pain medications and as soon as you feel ready. That being said, there are a few things that can affect the timing:
- If you work from home, you may feel ready to return within a few days.
- If you work outside of the home, you will likely want to wait at least 1 week to have splints removed. You may want to wait closer to 2 weeks if you prefer the bruising to be gone or mostly resolved.
- For most big events, we recommend you allow 2-3 months for healing. For the even more important events such as your own wedding, we recommend 6 months of healing in order to have the best possible results. However, this is ultimately your personal decision.
- You may return to strenuous physical exercise 3 weeks after surgery as long as there is no risk of getting bumped in the nose such as basketball, etc.

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- You may swim 4 weeks after surgery.
- Contact sports should be avoided for at least 2 months.
- We recommend that you do not blow your nose for 3 weeks after surgery.
- Try to wear contact lenses instead of glasses for 2-3 weeks after surgery.
- DO NOT USE AFRIN or any medicated nasal sprays after surgery until directed by your surgeon.

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