

# *Your Guide to Nose Reshaping*

*PREPARING FOR SURGERY*

*MEDICATIONS TO AVOID BEFORE AND AFTER SURGERY*

*GOING TO OUR OPERATING ROOM*

*RECOVERING FROM SURGERY*

*YOUR INFORMED DECISION*

## *PREPARING FOR SURGERY*

### **STARTING NOW:**

- **STOP SMOKING:** Smoking reduces circulation to the skin and impedes healing. Smoking increases the rate of infection by four times and increases the risk of a pneumothorax (collapsed lung).
- **PRESCRIPTIONS YOU ARE CURRENTLY TAKING:** Be sure to tell Dr. Mills about any prescription medications that you are currently taking. He will tell you whether or not you should continue with those medications prior to your surgery. Ask whether or not you should take any of your medications on the morning of surgery.
- **DO NOT TAKE VITAMIN C:** Dr. Mills prefers his patients to discontinue the use of Vitamin C prior to and immediately after surgery, as Vitamin C may increase scarring.
- **DO NOT TAKE ASPIRIN OR IBUPROFEN:** Stop taking medications containing aspirin or ibuprofen. Review the list of drugs containing aspirin and ibuprofen carefully. Such drugs can cause bleeding problems during and after surgery. If necessary, use medications containing acetaminophen instead of aspirin or ibuprofen (such as Tylenol).
- **STOP TAKING VITAMIN E:** Dr. Mills recommends that you discontinue the use of Vitamin E supplements preoperatively and immediately postoperatively, as it may increase bleeding.
- **FILL YOUR PRESCRIPTIONS:** You will be given prescriptions for medications. Please have them filled at least five days BEFORE your surgery date.

- **ONE WEEK PRIOR TO SURGERY:** You will need to use (any brand) pore strips on your nose three times during the week prior to your surgery. This is to remove any debris from clogged pores which could become infected after surgery. If you have stubborn blackheads or acne on your nose please schedule an appointment for extractions with one of our clinical aestheticians one week prior to surgery.

### **THE DAY BEFORE SURGERY:**

- **CONFIRM ADMIT TIME:** Your admit time will be confirmed at your pre-operative appointment. If there is a need to change your admit time, we will notify you as soon as possible prior to your surgery
- **PRESCRIPTIONS:** Make sure that you have filled the prescriptions you were given. Set the medications out where you will not forget to bring them with you on the morning of surgery.
- **CLEANSING:** The night before surgery, shower and wash your hair with Hibiclens soap. Avoid getting the soap in your eyes.
- **EATING AND DRINKING:** Do not eat or drink anything after 12:00 midnight. This includes drinking water and chewing gum.

### **MORNING OF SURGERY:**

- **SPECIAL INFORMATION: Do not eat or drink anything unless instructed to do so by Dr. Mills or the Anesthesiologist /Anesthetist! This includes water!** If you take a daily medication prescription or otherwise, please discuss this with Dr. Mills and the MD Anesthesiologist/Anesthetist prior to your surgery. **Dr. Mills will cancel your surgery if you have had anything to eat or drink the morning of surgery that was approved by your Anesthesiologist/Anesthetist.**

- **CONTACT LENSES:** Please remove contact lenses, or bring lens case and solution to remove before surgery. Also, please remember to bring eyeglasses.
- **ORAL HYGIENE:** You may brush your teeth but do not swallow any water.
- **CLEANSING:** Shower and wash your hair again with Hibiclens soap.
- **MAKE-UP:** Please do not wear moisturizers, creams, lotions, deodorant, make-up, or perfume, nail polish or acrylic nails.
- **JEWELRY:** Please do not wear or bring any jewelry. If you have jewelry you cannot remove, please let the nurse know. Ponytail holders are suggested for long hair, but please do not wear any metal or hard hair clips or pins.
- **CLOTHING:** When you leave the surgery center you will be sleepy and will want to crawl right into bed when you get home. Wear only comfortable, loose-fitting clothes with a FRONT opening. Do not wear pullovers or turtlenecks, tight slacks or jeans, or high-heeled or high-top lace shoes. Slippers or slip-on shoes are preferred. You will want to bring a warm pair of socks, since the operating room is very cool. You may also want to bring sunglasses, a hat or a scarf to cover your bandages. Please remove all jewelry, and leave all jewelry and valuables at home.
- **AT HOME:** Prepare your bed and atmosphere at home before you leave for surgery. Have several comfortable outfits ready—pajamas, sweats, nightgowns, etc. Have extra pillows, blankets or quilts available where you will be most comfortable. Books on tape, videos, music and television can help to pass the time until you feel more able to be up and around. Have plenty of food and beverages available that are easy to prepare and serve. We suggest water for hydration, and applesauce, oatmeal, Jell-O, puddings, bananas, baked potatoes

and pasta to eat before you take your medication. Have plenty of ice in the freezer, and have lotion and other items for comfort easily accessible from your bed.

- **CHECK IN/PREPARATION:** Report to Oceanview Ambulatory Surgery Center, Inc. on the day of your surgery with your prescribed medications. If your surgery time is at 8:00 a.m., you will need to ring the doorbell at Suite 403 and the operating room staff will let you in. If for any reason the automatic main doors to the building do not open at your arrival, there is a directory telephone by the entrance that will ring directly to the surgery center so that you can be buzzed through. If your surgery time is not at 8:00 a.m., your admit time is contingent on the completion of the surgery scheduled before you. We must have the number of where you will be the morning of surgery so that we can contact you. You will also need to call our office at (949) 499-9531 before you leave for the surgery center so that we can minimize your wait time.

## *MEDICATIONS TO AVOID BEFORE AND AFTER SURGERY*

If you are taking any medications on this list, they should be discontinued 10 days prior to surgery and only Tylenol should be taken for pain. It is absolutely necessary that all of your current medications be specifically cleared by Dr. Mills if they will be taken before or immediately after surgery.

### Aspirin and Products Containing Aspirin

- Aspirin/ASA (Ecotrin, Empirin, Halfprin, Bayer, Anacin, Zorprin, ASA, Asaphen, Etrophen, Novasen, CVS Aspirin, Goody's Aspirin, Norwich Aspirin, Rite Aid Aspirin, St. Joseph, Bufferin, Ascriptin, Accuprin 81 Adult Low Dose Aspirin)
- ASA, Citrate & Bicarbonate (Alka-Seltzer)
- ASA & Caffeine (BC Powder)
- ASA & Codeine (Empirin with Codeine)
- Acetaminophen & Aspirin (Excedrin)
- Acetaminophen, Aspirin & Caffeine (Vanquish, Pamprin Maximum Strength)
- Bismuth Subsalicylate (Pepto-Bismol, Kaopectate)
- Bismuth Subsalicylate, Metronidazole, & Tetracycline (Helidac)
- Butalbital, Aspirin & Caffeine (Fiorinal, Fiortal)
- Butalbital, Aspirin, Caffeine & Codeine (Fiorinal with Codeine, Fiortal with Codeine)
- Carisopodol & ASA (Soma Compound)
- Carisoprodol, ASA & Codeine (Soma Compound with Codeine)
- Choline Magnesium Trisalicylate (Trilisate)
- Diflunisal (Dolobid)
- Dihydrocodeine, ASA & Caffeine (Synalgos-DC)
- Magnesium Salicylate (Doan's)
- Methocarbamol & ASA (Robaxial)
- Orphenadrine, ASA & Caffeine (Norgesic, Norgesic Forte)
- Oxycodone & ASA (Percodan, Oxycodan, Endodan)
- Salsalate (Salflex, Disalcid, Amigesic)

### Anti-Inflammatory Agents

Daniel C. Mills, M.D., F.A.C.S.  
(949) 499-2800

- Arthrotec (Diclofenac & Misoprostol)
- Balsalazide (Colazal)
- Diclofenac (Voltaren, Voltaren XR, Cataflam, Cambia, Flector, Zipsor)
- Etodolac (Ebretin, Eccoxolac, Lodine, Ultradol)
- Fenoprofen (Nalfon)
- Flurbiprofen (Ansaid, Flurprofen, Froben)
- Hydrocodone/Ibuprofen (Ibudone, Reprexain, Vicoprofen)
- Ibuprofen (Advil, Motrin, NeoProfen, Caldolor, Midol, Nuprin, Profen, Rufen)
- Indomethacin (Indocin, Indocin SR, Indocin IV, Indocin-PDA)
- Ketoprofen (Orudis, Orudis KT , Actron, Oruvail, Orudis SR)
- Ketorolac (Toradol)
- Mefenamic acid (Ponstel)
- Meloxicam (Mobic, Mobicox)
- Mesalamine (5-aminosalicylic acid, Apriso, 5-ASA, Asacol, Lialda, Pentasa, Canasa, Rowasa, Mesasal, Salofalk)
- Nabumetone (Relafen)
- Naproxen (Aleve, Naprosyn, Anaprox, NapraPac , Naprelan, Midol, Treximet,)
- Olsalazine (Dipentum)
- Oxaprozin (Daypro)
- Piroxicam (Feldene)
- Sulindac (Clinoril)
- Sulfasalazine (Azulfidine, Azulfidine EN-tabs, Salazopyrin En-tabs, S.A.S.)
- Tolmetin (Tolectin)

### Anticoagulants/Antiplatelet Drugs

- Aspirin/Dipyridamole (Aggrenox, Asasantine)
- Clopidogrel (Plavix)
- Dalteparin (Framgin)
- Desirudin (Iprivask)
- Dipyridamole (Persantine)
- Enoxaparin (Lovenox)
- Fodaparinux (Arixtra)
- Heparin (Calciparine, Monoparin, Multiparin)
- Prasugrel (Effient)
- Ticlopidine (Ticlid)
- Tinzaparin (Innohep)
- Warfarin (Coumadin, Jantoven)

### Tricyclic Antidepressants

Daniel C. Mills, M.D., F.A.C.S.  
(949) 499-2800

- Amitriptyline (Elavil)
- Clomipramine (Anafranil)
- Desipramine (Norpramin)
- Doxepin (Sinequan)
- Imipramine (Tofranil, Tofranil PM)
- Nortriptyline (Aventyl, Pamelor)
- Protriptyline (Vivactil)

### MAOI Antidepressants

- Isocarboxazid (marplan)
- Phenelzine (Nardil)
- Selegiline-Transdermal (Emsam)
- Tranylcypromine (Parnate)

### Antipsychotics

- Chlorpromazine (Thorazine)
- Fluphenazine (Prolixin, Modecate, Modeten)
- Haloperidol (Haldol)
- Perphenazine
- Pimozide (Orap)
- Thioridazine (mellaril, Rideril)
- Thiothixene (Navane)
- Trifluoperazine (Stelazine)

### Stimulants

- Phentermine

### Steroids

- Dexamethasone
- Hydrocortisone
- Methylprednisolone
- Prednisone
- Prednisolone

### Vitamins

- Vitamin C
- Vitamin E

## Herbals

- Bilberry
- Cayenne
- Dong Quai
- Echinacea
- Feverfew
- Fish Oil
- Garlic
- Ginger
- Ginko Biloba
- Ginseng
- Hawthorne
- Kava Kava
- Licorice Root
- Ma Huang
- Melatonin
- Red Clover
- St. John's Wort
- Valerian
- Yohimbe

\*\*If you are taking any hormone therapy Dr. Mills suggests stopping this 2 weeks before surgery and then continuing again 2 weeks after surgery, to reduce the risk of blood clot. It is ultimately a decision you and the prescribing doctor will have to make, but we want to inform you of your added risk.

## GOING TO OUR OPERATING ROOM

### **THE OPERATING SUITE:**

- Going to the operating room is a new experience for most. Dr. Mills and his professional staff recognize the natural anxiety with which most patients approach this step in the process of achieving their goals. We believe a description of the surgery experience will be helpful.
- Your surgery will be performed at Oceanview Ambulatory Surgery Center in our state-of-the-art-operating suite. Specialists using the most modern equipment and techniques will attend to you. The team includes a certified registered nurse anesthetist or MD Anesthesiologist, a trained operating room technician and a registered nurse in charge of the operating room.
- When you arrive at Oceanview Ambulatory Surgery Center, you will be escorted to a quiet, private room. You will be asked to change into a patient's gown and you will be given support stockings and/or foot covers. Doctor Mills, his nurse, and the anesthetist/Anesthesiologist will meet with you before you enter the operating suite. This is the time for final surgical planning; it is also when we will do basic preparations and draw on your skin. There will be adequate time for last minute questions.
- Once you enter the operating room, the staff will do everything they can to make you feel comfortable and secure. Once you are on the operating table, the nurse or anesthetist will start an intravenous drip in your arm. At this time, to ensure your safety, our staff will connect you to monitoring devices. Medications will flow through the tubing and into a vein in your arm. These medications will begin to make you sleepy.

- When your surgery has been completed and your dressings are in place, you will be moved to the recovery room. You will be connected to monitoring equipment immediately. During this period, your anesthesiologist and a fully-trained recovery room nurse will take care of you and remain with you at all times.
- We anticipate that your stay in the recovery room will last from 1—2 hours, depending on how soon you are ready to leave. Most patients are fully awake within 30—60 minutes after surgery and usually do not remember much about their stay in the recovery room.

### **POST-SURGERY ARRANGEMENTS:**

- **AT HOME OR HOTEL:** You must arrange for a competent, caring, capable adult to drive you to and from the surgery center. **Your caregiver must remain with you all day and through the first night. You may not be left alone during this time.**
- **RECOVERY CENTER:** If you will be staying the night at Oceanview Ambulatory Surgery Center, you may wish to pack an overnight bag with pajamas or nightgown, robe, bedroom slippers, toothbrush, hairbrush, as well as your medications and eyeglasses (if applicable). Please do not bring any money or valuable with you for your overnight stay. **You will need to arrange for your transportation to pick you up at 8:00 a.m. the morning following your surgery, and you will need someone to stay with you at least the first entire day.**

## RECOVERING FROM SURGERY

- **FAMILY & FRIENDS:** Support from family and friends is very helpful, but because they may not understand what constitutes a normal postoperative course, their comments may unintentionally create emotional turmoil for you. We will tell you honestly how you are doing and what we expect your results to be. Please trust our knowledge and experience when we discuss your progress with you.

Although plastic surgery has become quite popular, your friends may still be reluctant to bring up what they believe is a private matter. Patients occasionally feel upset that “no one noticed” or “said anything.” If you feel comfortable discussing your surgical experience, do so openly. When people ask how you are doing, respond by saying, “I feel wonderful, I just had plastic surgery and I’m recovering nicely.” This lets people know that they may talk freely with you. Often when patients are open, they find that their friends and acquaintances are very interested in discussing the subject.

- **DEPRESSION:** Quite frequently, patients experience a brief period of “let-down” or depression after aesthetic surgery. Some may have subconsciously expected to feel and look better “instantly,” although they rationally understand that this will not be the case. Patients commonly question their decision to have surgery during the first few days after surgery. As the healing occurs, these thoughts usually disappear quickly. If you feel depressed, understand that this is a “natural” phase of the healing process. If necessary, please let us help you through this period.
- **SALT AND CAFFEINE:** It is best to avoid salt and caffeine for 2 weeks post operatively. Salt can cause excessive water retention and additional swelling and caffeine reduces circulation to the skin and

impedes healing. Canned soups, frozen foods and processed foods contain high levels of salt and should be avoided.

- **HEALING:** Everyone has the capacity to heal themselves to one degree or another. Clearly, this ability is variable and depends upon a number of factors such as your genetic background or your overall state of health and lifestyle (exercise, diet, smoking, drinking, etc.). Many people believe that the surgeon “heals” the patient. No one person can make another heal. Dr. Mills can facilitate (but not accelerate) the healing process. Your cooperation and close attention is extremely important and in your best interest.
  
- **FOLLOWING INSTRUCTIONS:** Another major factor in the course of healing is following the instructions given by Dr. Mills verbally and in this booklet. Such guidelines are designed to promote the healing process and prevent anything from interfering with your recovery. It is imperative that you recognize that you are a partner in this process and have the responsibility of following instructions carefully. The instructions, based on broad experience, are designed to maximize your healing process.

## *RECOVERING FROM SURGERY*

### **RHINOPLASTY (NOSE RESHAPING-Closed Approach)**

- **NUMBNESS AND SWELLING:** You may experience some degree of numbness of the tip of your nose for up to one year. You may have some swelling for 12 – 36 months, and the incision site inside the nose may remain swollen or feel firm for many months after surgery.
- **INCREASING SWELLING:** Intermittent increases in swelling will occur for the first few weeks after surgery.
- **DRIPPING:** You may want to carry some tissues with you for a few weeks after surgery, as your nose may “drip”. You cannot blow your nose for one month after surgery.
- **ACTIVITIES:** Nasal surgery usually hurts very little. Many people feel quite “normal” within a day or two. If your work keeps you sedentary, you may return as desired. Avoid heavy exercise or straining as it can cause bleeding or swelling during the first 2 – 3 weeks. Please be careful!

## RECOVERING FROM SURGERY

### **OPEN RHINOPLASTY AND OPEN TIP RHINOPLASTY (NOSE RESHAPING-Open Approach)**

- **NUMBNESS AND SWELLING:** You may experience some degree of numbness of the tip of your nose for up to one year. You may have some swelling for 12 – 18 months, and the incision site inside the nose may remain swollen or feel firm for many months after surgery.
- **NASAL TIP SWELLING:** Because an “open” approach to the nasal tip has been used, the upper columella (divider between the two nostrils) and the tip may remain swollen somewhat longer than with a standard or “closed” rhinoplasty. The swelling may take a year or more to disappear.
- **INCREASING SWELLING:** Intermittent increases in swelling will occur for the first few weeks after surgery.
- **DRIPPING:** You may want to carry some tissues with you for a few weeks after surgery, as your nose may “drip”. You cannot blow your nose for one month after surgery.
- **ACTIVITIES:** Nasal surgery usually hurts very little. Many people feel quite “normal” within a day or two. If your work keeps you sedentary, you may return as desired. Avoid heavy exercise or straining as it can cause bleeding or swelling during the first 2 – 3 weeks. Please be careful!

## *POST OPERATIVE INSTRUCTIONS*

- **ACTIVITY/SPORTS:** We want you to avoid straining or any aerobic activity for at least 3 weeks after surgery. This is to avoid bleeding, bruising, and swelling. Do not resume strenuous exercise for 4 to 6 weeks. Dr. Mills will give you clearance to increase your activities according to the progress of your recovery.
- **DRIVING:** You may resume driving when you feel you are able, but wait at least 3 to 4 days after surgery. Keep in mind that you must have full use of your reflexes. If pain will inhibit them, do not drive! Do not drive if you are taking pain medications.
- **SEXUAL ACTIVITY:** You may enjoy sexual activity as your body allows with the following restriction: please reread Activity/Sports above and apply the same concept to sex.
- **SUN EXPOSURE:** If fresh scars are exposed to sunlight, they will tend to become darker and take longer to fade. Always use sunscreen. Take extra care and precautions if the area operated on is slightly numb—you might not “feel” sunburn developing!
- **WORK:** Allow adequate time after surgery to rest, heal and recover from your procedure. Discuss your job duties with Dr. Mills to decide on an appropriate time before returning to work.

## *POST OPERATIVE INSTRUCTIONS*

### **RHINOPLASTY** (NOSE RESHAPING-Closed Approach)

- **NASAL PACKING:** We usually are able to avoid nasal packing after surgery. If you have bled slightly more than usual during your operation, or if there is some other reason, we may use packing. With packing in place, you will have to breathe through your mouth, and you will have somewhat more swelling than usual. We will usually remove such packing in 24 – 72 hours.
- **CAST:** The splint put on your nose at the end of surgery is intended to provide protection, serving as a sort of small external skeleton. It will be removed in 4 – 5 days. You will want to keep the cast and wear it while you sleep. This will protect you from bumping your nose.
- **POSITION:** Keeping your head (and nose) elevated tends to reduce swelling. Sleep with your head elevated on two or three pillows.
- **DRIED BLOOD IN THE NOSTRILS:** After surgery, some oozing and bleeding usually occurs for a day or two, and crusting dried blood will collect in the nostrils. Use of NA-SAL or Ocean Spray Saline Nasal Spray for a few days will help clean the area.

## *POST OPERATIVE INSTRUCTIONS*

### **OPEN RHINOPLASTY AND OPEN TIP RHINOPLASTY (NOSE RESHAPING-Open Approach)**

- **NASAL PACKING:** We usually are able to avoid nasal packing after surgery. If you have bled slightly more than usual during your operation, or if there is some other reason, we may use packing. With packing in place, you will have to breathe through your mouth, and you will have somewhat more swelling than usual. We will usually remove such packing in 24 – 48 hours.
- **INTERNAL SPLINTS:** If you had surgery on your septum as part of your rhinoplasty, plastic splints will be sutured inside your nose. Although these take up some room, your nasal passages should not be totally obstructed. Dr. Mills will usually remove the splints from 7 – 14 days after surgery.
- **CAST:** The splint put on your nose at the end of surgery is intended to provide protection, serving as a sort of small external skeleton. We will change this in the office 2 – 3 times a week. It will be removed in 7 – 14 days.
- **POSITION:** Keeping your head (and nose) elevated tends to reduce swelling. If possible, sleep with your head on two or three pillows.
- **DRIED BLOOD IN THE NOSTRILS:** After surgery, some oozing and bleeding usually occurs for a day or two, and crusting dried blood will collect in the nostrils. Use of NA-SAL or Ocean Spray Saline Nasal Spray for a few days will help clean the area. Debris can be removed with an infant aspiration bulb.

- **EXTERNAL SUTURES:** The external sutures will be removed in 4 – 6 days. Apply a small amount of antibiotic ointment to the incision line 2 – 3 times a day.

Patient Copy

## *YOUR INFORMED DECISION*

### **ABOUT RISKS:**

- We want you to fully understand the risks involved with surgery so that you can make an informed decision. Although complications are infrequent, all surgeries have some degree of risk. Dr. Mills and his staff will apply their knowledge and experience to avoid complications insofar as we are able. If a complication does occur, we will use those same skills in an attempt to solve the problem quickly. The importance of having a highly qualified medical team and the use of a certified facility cannot be overestimated.
- In general, the least serious problems occur more often and the more serious problems rarely occur. If a complication does arise, you, Dr. Mills, and the surgical team will cooperate in resolving the problem. Most complications involve an extension of the recovery period rather than any permanent effect on your final result.

### **NORMAL SYMPTOMS:**

- **SWELLING AND BRUISING:** Moderate swelling and bruising is normal after any surgery. Severe swelling and bruising may indicate bleeding or possible infection. If you have severe swelling or bruising, please notify Dr. Mills immediately.
- **DISCOMFORT AND PAIN:** Mild to moderate discomfort or pain is normal after any surgery. If the pain becomes severe and is not relieved by pain medication, please call the office at (949) 499-2800.
- **CRUSTING ALONG THE INCISION LINES:** We usually treat this by cleansing with hydrogen peroxide on a clean cotton tipped swab and then the application of an antibiotic ointment.

- **NUMBNESS:** Small sensory nerves to the skin surface are occasionally disrupted when the incision is made or during the undermining of the skin during surgery. The sensation in those areas gradually returns—usually within two or three months, but it may take as long as a year or two, as the nerve endings heal spontaneously.
- **ITCHING:** Itching and occasional small shooting “electrical” sensations within the skin frequently occur as the nerve endings heal. Ice, skin moisturizers, and massages are frequently helpful. These symptoms are common during the recovery period.
- **REDNESS OF SCARS:** All new scars are red, dark pink, or purple. Scars on the face usually fade within 3 to 6 months. Scars on the breasts or body may take a year or longer to fade completely.

#### **COMMON RISKS:**

- **HEMATOMA:** Small collections of blood under the skin are usually absorbed spontaneously. Larger collections of fluid, call hematomas or seromas, may require aspiration, drainage, or even surgical removal to achieve the best result.
- **INFLAMMATION AND INFECTION:** A superficial infection may require antibiotic ointment. Deeper infections are treated with oral or intravenous antibiotics.
- **THICK, WIDE, OR DEPRESSED SCARS:** Abnormal scars may occur even though we have used the most modern plastic surgery techniques. Occasionally, treatment may be necessary, including steroid injection, placement of silicone sheeting, laser treatment or scar revision surgery. Some areas on the body scar more easily than others and some people have a greater tendency for scarring. Your own history of scarring should give you some indication of what you can expect.

- **WOUND SEPARATION OR DELAYED HEALING:** During the healing phase, any incision may separate or heal unusually slow for a number of reasons. These reasons include inflammation, infection, wound tension, and decreased circulation, smoking or excess external pressure. If delayed healing occurs, the final outcome is usually not significantly affected, but secondary scar revision may be indicated.
- **SENSITIVITY OR ALLERGY TO DRESSINGS OR TAPE:** Occasionally, allergic or sensitivity reactions may occur from soaps, ointments, tape or sutures used during or after surgery. Such reactions are generally mild and easily treated. In extremely rare circumstances, allergic reactions can be severe and require aggressive treatment or even hospitalization. Please let us know if you have ever experienced an allergic reaction to any previous treatments.
- **INCREASED RISKS FOR SMOKERS:** Smokers have a greater chance of skin loss and poor healing because of decreased skin circulation. (See Preparing for Surgery.)
- **POSSIBLE COMPLICATIONS:** Asymmetry, unhappiness with the result, poor healing, et cetera may occur. Minimal asymmetries are usually acceptable. Larger asymmetries frequently require revisional surgery.

#### **MEDICAL COMPLICATIONS:**

- **RARE COMPLICATIONS:** Any problem mentioned under Common Risks, if severe, may significantly delay healing or necessitate further surgical procedures. Medical complications such as pulmonary embolism, severe allergic reactions to medications, cardiac arrhythmias, heart attack, and hypothermia are rare but serious and life-threatening problems. There are also anesthesia risks such as enzyme deficiency and malignant hyperthermia. A C.R.N.A./M.D. will be present, reducing these risks. (Please disclose all pertinent medical

data before surgery in order to reduce serious problems for you and for the medical team during surgery.)

- **INJURY TO DEEPER STRUCTURES:** Blood vessels, nerves and muscles may be injured during surgery. The incidence of such injuries is rare.
  
- **UNSATISFACTORY RESULT & NEED FOR REVISIONAL SURGERY:** Plastic surgery is performed to improve, enhance, or rejuvenate. While the procedures are performed with a very high probability of success, disappointments occur and results are not always acceptable to patients or the surgeon. Secondary procedures or treatments may be indicated. Rarely, problems may occur that are permanent.

## *YOUR INFORMED DECISION*

### **RHINOPLASTY (NOSE RESHAPING-Closed Approach)**

- **NEED FOR FURTHER SURGERY:** If asymmetry or an undesired contour is present after surgery, you may require an additional small surgical procedure to revise the appearance. This seems to occur more commonly in nasal procedures than in other cosmetic surgery operations because we cannot always predict how the nose will heal over time. If a second procedure seems necessary, we usually will need to wait at least 6 months from the time of the most recent procedure for the swelling to reduce.
- **SWELLING:** Initial swelling will go down in 1 – 2 months. Although it takes 10 - 12 months for ALL swelling to disappear and for your final result to show.
- **DIFFICULTY BREATHING THROUGH THE NOSE:** Nasal surgery causes swelling both inside and outside the nose. If your septum has been operated on, you will have packing within the nostrils. Dr. Mills or a nurse will usually remove the splints in 5 – 14 days.
- **SCARRING:** Internal scarring or adhesions may occur, but are unlikely complications.
- **DECREASED SENSATIONS:** Reduced sensation or numbness may occur (usually the nasal tip) following rhinoplasty. The problem usually (but not always) disappears with time.
- **NASAL OBSTRUCTION:** Possible healing, problems may occur which may result in the airways remaining blocked or obstructed causing difficulty in breathing.
- **INJURY TO ADJACENT STRUCTURES AND NASAL FUNCTION:** Injury to nerves, tear ducts, muscles and sense of smell are very rare, but can potentially occur.

- **PERFORATED NASAL SEPTUM:** A permanent hole (perforation) developing through the septum (divider between the two sides of the nose) is a remote possibility following rhinoplasty. Most small perforations are essentially asymptomatic. In rare cases, further surgical correction may be indicated. Very rarely, the septal perforation cannot be corrected.
- **TIP SWELLING:** There may be persistent swelling in the nose, especially around the tip, that may be temporary, last several months or years, or may be permanent.
- **VOICE CHANGE:** The patient may notice changes in the sound of their voice (uncommon).
- **ALTERNATIVES:** Not having surgery will avoid risks, but will leave you with the deformity. An "open" rhinoplasty technique is sometimes an alternate approach appropriate procedure. A smaller procedure (tip rhinoplasty) may provide partial improvement with fewer potential risks.

## YOUR INFORMED DECISION

### **OPEN RHINOPLASTY AND OPEN TIP RHINOPLASTY (NOSE RESHAPING-Open Approach)**

- **DIFFICULTY BREATHING THROUGH THE NOSE:** Nasal surgery causes swelling both inside and outside the nose. If your septum has been operated on, you will have plastic splints (or some temporary packing) within the nostrils. Dr. Mills or a nurse will usually remove the packing a day or two after surgery and the splints in 7 – 14 days.
- **SWELLING:** It takes 10 – 12 months for ALL swelling to disappear and for your final result to show.
- **DECREASED SENSATION:** Reduced sensation or numbness may occur (usually the nasal tip) following rhinoplasty. The problem usually (but not always) disappears with time.
- **EXTERNAL SCAR:** Because an “open” procedure is being performed, a very short scar usually becomes almost invisible with time, slight notching, unevenness, scar thickness, etc. are all a remote possibility. If the scar does not look ideal after complete healing, a secondary revision may be indicated.
- **SCARRING:** Internal scarring or adhesions may occur, but are unlikely complications.
- **NASAL OBSTRUCTION:** Possible healing, problems may occur which may result in the airways remaining blocked or obstructed causing difficulty in breathing.
- **INJURY TO ADJACENT STRUCTURES AND NASAL FUNCTION:** Injury to nerves, tear ducts, muscles, and sense of smell are very rare, but can potentially occur.
- **PERFORATED NASAL SEPTUM:** A permanent hole (perforation) developing through the septum (divider between the two sides of the

nose) is a remote possibility following rhinoplasty. Most small perforations are essentially asymptomatic. In rare cases, further surgical correction may be indicated. Very rarely, the septal perforation cannot be corrected.

- **TIP SWELLING:** There may be persistent swelling in the nose, especially around the tip, that may be temporary, last several months or years, or may be permanent.
- **VOICE CHANGE:** The patient may notice changes in the sound of their voice (uncommon).
- **GRAFTS:** If cartilage grafts are used, they may reabsorb (dissolve). They may also work their way out from underneath the skin necessitating removal
- **ALTERNATIVES:** Not having surgery will avoid risks, but will leave you with the deformity. An "closed" or standard rhinoplasty technique is sometimes an alternate approach appropriate procedure. A smaller procedure (tip rhinoplasty) may provide partial improvement with fewer potential risks.

## CONSENT FOR SURGERY

I, \_\_\_\_\_, desire Daniel C. Mills, M.D., F.A.C.S. and such assistants, as may be assigned by him, to perform the elective procedure(s) of:

- **STANDARD RHINOPLASTY** (Surgery to improve the appearance of my nose using an external incision on the columella [the strut between the nostrils])

The nature and purpose of the operation(s), possible alternative methods of treatment, including no treatment/surgery, risks and possible complications have been fully explained to me by Daniel C. Mills, M.D., F.A.C.S. during my preoperative consultation. I understand that this operation is not an emergency nor is it medically necessary to improve or protect my physical health. I have been advised that all surgery involves general risks, including but not limited to bleeding, infection, nerve damage and rarely, cardiac arrest, death, or other serious bodily injury. I acknowledge that no guarantees or assurances have been made as to the results that may be obtained.

I understand that anesthesia will be given and that it, too, carries risks. I consent to the administration of anesthesia by either a qualified Certified Nurse Anesthetist or M.D. Anesthesiologist to the use of such anesthetics, as he/she may deem advisable.

It has been explained to me that during the course of the operation unforeseen conditions may be revealed that necessitate an extension of the original procedure, and I hereby authorize my doctor and/or such assistants, as may be selected by him to perform such procedures as are

Daniel C. Mills, M.D., F.A.C.S.  
(949) 499-2800

Initials: \_\_\_\_\_

Necessary, and desirable, including but not limited to the services of pathologists, radiologists, or a laboratory. The authority granted in this paragraph shall extend to remedying conditions that are not known to my doctor at the time the operation commences.

I understand that photography is important in planning and evaluating surgery, and I give permission for photographs to be taken before and after my surgery for the purposes of documentation only.

I agree to keep my doctor informed of any change in my permanent address so that he can inform me of any important new findings relating to my surgery. I further agree to cooperate with him in my aftercare until I am discharged from his care.

In signing this consent, I hereby certify that I understand the risks, benefits, and alternatives to my procedure(s) and that I have discussed them with Daniel C. Mills, M.D., F.A.C.S.

Please do not give your permission or sign this consent form if you have any questions regarding your procedure(s). Please advise a staff member of these questions or concerns so that arrangements can be made for Daniel C. Mills, M.D., F.A.C.S. to discuss them with you.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Preoperative Nurse

Signature: \_\_\_\_\_

Witness: \_\_\_\_\_ Relationship: \_\_\_\_\_

## CONSENT FOR SURGERY

I, \_\_\_\_\_, desire Daniel C. Mills, M.D., F.A.C.S. and such assistants, as may be assigned by him, to perform the elective procedure(s) of:

- **OPEN RHINOPLASTY AND OPEN TIP RHINOPLASTY** (Nose Reshaping Using An Open Approach)

The nature and purpose of the operation(s), possible alternative methods of treatment, including no treatment/surgery, risks and possible complications have been fully explained to me by Daniel C. Mills, M.D., F.A.C.S. during my preoperative consultation. I understand that this operation is not an emergency nor is it medically necessary to improve or protect my physical health. I have been advised that all surgery involves general risks, including but not limited to bleeding, infection, nerve damage and rarely, cardiac arrest, death, or other serious bodily injury. I acknowledge that no guarantees or assurances have been made as to the results that may be obtained.

I understand that anesthesia will be given and that it, too, carries risks. I consent to the administration of anesthesia by either a qualified Certified Nurse Anesthetist or M.D. Anesthesiologist to the use of such anesthetics, as he/she may deem advisable.

It has been explained to me that during the course of the operation unforeseen conditions may be revealed that necessitate an extension of the original procedure, and I hereby authorize my doctor and/or such assistants as may be selected by him to perform such procedures as are necessary and desirable, including but not limited to the services of pathologists, radiologists, or a laboratory. The authority granted in this

Daniel C. Mills, M.D., F.A.C.S.  
(949) 499-2800

Initials: \_\_\_\_\_

Paragraph, shall extend to remedying conditions that are not known to my doctor at the time the operation commences.

I understand that photography is important in planning and evaluating surgery, and I give permission for photographs to be taken before and after my surgery for the purposes of documentation only.

I agree to keep my doctor informed of any change in my permanent address so that he can inform me of any important new findings relating to my surgery. I further agree to cooperate with him in my aftercare until I am discharged from his care.

In signing this consent, I hereby certify that I understand the risks, benefits, and alternatives to my procedure(s) and that I have discussed them with Daniel C. Mills, M.D., F.A.C.S.

Please do not give your permission or sign this consent form if you have any questions regarding your procedure(s). Please advise a staff member of these questions or concerns so that arrangements can be made for Daniel C. Mills, M.D., F.A.C.S. to discuss them with you.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Preoperative Nurse

Signature: \_\_\_\_\_

Witness: \_\_\_\_\_ Relationship: \_\_\_\_\_

*PREGNANCY (HCG) TEST CONSENT*

I understand that it is Dr. Mills' policy that all female surgical patients have a pregnancy test prior to surgery, I understand that it is imperative that I refrain from unprotected sex between the time of my pregnancy test until my date of surgery.

I understand that if I am pregnant at the time of surgery, the effects of anesthesia could be potentially harmful to the unborn fetus. My signature below releases Dr. Mills and Professional Anesthesia Services from any liabilities regarding the above stated as they have taken prudent steps in order to ensure my best health.

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

*Patient Copy*

## *MEDICATIONS*

### **GENERAL INFORMATION:**

Dr. Mills and the nursing staff have given you prescriptions for your comfort and care. It is important that you use the medications as directed unless you experience abnormal symptoms that might be related to medication usage.

Symptoms such as itching, rash development, wheezing, and tightness in the throat would probably be due to an allergy. Should these occur, discontinue all medications and call our office for instructions.

## *MEDICATION INSTRUCTIONS*

### ***HIBICLENS is over the counter***

This is an antibacterial soap that you will need to shampoo and shower with the night before surgery and the morning of surgery. This soap will not lather and may make your skin quite dry. You may use it after surgery to cut down on bacteria as well. Try to avoid getting hibiclens in your eyes, as it may be very irritating.

### ***OMNICEF 300MG #12 1 tablet twice daily starting the day prior to surgery***

This is an antibiotic and will help reduce the risk of infection. You will be taking this medication two times a day. Always remember to take it with food to keep from upsetting your stomach. Start taking your antibiotics the night before surgery so they are in your bloodstream at the time of surgery. Take the Omnicef until they are all gone.

**LORTAB 7.5MG #30 1-2 tablets every 4-6 hours as needed for pain**

In order to ensure that you have a comfortable recovery period, you have been prescribed a pain reliever. As with the antibiotic, always remember to take your pain pill with food. As long as you are in discomfort, you should be taking your pain pills. Take just one pill at first. If in 20-30 minutes you are still in pain, take a second pill. If you need a refill, please do not hesitate to call the office. These are for major pain. You may have some nausea if you take more pain pills than needed. Only take your pain pills as needed for pain, not by the clock (not every four hours unless you are actually in pain).

**PERI-COLACE is over the counter**

Peri-colace is a stool softener. This will keep you from getting constipated. Take this once a day at bedtime. If you do not have to strain it will be much more comfortable for you.

**ZOFRAN 8MG #2 2 tablets one hour prior to surgery**

The nurse will have you take these 2 tablets when you arrive at surgery center. This medication is used to prevent nausea. Please bring these tablets to the surgery center with you.

**BROMELAIN AND ARNICA MONTANA is over the counter**

Bromelain inhibits prostaglandins that cause inflammation and Arnica Montana reduces the discomfort, bruising and swelling associated with soft tissue injury that often accompanies a surgical procedure.